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OFFICE POLICIES AND PROCEDURES

Welcome!

Below is information about my practice, which will help you get started with an initial evaluation and, possibly, treatment. Please take a moment to read over the following information about my policies and complete the forms prior to your first appointment. Please bring them to your first appointment.

Initial Evaluations: The initial evaluation for an adult patient generally takes two hours. For children and adolescents, the evaluation can take two to four hours, and is typically divided into two or more separate appointments. A common format includes an initial appointment with parents, a separate 50-minute appointment with your child, and a final appointment to review findings and treatment recommendations. Please let me know if a specific format works best for your family. Please understand that the aim of these initial sessions is to provide an assessment of your/your child's mental health needs and to determine the best available treatment options, which may include referral to another health provider. The evaluation is not an agreement that I will take you/your child on as a patient.

Please note that I almost never prescribe medication on the first visit, even if you or your child have been on medication in the past.

Appointments:

All sessions are scheduled by appointment. Ongoing psychotherapy sessions are scheduled for 50 minutes. Medication management (pharmacotherapy) visits are scheduled for 25 to 50 minutes with frequency depending upon your needs and medical necessity. If you are late to your appointment, we will still conclude at the scheduled time. If significantly late, you may have to reschedule your appointment and will be charged the usual appointment fee.

2-Business-days Cancellation Policy: The scheduled appointment time is reserved specifically for you/your child and this is your time. Therefore, if you are unable to keep an appointment, please be sure to cancel at least 2 business days (48 hours) in advance or you will be charged fully for that session. Monday appointments need to be cancelled by 12 PM the preceding Thursday; Tuesday appointments need to be cancelled by 12 PM the preceding Friday. Please be aware that insurance companies generally do not reimburse for a cancelled session.

Payments and Reimbursement: This office does not contract with any insurance carriers. Payment of fees is expected at the time of service; methods of payment include cash or check. You will receive a statement at the end of each month with a list of all services performed and payments received. Your invoice statement will include all of the information necessary for you to submit an out-of-network claim to your insurer for reimbursement. You are solely responsible for payment of your medical care, regardless of what your insurance company agrees to reimburse.

Most insurance companies require information about your/your child diagnosis, the type of service provided, the date of the session, and fees. I will include this information on your statement, at your request. In some cases, insurance companies require that the physician send information about the



patient's diagnosis and treatment plan, progress reports, and other records. Almost all insurance companies state that they will keep this information confidential, but I cannot assure this. For example, some may share the information they receive with a national medical information data bank for the purposes of deciding eligibility for future life, disability, health, and other insurance policies. Before I send any information to an insurance company, I will talk with you first, discuss the information to be provided, and obtain your written permission to do so. You have a choice about whether to release medical information requested by an insurance carrier, but if you refuse to have information released, most insurance programs will not reimburse for services.

Record Keeping: I maintain a clinical chart for each patient, as required by the standards of my profession. Information in the chart includes a description of you/your child's condition, diagnosis, treatment and progress. An entry is made for each appointment, as well as for phone communications. I keep records of any consent, information release, assessment, insurance documents, outside treatment/testing, and other records completed or collected during the course of treatment. Clinical records are kept either electronically (electronic health records) or in a locked cabinet and/or as password-protected files. Information contained in this record will not be released without your written consent except in the circumstances outlined below and as explained in the Notice of Privacy Practices.

Your Medical Record

I utilize the electronic medical software "NTreatment" to maintain a clinical chart for each patient, as required by the standards of my profession. Information in the chart includes a description of you/your child's condition, diagnosis, treatment and progress. Primary features of this software include:

- Appointment scheduling
- Private data (including notes)
- Secure messaging between doctor & patient
- Automated appointment reminders via text and email (if elected)

Once you have scheduled a new patient appointment with me, you will receive an email to set up an account on the Patient Portal. This Portal is password protected, HIPAA Compliant, and only viewed by me.

Confidentiality: Information shared between patient and provider is strictly confidential, with certain exceptions required by law. You hold the privilege of deciding with whom I may disclose information about evaluation and treatment. If you would like for me to share information with other providers, therapists, school officials, or other persons, please fill out an Authorization for Release of Information for each person/entity with whom you would like me to communicate. Please note that information provided by minors is also strictly confidential and will not be shared with their caregivers with the exceptions below.

Information will be released only with your written permission with the following exceptions:

- 1). Suspected abuse or neglect of a minor, elder or dependent individual;
- 2). A patient is in imminent danger of harming him or herself or another person;
- 3). A patient communicates a serious threat of physical violence against another person;
- 4). A parent or guardian is unable to adequately provide for a child's basic needs;
- 5). Records are ordered to be released by a judge or court; and/or
- 6). As otherwise required by law.

Prescriptions: It is my policy to refill prescriptions when you/your child is seen in person at a scheduled appointment. In the event that you run out of medication before your next scheduled appointment, please call my office at (312) 566-8674 and leave a message with your full name, birth date, medication name, dosage, frequency, and pharmacy telephone number. Please allow 2 business days for me to process your request. Stimulant medication refills may take up to 5 days to process.



Communication

If you need to reach me between appointments, please call (312) 566-8674 and leave a message with your telephone number and some times when you may be reached. I will do my best to return your call within one business day. If your call is urgent, I will do my best to return your call within 3 hours whenever possible. On the occasion that I am away from my practice, I will inform you in advance and the message on my voicemail will direct you to the doctor providing coverage for my practice.

Because communication by email and text message is not secure and may compromise your privacy, I request that you only use email or text message for scheduling matters. Do not use email or text message in the event of an emergency or to communicate confidential information.

Urgent or Emergent Issues

I will do my best to return calls as soon as feasible; however, I do not provide urgent, crisis or emergency services. Do not use email or text message in the event of any emergency. In the event of an urgent or emergent situation that cannot wait, call 911 or go to your nearest emergency department. Once stabilized, please call me at (312) 566-8674.

Ending Treatment: You may withdraw from treatment at any time. I recommend that we discuss a plan to terminate care before doing so, so that we have the opportunity to discuss further treatment recommendations, any potential risks for ending treatment at that time, and referral options if they are needed.

If you have any questions about these policies or any of the information above, I would be happy to discuss them with you in further detail.

Please sign below:

I have received a copy of the Office Policies and Procedures and have been provided an opportunity to review the document.

Signature of Patient/Parent/Legal Guardian

Date

Printed Name