



## ADDITIONAL OFFICE POLICIES

### **No-Show, Late Cancellation Policy:**

- I understand that if I miss an appointment, and do not notify the office at least 48 hours in advance, I will be billed \$75. My insurance company will not cover this. The \$75 fee must be paid prior to a follow-up visit. This can be paid at the time of the next scheduled appointment.
- I understand that if I am late for an appointment, Dr. Nagaraja or another clinical staff member will squeeze me into the schedule. There may be a one to two hour wait in this instance. If I am unable to wait, I will be charged \$50 for the missed appointment. My insurance company will not cover this.
- If I was provided a card with the appointment date on it, that will be the final determinant of my appointment date and time. Otherwise, the electronic schedule (EMR) will be the final determinant.

### **Prescription Fill/Refill Request Policy:**

- I understand prescription medication refills must be requested three (3) business days before the medication will run out. This can be done by phone, or via pharmacy fax. Refill requests received at our office Friday will not be completed until the following week. It is your responsibility to ensure an adequate supply of medications.
- Controlled substances (including but not limited to: benzodiazepines or “anti-anxiety meds”, stimulants or “ADHD meds”) will be refilled no earlier than three (3) days before they will run out. The final determinant of when a controlled substance runs out will be the pharmacy dispensing record. Unless controlled substances are filled using a mail-order pharmacy, Dr. Nagaraja or another clinical staff member will only fill these medications for 30 (thirty) days at a time
- If a medication is lost or stolen, Dr. Nagaraja or another clinical staff member retains the right to refill the prescription early. If the medication is a controlled substance, proof of theft will be required, including a filed police report.
- It may take Dr. Nagarajaga or another clinical staff member up to (two) 2 business days to refill a prescription. I understand that the prescription may be refilled by a message left on the pharmacy's secure system. I understand that pharmacy staff may not check this message in a timely fashion. I understand it is my responsibility to contact Dr. Nagaraja or another clinical staff member if medications have not been refilled within two (2) business days.
- I understand it is my responsibility to know what my health insurance plan will and will not cover. If my insurance company asks me to use a mail-order pharmacy for medications, I will contact the mail-order pharmacy and have them fax to Virginia Integrative Psychiatry, PC the necessary forms. Virginia Integrative Psychiatry, PC must receive these forms at least three (3) business days before medications run out, to ensure there is no interruption of treatment. If the mail-order pharmacy requests additional information, I agree to make an appointment to see Dr. Nagaraja or his clinical staff to resolve the matter.

**Termination of Treatment Policy:**

• Dr. Nagaraja or another clinical staff member will work with you on your treatment goals. Once treatment goals are reached, Dr. Nagaraja will discuss ending treatment. You may discontinue treatment at any time, and Dr. Nagaraja will make any appropriate referrals. Dr. Nagaraja may terminate treatment with you, and transfer you out of the practice for any of the following:

1. Two consecutive no shows or late cancellations (giving less than 24 hours notice)
2. Failure to follow the mutually agreed upon treatment plan. This includes failure to take medications as prescribed, failure to follow up with a therapist (if specifically advised to do so), or failure to follow a specific safety plan
3. Threatening/Verbally abusing Dr. Nagaraja, another clinical staff member or his staff
4. Any illegal activity, including but not limited to, diverting controlled substances prescribed to you
5. Violating confidentiality standards. This includes confidentiality of other patients and staff of Virginia Integrative Psychiatry, PC

If you are transferred out of the practice (or in the future, do not agree with this policy), you will receive a letter by certified mail explaining termination of the doctor/patient relationship. You will be given the opportunity to request information about other psychiatrists/mental health providers in the area. You will have access to Dr. Nagaraja or another clinical staff member for care coordination and medication refills for one (1) month after receiving notice of termination. It is your responsibility to make sure we have a current address on file in order to contact you.

All of my questions regarding these policies have been answered to my satisfaction.

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Adult Patient or Guardian of Minor

Date

Sudhir Nagaraja, DO