

# Service Agreement

## Welcome

Welcome to my practice. This document includes information about office policies and regulations regarding the confidentiality of your health information. It is important that you take the time to read and understand this information. Please feel free to ask me if you have any questions. Once you feel comfortable please sign.

## Professional Qualifications/Philosophy

I am a Board Certified Psychiatrist. I graduated from the University Of Kansas Medical School in 2003 and completed a Psychiatry residency with the University of Washington in 2008. I became a diplomat with the American Board of Psychiatry and Neurology in 2009. In addition to my outpatient private practice, I work at Spokane Mental Health and volunteer as clinical faculty with the University of Washington's Spokane Psychiatry Residency.

Evidence based psychiatry is central to my practice. I strive to listen to my patients without distraction in order to best understand their perspective and situation. I believe that warm, compassionate care is imperative to effective treatment. Occasionally, compassionate care means disagreeing in ways that help patients grow. Working closely with primary care doctors and therapists is important to providing good comprehensive care.

## What to expect at your appointment(s)

Initial evaluations last 80 minutes. After this evaluation we will discuss treatment plans together and decide on the best course of treatment for you. This may include continuing in my care or a referral to a more appropriate provider or clinic. Subsequent appointments may last anywhere from 15-50 minutes depending on the situation. Frequency of visits could vary from weekly to quarterly.

You'll need to be prepared to pay for parking in downtown Spokane, so come early. Please wait in the waiting room until I come to greet you at your designated appointment time. Please take this opportunity to complete any paperwork I have left for you. Your appointment will start and end on time to the best of my ability.

## Missed appointments/Late Cancellations

Your appointments are exclusively reserved for you. If you cannot use your appointment time please call (509) 413-1391 as soon as possible to let me know. Others are likely waiting for appointments and could make use of your spot. If you cancel an appointment with less than 24 hours notice or miss an appointment, I will charge you the full fee for the appointment. You should know that insurance companies do not pay for missed appointments. You will have to pay the charge yourself.

**Refills**

Prescriptions, if appropriate, will be written at appointments. I will ensure you have enough refills to last until our next agreed upon appointment. It's important to handle prescription refills during appointments if at all possible. Occasionally, you may need a refill sooner because of a change in appointment times. In this instance, I will call out a refill that will cover you until our next scheduled appointment. It's important for me to monitor the safety of the medications I prescribe, so I will not call out refills if you don't have a return appointment scheduled.

**Continuing Care**

Once stable, it may be appropriate to consider transferring your care to your primary care physician. This will depend on the comfort your primary care doctor has with prescribing your medications.

Patients regularly attending scheduled appointments will be considered active patients. If you miss two appointments in a row, or do not schedule a follow-up appointment, I will assume you are no longer interested in pursuing care, so I will consider you inactive.

**Fees**

Initial visit -80 minutes	\$300
50 minute medication management /therapy	\$200
25 minute medication management/therapy	\$125
15 minute medication management	\$100

Fees for other professional services, such as completing forms, report writing, and telephone conversations lasting longer than 5 minutes will be prorated from a base rate of \$200 an hour. These services may or may not be covered by your insurance company.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$500 per hour for preparation, and attendance at any legal proceeding.

**Emergency Contact**

During business hours I'm usually seeing patients. I am often not available immediately by phone. Please leave a voice message on my voice mail at (509) 413-1391. I will make every effort to return your call by the end of the day. If you are hard to reach, please leave a time when you will be available and whether I may leave a message on your machine.

If it is an urgent matter that can't wait until the next business day, I am available on-call at (509) 413-1391. If I can't answer your call, I will return your call at my earliest opportunity. If I'm unavailable, I will forward my phone to a fellow Psychiatrist.

## **Insurance**

Because you're ultimately financially responsible for what your insurance doesn't cover, it's a good idea to know the specifics of your coverage. You can find these out by calling the benefits number on the back of your insurance card. I encourage you to do this before starting treatment with me so you aren't surprised by a bill. You'll want to ask about your deductible, co-pays, referral requirements and number of visits allowed. Make sure you are asking about your mental health benefits.

I'm a preferred provider for several common insurance plans. I will bill these companies directly for you. If I am out-of-network, I will bill your insurance company my customary fee, your insurance will pay what they allow and you will pay the remainder.

## **Payment**

If you have insurance, I will bill them for you first. Any remaining balances will be billed to you monthly, including co-pays, co-insurance and deductibles. If you are paying privately, I'll bill you monthly for the full fee. I accept checks made out to Amy Burns, MD PLLC. Returned checks will be charged at a rate of \$25 per check.

If your bill has not been paid for more than 60 days and alternative arrangements for payment haven't been arranged, I have the option of hiring a collection agency or going through small claims court. This would require me to disclose otherwise confidential information (usually name, nature of services provided, and amount due).

## **Medical Records**

I keep a clinical record of your care. You may have access to these records with a few unusual exceptions. If I conclude that disclosure of the record could cause danger to the life or safety of you or another I have the right to refuse disclosure. Likewise, if the records could reveal the identification of someone who gave me information in confidence (where confidentiality is appropriate), I have the right to refuse disclosure.

There will be a clerical fee of \$15 plus 65 cents for the first 30 pages and 50 cents per page after that. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, 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.

## **Limits of Confidentiality**

Confidentiality is of the utmost importance. I've arranged my office suite to maintain your privacy and minimize your interactions with others. Additionally, the Health Insurance Portability and Accountability Act (HIPAA), protects your health information.

There are some exceptions to your confidentiality. Suicidal or homicidal intentions, as well as behavior demonstrating an inability to care for yourself adequately will necessitate that I break your confidence to get you the help that you need. I am also required by law to report any instances of abuse or neglect against children or vulnerable adults.

If you choose to pay for your services with health insurance, I'm required to give your diagnosis and type of treatment that you are receiving to your insurance company in order to be reimbursed. Occasionally, your insurance company may require even more information in order to pay for services or medications. I will make every effort to release only the minimum information about you that is necessary. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it. It's important to remember that you have the right to pay for my services yourself to avoid the problems described above.

**Let's get to work**

Your signature below indicates that you grant permission for treatment at this office. You have read and understood the information presented above and agree to those terms. You have had the opportunity to discuss your questions about this information and had them addressed to your satisfaction.

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Patient Signature Date

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Patient's Printed Name Date

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of the Notice of Privacy Practices for the office of Amy Burns, MD. This statement describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations.

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Patient Signature Date

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Patient's Printed Name Date