

PRACTICE POLICIES AND CONSENT TO TREATMENT

INTRODUCTION:

Welcome and thank you for scheduling an appointment. This document contains important information about your provider's 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 about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

CONFIDENTIALITY:

Below is a description of confidentiality as it applies to discussions between medical or mental health provider and client. The limits placed on the confidentiality of disclosures made to a provider by Tennessee State Law are also explained. Additional information is provided in the attached "Patient Notification of Privacy Rights". This information is important, so please read it carefully.

Your identity as a client as well as the disclosures that you make to your provider are private and protected. This means that your provider will not reveal to others that you are her client, and will not share anything that you say during your treatment with anyone else. If you would ever like your provider to reveal your status as a client, or you would like your provider to share information with a third party, you will be asked to sign a release of information. Our policy is to provide a written summary of the treatment information contained in your file if you would like information from your file released to a third party other than another mental health professional.

For those under the age of 18:

Be aware that if you are under the age of 18 the law provides your parents the right to examine your records and to be informed about your treatment. It is our policy for you to be aware if your provider meets with your parents. If your provider believes there is a high risk that you may threaten the safety of yourself or someone else, your parents will be notified.

Limits of Confidentiality

There are certain situations which can arise in which disclosures you make to your provider cannot be kept private due to Tennessee State Law. They are as follows:

1. If you indicate that you are in serious and immediate risk of harming yourself or someone else. The most typical situation would be when the threat of suicide is such that your provider cannot be assured of your safety once you leave the session. It is important to note that this does not apply to talking about thoughts of harming yourself that you may be experiencing. Many people who are feeling discouraged and hopeless think about harming themselves, and it is very important to talk openly about this with your provider. . Talking about suicide or other thoughts of self-harm would not automatically require your provider to breach confidentiality. However, in the event you intended to act on any

thoughts to kill or harm yourself, your provider would be required to act to protect you even if that involved breaching confidentiality. If you reveal a serious intention to harm someone else, your provider would be required to take action to protect that person.

2. If you indicate that you are involved in the abuse of a child, minor, elderly adult, or a disabled person, your provider is required by law to report these activities to the appropriate office. Your provider is also required to report cases of domestic abuse. Once filed, your provider is unable to safeguard the privacy of the information released.
3. If you become involved in a court proceeding, the court may use the power of subpoena to gain access to information that you have shared with your provider. Although it is our policy to limit our involvement in legal proceedings as much as possible, under court order your provider may be required by law to provide written or verbal testimony to the court.
4. If a government agency is requesting information for health oversight activities, your provider may be required to provide it for them.
5. If a client files a complaint against your provider, she may disclose relevant information regarding that client in order to defend him/herself.
6. If your fees are being reimbursed by an insurance or managed care company, you should know that such companies often ask that treatment information be shared with them as part of their review of services. Typically, these companies have their own policies and procedures for safeguarding your privacy. However, once your provider has released the required information to any such company, your provider can no longer assume responsibility for preventing the dissemination of the information that has been released.

Be assured that your right to confidentiality is very important to us. In the unlikely event that your provider must breach confidentiality, your provider will make every effort to use care and discretion while meeting legal and ethical obligations.

OFFICE HOURS:

Office hours are by appointment Monday through Friday. The front office is open Monday through Thursday 8:30 am – 4:30 pm and Friday 9:30- 3:00 pm. If you need to contact the office regarding an appointment, billing questions or for general needs please call during these hours. The office phone number is 615-238-9100.

CONTACTING YOUR PROVIDER:

If you need to speak with your provider between office visits please call the office between 8 am and 4pm. You may leave a message for your provider to call you back. Phone conversations longer than 15 minutes are to be billed at the provider's hourly rate and will be prorated based on the duration of the conversation. You will be informed of such costs if relevant. If, for any number of unforeseen reasons, you do not hear from your provider and you feel unable to keep yourself safe, please 1) contact the

Crisis Intervention Center at 615-244-7444, 2) go to your Local Hospital Emergency Room; or, 3) call 911.

MEDICATION REFILLS, IF APPLICABLE:

Medication refill requests require 24 hours notice. If medication refills are required between appointments, call Monday through Friday 8:30 am – 4:30 pm and Friday 9:30 am - 3:00 pm. Refills will be communicated to your pharmacy within 24 hours. Please be aware that stimulant prescriptions require appointments with your provider on a quarterly basis at a minimum.

EMERGENCIES:

Call our main office number at 615-238-9100. You can then select your provider's extension number and leave a message which will be forwarded to your provider. In the event of a life-threatening emergency or a situation that presents imminent risk or harm, call 911 or the Crisis Line at 1-855-274-7471, or go to the emergency room.

PAYMENT INFORMATION:

Payment is expected at the time of service. Payment may be made by cash, check or credit card (Visa, Master Card, Discover, and American Express). Any balances will be due upon receipt of the monthly statement. Accounts over 30 days are subject to a late fee.

All of our providers are out of network providers with insurance. Dr. Quasem can file insurance for out of network benefits if desired (please provide insurance information at the appointment time if this is desired). Other clinic providers can provide you with a receipt for you to file with your insurance company.

To save an initial appointment time, credit card information will be required. In the event you do not come to your initial appointment and do not give at least 24 hours notice, the full appointment fee will be charged to your credit card. If you cannot come to your initial appointment, please call to cancel or reschedule as soon as possible. At the time of your appointment, you may choose another payment method if you do not wish your credit card to be charged.

CANCELLATIONS:

Appointments are scheduled individually. With the exception of unforeseen emergencies, notification of cancellation is expected 24 hours in advance; otherwise you will be billed for your missed appointment. Requests for changing appointment times should be discussed in advance.

ELECTRONIC MAIL (EMAIL) Policy:

By agreeing to communicate via email, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of traditional communication (such as telephone, written, or face-to-face). We cannot ensure the confidentiality of our electronic communications against purposeful or accidental network interception. Due to this inherent vulnerability, we will save email correspondence with you and these communications should be considered part of the medical record; therefore, you should consider that our electronic communications may not be confidential and will be included in your

