



# DRS. GAULT, FISHBEIN, & ASSOCIATES

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## POLICIES AND PROCEDURES

We are pleased to have the opportunity to work with you. This document contains very important information about our policies and procedures. Please read and sign where indicated.

### PAYMENT:

Payment in full is expected at the time of service, or according to a mutually agreed upon schedule with your doctor. In addition to weekly appointments, we charge for other professional services you may need, such as report writing, telephone conversations, email dialogues, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request. Your account is expected to be paid in full at the end of each month. If there remains an outstanding balance on your account after an attempt to collect has been unsuccessful, there will be a 2% fee per month added to the existing balance.

### CANCELLATION POLICY:

Once an appointment is scheduled, we have a strict 24-hour notice policy (one week for Dr. Henry Gault) for cancellation. This reasonable prior notice of cancellations permits us to better accommodate our patient's needs. Except in cases of family/medical emergency and illness, appointments cancelled within the allotted time period will be charged full fee for the appointment. This will be non-negotiable. These fees are not covered by health insurance and are the patient's personal responsibility.

### CONTACT:

We are often not immediately available by telephone. Although we are usually in our offices on a daily basis, we will not answer the phone when we are with a patient. When we are unavailable, our phones are answered by a voice mail system that we monitor frequently. We will make every effort to return your call on the same day you make it. The voice mail system will give you an option of reaching us for *emergencies only* by dialing the designated phone number. However, if your emergency is life threatening, and you cannot reach your doctor immediately or wait for a return phone call, you should call your family physician, the nearest emergency room, or 911 immediately. Please use your best judgment in deciding which option is most appropriate given your specific situation.

### PRIVACY:

Confidentiality is your right and our duty. The privacy of all records pertaining to your treatment will be maintained securely by us. Records will be kept for a minimum of seven (7) years, will be used only for appropriate treatment purposes, and will be released only with your specific written consent or authorization, as provided for by Illinois and Federal law. You have the right to review your records (including the record of disclosures made). We will make copies available to you upon your written request. We charge a reasonable fee for copying records requested by you. If at any time you feel your privacy has been violated, you have the right to file a grievance with us and/or with the Secretary of the U.S. Department of Health and Human Services. Note, however, that the law requires the release of otherwise confidential information when the provider reasonably believes disclosure is necessary to protect against harm to yourself or others, when there is suspicion of child or elder abuse, and when records are demanded by Court Order.

### TREATMENT OF MINOR CHILDREN OF SEPARATED OR DIVORCED PARENTS:

If treatment is sought for a minor child of divorced or separated parents (or for any person whose **guardianship** has been settled by Order of Court), our office *must* have on file a copy of the divorce decree or other Court Order specifying the terms of custody, visitation and guardianship, particularly regarding guardianship for healthcare. We must receive consent in advance for our services (both evaluation and treatment) from a party legally authorized to give consent for healthcare services. Payments of fees to our office will be the sole responsibility of the parent or guardian signing here as "responsible person" notwithstanding any court order or decree assigning financial responsibility for healthcare to any other party. (Reimbursement from any other such party – e.g., co-parent – to the payee for payments made to us must be arranged directly by the signing "responsible person.") Our office cannot bill such third parties.

**INSURANCE REIMBURSEMENT:**

Most health insurance policies will cover some portion of mental health treatment. We do not participate as “in-network” providers. We will be happy to help you understand any questions you may have regarding your policy and are also willing to assist you in filling out forms necessary for reimbursement. However, we do not submit bills to insurance companies, and you (not your insurance company) are responsible for full payment of our fees. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.

**MEDICATIONS:**

If you are taking medication prescribed by Dr. Gault or Dr. Frank, the following information will be helpful. Medications are prescribed only when indicated by your medical condition. Your doctor will discuss the indications and potential side effects of the medicine and answer any questions you may have. If the medication is to be given to a minor, an appropriate discussion will occur between the doctor and the minor as well as with parents. Regular follow up appointments will be necessary to monitor how you are doing and to make any appropriate changes. These appointments are scheduled based upon your individual situation and needs. Medication refills will be handled based upon your individual situation. If you need to call for a refill, please allow 48 hours (2 business days) for the doctor to respond and the pharmacy to refill the prescription. It would be appreciated if you try and call for these refills between Monday and Friday. Stimulant medications such as Ritalin, Focalin, Metadate, Daytrana, Concerta, Adderall and Dexedrine are controlled medicines and a handwritten prescription is required by Illinois law. These prescriptions cannot be phoned in. They also expire 7 days from the time the prescription is dated and need to be filled promptly. When your doctor is out of town, please be assured that there is always a psychiatrist on call should you have a question or problem. Please never hesitate to discuss any question or concern with your doctor.

**THANK YOU**

**Thank you for understanding our Office Policy. If you have any questions, please do not hesitate to ask us. Please sign below indicating you have read and understand this policy and agree to abide by it.**

**Name of Patient:** \_\_\_\_\_ / \_\_\_\_\_ **Date** \_\_\_\_\_  
(18 yrs or older) Print Name Signature

**Name of Parent:** \_\_\_\_\_ / \_\_\_\_\_ **Date** \_\_\_\_\_  
Print Name Signature

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Of Treating Psychiatrist/Psychologist/Provider