



2327 70th Street | Urbandale, Iowa 50322
P: (515) 270-2242 | F: (515) 777-1950

PATIENT AGREEMENT

Privacy and Confidentiality:

I had an opportunity to review the HIPPA policies and was offered a copy of the HIPPA (Health Insurance Portability and Accountability Act) brochure.

I understand that my medical information will be held in strictest confidence and will not be released without my written permission, with the following exceptions: 1) A life threatening medical emergency or public safety risk, and then only to persons to help reduce or prevent the threat, 2) When required to do so by law or by legal proceedings. If protected health information is released under these exceptions, I will be notified.

Information will not be released without a signed release of information. I can ask the front desk for a release for any individual or agency that I would like involved in my care. Any paperwork or correspondence that I need completed will require a release of information.

Physician-Patient Relationship:

At Iowa Psychiatry I have the right to:

- Receive respectful and competent psychiatric treatment
- Have a safe treatment setting, free from sexual, physical, and emotional abuse
- Report immoral and illegal behavior by a physician or therapist
- Ask for and get information about my physician's qualifications, including licensing, education, training, experience, membership in professional groups, special areas of practice, and limits on practice

I agree that medical care at Iowa Psychiatry is voluntary and can be discontinued at any time. Iowa Psychiatry also has the right to discontinue services immediately if a clinician judges that a therapeutic relationship cannot be maintained or if the clinical and reception spaces are being disrupted by my conduct. Notice of discontinued treatment will be provided in writing. Iowa Psychiatry will provide emergency care and medication refills for 30 days after written notice is given.

I understand that if there have been more than 12 months since my last medical evaluation in the practice, request for follow-up will be scheduled as a 60-minute patient evaluation appointment to allow sufficient time to update medical information.

Appointments and Cancellations:

Appointments are a valuable resource. Cancellation must occur through phone notification to the clinic's reception desk (515-270-2242) at least 24 HOURS in advance. A missed appointment without 24-hour cancellation notification from me

will be charged directly to the credit card on file. If a charge cannot be made to the card on file, payment is required prior to scheduling my next office visit. This charge is not reimbursable by a third-party payer/insurance company.

I understand that Iowa Psychiatry does provide electronic reminders for appointments, however these reminders are a courtesy. I am still responsible for my appointment date/time if a reminder is not received.

Payment:

Payments for services are due at the time of the appointment. If there is an outstanding balance, payment will be required before another appointment is scheduled unless alternative arrangements have been made in advance.

It is my responsibility to provide Iowa Psychiatry with accurate insurance information. If I change insurance, address, or phone number, I will notify the office as soon as possible.

If phone/email consultations or paperwork are requested, Iowa Psychiatry reserves the right to charge a fee billed to me by mail or at a subsequent office visit.

If a check is returned because of insufficient funds, a \$35.00 service charge will be added to my patient account.

If I have ongoing outstanding bills, my account may be sent to collections. If my account is sent to collections, I understand there will be a surcharge added onto the balance.

Telephone/Email Contacts and Emergencies:

I understand that Iowa Psychiatry does not offer 24 hour per day on-call services and does not offer full after-hour service options. I understand that 24-hour access to my provider is not available. I understand that if I leave a message by phone, I may expect a return call within 48-hours. I understand that, after business hours, if I have an urgent question that cannot wait until the next business day, I can call 515-270-2242 and follow the prompts to leave an urgent message for the on-call provider. I understand that my call will be returned the same day if left before 8PM. I understand that if I leave a message after 8PM, it will be returned the next day. I understand that if my situation requires more urgent attention than this, I am to seek out my nearest emergency services.

I understand that not all the providers are available for seeing patients each day. I understand that Iowa Psychiatry does not offer urgent care or walk-in appointments. I understand that any urgent psychiatric assistance for safety issues can be found at my closest emergency room.

I have had the opportunity to discuss all aspects of this agreement with Iowa Psychiatry.

My signature below demonstrates that I have read, understand, and agree to abide by the terms of this agreement for the duration of my care at Iowa Psychiatry. My signature below also provides my consent for treatment.

Patient Printed Name: _____

Patient Signature: _____

Date: _____