



**Richard Senyszyn, MD**

Psychiatry for Adults  
1260 River Acres Drive  
New Braunfels, TX 78130  
830-730-5920, Fax. (888) 972-3955

## **PSYCHIATRIST-PATIENT SERVICES AGREEMENT**

Welcome to my practice. The Psychiatrist-Patient Services Agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a Federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. You may revoke this Agreement in writing at any time.

**PSYCHIATRIC SERVICES:** I usually conduct a one-hour to ninety minute initial evaluations. If treatment continues, I will offer follow-up appointments, which are usually for 15 or 30 minutes, depending on the type of treatment. Once an appointment is scheduled, you will be expected to pay for it, unless you provide at least one business day's advance notice of cancellation. For example, an appointment for Monday needs to be cancelled before close of business on the Friday before, in order to avoid a missed appointment charge. Insurance companies do not provide reimbursement for no-show appointments and/or appointments that you do not cancel with sufficient notice. A missed appointment fee will be charged for an appointment not cancelled with sufficient notice or for a no-show appointment. For example, if a 45 minute appointment is missed, you will be charged my fee for that type of appointment. As a courtesy, we try and confirm upcoming appointments by phone. Please provide us with phone numbers that you regularly answer and that you answer during the business day. You are responsible for appointments that you schedule.

**BEFORE YOUR EVALUATION:** It is important that you complete the enclosed form in as much detail as possible. Much of the information will be readily available to you, but some of it may require an effort to obtain. The information will not only be of use during your evaluation, it will also help organize your thinking about your psychiatric history. After completing the form, make a copy for yourself and bring the original to the evaluation. If there is a question on the form that you do not wish to answer or cannot answer, leave it blank. To make it possible for me to spend more time on items directly related to medical care, I require that the bill be paid at the time of your visit.

Because insurance plans have become more numerous and complex in the past few years, it has become impossible for me to monitor the status of patient claims. Consequently, it is my policy to have patients fill out and monitor their own insurance forms. The amount of reimbursement from the insurance company will depend upon your policy.

**TELEPHONE CONSULTATION & FORMS COMPLETION FEES:** I charge a fee for telephone calls relating to your care. Additionally, I charge a fee to complete forms and to write reports and letters. You will be invoiced for these charges and you are responsible for paying these charges.

**CONTACTING ME:** The office is usually open Monday through Friday, by appointment. We do not use regular email for communication because of its lack of security. We may close the office for holidays and vacations. After hours and/or when the office is closed, you may leave a message and your call will be returned during normal business hours. I do generally check messages daily when out of the office, but if the matter is not urgent I may not return your call until I am back at the office.

**VACATIONS:** If I will be away for more than a short period of time, and/or if I will not be able to check messages or respond to my cell phone, I will leave information about my absence with my staff. If I will be away and/or unavailable for an extended period, I will generally arrange clinical coverage with a colleague. Information on how to contact the covering colleague will also be found by calling my office. In certain cases, such as if you are experiencing acute problems at the time I am leaving for an absence, I may ask your permission to discuss your situation with my covering colleague prior to my departure. This will make it much easier for him or her to help you, if needed, while I am away.



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**LIMITS TO OUR RELATIONSHIP:** When we negotiate a treatment plan, we will discuss the nature and scope of our relationship. Please understand that in following the standards of my profession and the ethical guidelines of the American Psychiatric Association, I can only be your psychiatrist. I cannot have other roles in your life, such as friend, romantic partner, or client of your work or services. As we live in a relatively small community, it is entirely possible that we will encounter each other outside of the office setting, for example at a restaurant or theatre. To protect your privacy in such circumstances, it is my policy not to acknowledge you first; please do not misunderstand this as a lack of recognition or caring! If you wish to acknowledge me and exchange a brief greeting, that is perfectly fine.

**LIMITS ON CONFIDENTIALITY:** In most situations, I can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. I may employ several employees (nurse, secretary, office manager). In most cases, I need to share protected information with this individual for both clinical and administrative purposes, such as scheduling, billing and quality assurance. My office staff have been given training about protecting your privacy. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement. If a patient seriously threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

**PROFESSIONAL RECORDS:** I maintain PHI (Personal Health Information) about you in your clinical record utilizing online medical records through Practice Fusion. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$25.00 or more. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request. I usually require an addition call to patients to confirm their wish to have their medical record sent to another entity.

**ALCOHOL AND DRUG ABUSE:** Federal law protects the privacy of alcohol and drug abuse records and records that contain alcohol and drug abuse information. In most cases we may not share any information outside our office that identifies a patient as an alcoholic or drug abuser. We may share the info if: 1) the patient gives permission in writing or 2) a court order allows us to share the information or 3) we share the information with medical personnel in a medical emergency or 4) we share the information for an approved person for research, audit, or program review.

**REQUIRING YOUR WRITTEN AUTHORIZATION:** Other uses and disclosures of your Protected Health Information that is not covered by this Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. If you give us written authorization to use or disclose the Protected Health Information about you, you may revoke that authorization, in writing, at any time. Once you revoke your authorization, we will thereafter no longer use or disclose your Protected Health Information for the reasons covered by your authorization. We will be unable to take back any disclosures that we have already made when your authorization was in effect, and we are required to retain our records of the care we have provided you. If we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

**BILLING AND PAYMENTS:** You are expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. If your account is not paid in a timely manner and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, hiring an attorney, or utilizing other options, which will require me to disclose otherwise confidential information. In most collection situations, the information released includes the patient's name, contact information, the nature of services provided and the amount due. If such legal action is necessary, these costs will be included in the claim.



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**PRESCRIPTION FEES:** Any prescription refill requested by phone or fax, which is necessitated by the loss of a previously issued prescription, cancellation of a scheduled appointment by the patient, or lack of a scheduled follow-up appointment will result in a charge of \$30.00 per prescription. Please try to request prescriptions at least one-three days in advance. The best way to obtain prescriptions at these times for medications other than controlled substances is to notify your pharmacy and they will send us a fax request. The prescription will cover only the period of time until the next recommended appointment. It is the patient's responsibility at the time of his/her appointment to ensure that all prescriptions requiring refills are addressed. You will be provided with sufficient refills until your next recommended scheduled appointment. It is important, therefore, that you make your follow-up appointment before leaving the office to ensure that you will have no lapse in your medications. Please verify that the correct pharmacy is entered into your medical records to avoid delays in filling your prescriptions.

**INSURANCE REIMBURSEMENT:** I do not participate in any insurance panels, but your insurance may be willing to reimburse you for some of your payment. I will provide you with a "superbill" that you will be able to present to your insurance if you wish. For example, although I do not "participate" in Blue Cross/Blue Shield, I see patients covered by Blue Cross/Blue Shield. You are responsible, however, for making your own application for reimbursement. I can print out and give you an insurance claim "superbill" form to assist you in filing. Be aware, that any information you send to your insurance company will become part of their permanent record of you including your diagnosis, treatment plan, medication, and progress notes. I can fill out forms and provide you with assistance to help you receive your benefits, but any extra time spent filling out paperwork beyond a superbill for your insurance or other purposes will be billed at my normal rate of \$300 per hour.

**EMERGENCIES:** As a private solo practitioner, I do not have continuous "crisis management" services other than myself. If you anticipate (or have had a history of) needing frequent crisis services, you may be better served by working with an agency that can provide more comprehensive coverage from a variety of practitioners; this is something we can discuss during your initial visit. Generally, the treatment of opioid dependence, anxiety disorders, and ADHD is not considered life threatening. Non-life-threatening crisis may be handled in our office and you can contact us during office hours. Please know that having strong thoughts or impulses to harm yourself (or others) *is* a medical emergency; in such a situation it is completely appropriate to contact 911 or seek help at an emergency room. The personnel there will be able to get you help in a crisis.

- 1) For any life threatening emergency call 911
- 2) Go to the nearest hospital emergency room
- 3) For mental health crisis issues that cannot wait until office hours: Hill Country MHMR Crisis Mobile Team: 1-877-466-0660
- 4) Outside Comal County, you may call the National Suicide Prevention Lifeline at 800-273-8255.

I understand and agree to the above:

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

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

\_\_\_\_\_  
Date