

Rockford Anxiety and Phobia Clinic

OFFICE PRACTICES AND PROCEDURES

Standard of Care and Best Practice Statement

This includes: Strategies, methods, and approaches that are consistent with those identified in the professional literature and have been shown through research and evaluation to be effective.

- **Office Hours:** Office hours of operation are established by the clinical director and are subject to change.
- All contact information will be maintained in the records and up-dated as needed.
- **Contact Information:** Permission will be granted to contact patients by home, cell, or emails to confirm, change, cancel, or reschedule appointments.
- **Clinic Contact Numbers:** **The main number is 815.762.0903. Office fax is 779-888-3168.** The clinic email address is charliedudley94@gmail.com. You are welcomed to visit the website at www.rockfordanxietyclinic.com.

Emergencies: All psychiatric emergencies or crisis after hours should dial 911 or report to the closest hospital emergency room for an evaluation. National Suicide Prevention Lifeline number and website: 800-272-8255 (suicidepreventionlifeline.org) Patient has been advised to utilize crisistextline.org if therapist unavailable or in need of support.

- _If you are seeing a psychiatrist for medication management, you or a family member must notify them as soon as possible.
- **Medication Issues: All medication** questions or inquires will be made through the attending psychiatrist or primary care physician. No prescriptions are prescribed or refilled in this clinic. ROI will be obtained to consult with your M.D. or provider and consults will be made as needed.
- **Policies regarding documents for FMLA/Short-term/Long Term leave or disabilities:** Any requests regarding FMLA/STD/or SSDI will have to be prepared and submitted by your psychiatrist or other medical providers.
- **PHI:** Copies of your Personal Health Information (PHI) is maintained in Electronic Health Records and in your paper medical chart maintained in the clinic. These will be provided at any time upon request.
- **R O I:** All copies of consent for Release of Information will be maintained in your file.
- **Individual documents:** Copies of insurance cards, driver's license, or proper identification will be maintained in your file and a copy will be sent to **Landmark Billing** for purposes of billing and account information.
- **Claims:** It is the clinic policy that your insurance claims will be submitted by Landmark Billing Systems, attention Diana Hogshead, who is contracted by the clinic. All insurance questions or concerns should be addressed to the clinic first to determine if the billing agency needs to provide assistance. This will be done within two business days. If we need further verification or billing questions addressed, we will contact Diana Hogshead at Landmark Billing.
- **Co-payments: All office visits Co-Payments MUST be made at the time of service** to ensure correct posting in the EMR claims filing. Rescheduling appointments cannot be made unless Co-Payments are current and accurate. If your insurance card does not

indicate a Co-Payment, it becomes your responsibility to contact your insurance carrier to verify Co-Payment status. Co-Payments can be made by cash, personal check, or credit cards. The clinic uses Quick Pay electronic deposit through Midlands Bank. You will be provided a personal receipt if requested. A copy of all co-pays will be maintained in your files.

- **Cancellation or No Show Policy:** You must contact the office number 815.762.0903, to cancel all appointments **at least 24 hours prior to the scheduled visits to avoid “no-show” charges.** It is understandable that delays can happen, however I must try to keep everyone on time for their visit. If you are 10 minutes past your scheduled time, we will have to reschedule your appointment for another day. Everyone will be seen for 60 minute sessions. All sessions will start on time. If notification is not provided prior to 24 hours, **you will be billed the office appointment fee** by Landmark Billing. This fee cannot be charged to your insurance company. If there are two (2) consecutive “No-Shows” without proper notification, your case will become INACTIVE and you will be provided with a list of active mental health providers in your area if you decide to continue/require sustaining care.
- **Insurance Changes:** It is your responsibility to notify Charles Dudley of any insurance or co-pay changes. This information will be provided to **Landmark Billing Systems to update their records.**
- **Another Provider:** If you are being followed by another provider, it is highly suggested that you provide the name, address, and contact information for this person. This is to ensure continuity of care and treatment consultation. A signed ROI document will be maintained on file.
- **Children & Adolescents:** It is highly “recommended” children twelve (12) years and older must sign a ROI form in order to share information with parents. It is highly recommended that children sign these forms for continuity of care. Children under the age of 16 years old must be accompanied by a legal guardian or parent. This does not mean that you must remain in the building during the entire session. However, the responsible person must be return promptly to pick up the patient after his/her office visit.
- **Adolescents** who drive themselves to the clinic must have a form of Co-Payment to be submitted for payment. This may be a signed check, cash, or credit card. Written permission must be given and on file authorizing the provider to process their credit card. **Rescheduling cannot be completed until the Co-Payment is made.**
- All other questions or comments will be directed to Charles Dudley.

VERY IMPORTANT and PLEASE NOTE:

- **IF YOU ARE SICK OR BEGINNING TO GET SICK, PLEASE CALL AND RESCHEDULE YOUR APPOINTMENT. YOU WILL BE SEEN AS SOON AS POSSIBLE WHEN YOU ARE WELL.**

Charles Dudley, Jr. M.ED, NCC, BCPC, LCPC – Clinical Director

Signature: _____ Date _____