



**Richard Senyszyn, MD**

Psychiatry for Adults

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## Notice of Privacy Practices

**PATIENT ACKNOWLEDGEMENT:** I have read the posted practice's Notice of Privacy Practices, which provides the uses and disclosures of my protected health information that may be made by this practice, individual rights and the practice's legal duties with respect to my Protected Health Information. This practice reserves the right to change the terms of its Notice and to make new provisions effective for the Protected Health Information our office maintains. I understand that I can obtain this practice's current Notice of Privacy Practices with my request.

**EMERGENCIES AND AFTER HOUR'S SERVICES:** Dr. Senyszyn's specialty consulting practice provides more intensive, personalized and in-depth services during regular scheduled office hours, we do not provide emergency services on weekends, holidays or any time after or beyond our regularly scheduled office hours. If the occasion arises when urgent care or emergency services are needed, contact your nearest urgent care or emergency room or call 911, where you can receive care from specialty trained professionals who can work with your urgent or emergency problems.

If I am not immediately available to respond to an urgent emergency need during our regular office hours and you feel that it is too urgent to wait for a return call from myself or my office staff, then contact your nearest urgent care or emergency service or call 911.

If you are on medication prescribed by me and you need renewals prior to your next follow-up visit, please have your pharmacy contact us. I will call/fax them back during our regular office hours. This will eliminate delays caused by miscommunication between you and our office since you are dealing directly with your pharmacy.

You can leave a message after hours on my voicemail and calls will be returned during our regular hours of operation. If you have any questions about our practice or policies please ask and I will be glad to answer and discuss these with you.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date