

## *Practice Policies and Agreement*

### **Confidentiality:**

Privacy is important for patients seeking treatments, and our clinic protects this right to privacy dearly. There are exceptions to confidentiality, however. Information will be shared without confidentiality release in cases in which there is suspected child abuse, when a patient is a danger to others, or themselves. Privacy is of upmost importance for adequate therapeutic work to occur. Your support of this is critical to your treatment.

Other areas of confidentiality include insurance. Please note that if you chose to request reimbursement from your insurance, your information will be shared with your insurance company in accordance with the agreement and policies set between your insurance company and you. At a minimum, insurance companies require a type of service provided and diagnosis codes. Lastly, if outstanding balances are not paid and not addressed, treatment information will be released for collection agency involvement.

### **Appointments:**

Appointments can be made by telephone at 646.770.3243.

Medication Visits                      up to 45 minutes

Psychotherapy Visits                      up to 45 minutes (this may include medication management)

### **Cancellation Policy:**

Appointment times are reserved for you in advance. Regular follow-up visits, particularly for medication monitoring, are necessary to provide safe medical care. A minimum of 2 business days (48 hours) notice for cancellations are required. Monday appointments need to be cancelled by 5 pm the preceding Thursday. Appointments that are missed without 48 hours notice will be charged at the full session rate.

In cases of inclement weather, please check the practice website for information regarding hours of operation or practice closure.

### **Voicemail/Messages:**

Keeping in contact is vital. As such, voicemails are frequently accessed. Dr. Rahemtulla will attempt to return your call within 24 hours during business days after review of your medical record, though this is not a guarantee. Calls left late on Friday will most likely be processed Monday.

Patients have access to my business phone and may e-mail me. E-mail is used for scheduling and cancelling appointments, prescription requests and administrative requests only. E-mails are added to the official medical record at my discretion.

When patients call with questions that can be answered quickly (less than 5 minutes), they are not charged any fees. If questions require a lengthier discussion (for example, medication changes), they will

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be charged for the phone call (session rates apply) at the provider's discretion. If I feel that a patient is abusing access to my phone or e-mail address, this may result in termination of care, at my discretion. Social media is not an acceptable form of communication for current or former patients (no exceptions). Texting is never an appropriate form of communication for clinical matters.

**Emergencies:**

For life threatening emergencies, please call 911 and go to your nearest emergency room. As a reminder, any urgent or emergent needs must be communicated via telephone or in person. Dr. Rahemtulla does not communicate urgent/emergent clinical matters through e-mail or text messaging. Outpatient clinics have limitations. Therefore, please note that Dr. Rahemtulla may not be able to return your call immediately. You may call an outside crisis line 24 hours/day, 7 days/week at 1.800.273.8255, call 911, or go to the nearest ER.

**Telephone calls:**

Dr. Rahemtulla provides face to face care, but urges families to call for any major medication side effects or new concerning behaviors. Generally issues that require more than brief management or recommendations will require an office visit. For any call 5 minutes or longer, or when required by the situation, or requested for convenience, Dr. Rahemtulla will provide more extended services over the phone based on his in-session follow up rate.

**Collateral telephone calls:**

Psychiatry often entails significant time outside of appointment times coordinating care with other mental health providers, discussing impressions with other therapists, and managing medical concerns in concert with primary care physicians. Equally, coordinating care with others responsible for adult care, vastly increases the quality of care you receive. As coordinating care can be time consuming, a fee will be assessed for time spent based on the in-session follow up rate.

220 Fifth Avenue, Suite 300/Office #7, New York, NY 10001  
p: 646.770.3243 f: 877.991.8148  
[www.drrahim.nyc](http://www.drrahim.nyc)

**Refills:**

In general refills are provided as are reasonable given the stability of the patient and frequency of monitoring needed. If your condition requires monitoring and the time since your last appointment has been longer than recommended Dr. Rahemtulla may insist on an appointment and, at his discretion, may provide the patient with enough medication until that appointment.

**Patient Records:**

You may request your medical records at your own expense and request that factual errors be corrected. Parts of your record that could potentially be more detrimental than helpful to your psychological well-being, or that were asked to be kept confidential by the provider, may be withheld. These records will be kept for as long as state laws require. You may authorize in writing that copies of these records be released to entities you designate. Records may be charged based on a per page

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amount and the closest flat rate priority mail shipping option. Records are required to be released in the format requested within 30 days. If the practice cannot provide the medical records in the format requested, the patient and practice must reach a mutually agreeable solution.

**Fees:**

Fees for phone calls or other services are based on in-session fee rate. The fee remains the same no matter whom the session is with. The same fee applies for school meetings I may attend at your request, for collateral work or phone conferences, or additional assessment time as part of an evaluation. I do not bill for brief phone calls to schedule appointment times, but for anything more prolonged, I do reserve the right to bill for my time.

Fees are subject to change and subject to a minimum 5% annual increase.

*Returned checks will be assessed \$30 fee*

**Insurance and Payment:**

Since Dr. Rahemtulla does not participate in insurance plans, it is your responsibility to verify that your plan will cover services. Insurance involvement is limited as they often govern the type, frequency, and amount of care, which may impair your ability to receive optimal treatment and privacy. Statements outlining services are provided at appropriate insurance billable codes; however some treatments may not be covered by insurance. Payment of services, including non covered services, is the patient's responsibility.

**Billing:**

Services are billed at time of service. Credit card, check, and cash payments are accepted and receipt of services are provided.

All patients are required to keep an active credit card on file (used for missed appointments, late cancellations, administrative work, letters & family conferences). There are no changes to these policies when someone other than the patient is paying for visits. Additionally, paying for visits does not change confidentiality: a patient's progress, medical record and any privileged information can still only be given with direct consent from the patient, unless indicated otherwise.

**Agreement:**

I have read the above practice policies and have had opportunity to have any questions answered. I understand that policies and fees may change in time and I will be updated on any major changes. Documents are available at [www.drrahim.nyc](http://www.drrahim.nyc). I have read and acknowledge receipt of Dr. Rahemtulla's notice of privacy practices (January 2020).

RAHIM N. RAHEMTULLA, M.D.

*Adult, Adolescent, and Child Psychiatry & Psychotherapy*

I consent to evaluation and treatment by Dr. Rahemtulla and agree to be responsible financially for services rendered.

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Signature of Patient (if 18 or older)

Date

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Signature of Parent/Guardian

Relation

Date

All patients must sign a copy of the office policies at their initial visits.  
Policies are subject to change.

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