



**EFFECTIVE AUGUST 1, 2023.** Please read these updated clinic policies and let our staff know if you have any questions. Once reviewed, please sign and date acknowledging that you are aware of our policies. Thank you for your time.

***Clinic Hours of Operation and***

**Contact Options.** Our hours of operation are Monday- Friday from 8 am to 5 pm. We offer a Saturday half-day clinic once a month. During our business hours, you may reach us by calling 318.545.7255 or sending us a message through the Patient Portal.

**On-call Services.** Our medical providers are on-call 24 hours a day/ 7 days a week for our patients if you or your child is having a psychiatric emergency. We are not an emergency hospital and do not accommodate walk-in appointments. If you are a patient of the clinics and have a psychiatric emergency after hours, please call 318.545.7255 and our answering service will connect you with one of our medical providers. All other non-emergency patient needs should be addressed during business hours.

**Insurance and payments.** We accept BCBS, Medicare, and Tricare. We offer self-pay rates for any patients who do not have these insurances. We will file your out of network insurance for you, which usually goes towards your out of network deductible. If at any time you have a credit on your account, you may use it for future appointments or a refund. We will provide information regarding your self pay cost or insurance co-pay/deductible before your initial appointment, as well as for any testing or therapy services. We will answer any questions you have regarding the cost of testing, therapy, and/or medication management. All payment is due in full before each appointment.

**Cancellation/ No-show policy.** We require at least 24 hours notice prior to rescheduling or canceling your appointment. A failure to provide this notice will result in an administrative \$25 charge that must be paid before you can schedule your next appointment with any provider. While we certainly understand and sympathize with emergencies that come up including deaths and sickness, we must protect our providers' time, as all of our providers have wait lists. We will not make any exceptions to this policy. If a need to reschedule occurs over the weekend for an appointment on Monday, we suggest using your patient portal for secure messaging or leaving a message with our answering service.

**Prescription Refills.** You may call our office during business hours or send a message through the patient portal to request your refills. Please be aware that refill requests must be received by 12 pm if you need your medication refilled that same day. We encourage you to contact us 2-3 days before your prescription refill is due to provide enough time for our office and your pharmacy. Please do not rely on the pharmacy to send us refill requests. We require patients to contact us directly.

**Treatment of Minors.** Please be aware that we require every child under the age of 18 to have a parent/legal guardian with the child for all appointments, unless another arrangement has been made with the office manager or provider.

**Custody Evaluations.** CLMPC does not perform custody evaluations or provide treatment when there is an active custody dispute within families. When providers become aware of a custody dispute, whether during your initial evaluation or after treatment has been established, we will discontinue services and provide referrals when requested.

**Limits of Confidentiality.** By law, your medical information is confidential and requires that you give written authorization for any provider at CLMPC to release your medical information. In order to be seen by any of our providers, it is required that you provide written authorization to allow us to coordinate with your primary care provider and insurance company (if filing insurance). We will not release any medical information without your authorization except under rare circumstances, as required by law. These include suspicions of child abuse/neglect or any court order/subpoena for records. Please see our HIPAA privacy practices for further information regarding the protection of your medical records.

**Telehealth Options.** We offer telehealth treatment options. Some of our providers require both telehealth and in-person visits. Your provider will determine whether you will be seen via telehealth or in-person.

\_\_\_\_\_  
Patient/Parent/Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date