



child & adolescent psychiatry associates, pllc
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Welcome to our practice!

The following information is provided to our patients and parents to assist in understanding policies and procedures at our office. We strive to provide you care which is both comfortable and of the highest quality. Please do not hesitate to ask questions of us at any time about these matters.

What to Expect

Seeing a psychiatrist or mental health professional for the first time can be an anxiety inducing event. In order to reduce some of the fear, we would like to go over what you can expect to happen. The first visits are usually thought of as the assessment or evaluation phase. The focus of these early visits is to get to know you and your child, to understand the problems you are concerned about, and to develop an assessment that can be used to design a treatment plan. Like we tell the children, this will be a lot of talking about a lot of different things, but there will be no exams, tests, or shots at this point. In most cases, depending on the age of the child, we will want to talk with the family together, the child or teenager alone, and the parents alone. We may ask to review any previous evaluations, medical or school records your child may have. The specific type of treatment suggested for your child will be based on an understanding of his or her problems. Basically treatment can be divided into two types of therapy: psychotherapy (talk therapy) or medication therapy (pharmacotherapy). These types may be prescribed separately or together in combination.

Central to child and adolescent therapy is the importance of families. At CAPA we adhere to a basic systemic viewpoint: that whenever a child has a problem *it affects* and *is affected by* the rest of the family. Treatment may be focused on several levels, the child, the parents or the family with mutual benefits for the child and his or her basic support system, the family.

Appointments

Patients are seen by appointment only (unless an emergency situation dictates otherwise). Your appointment time is reserved for you/your child. Due to demands of family life, sometimes it may be necessary to cancel your appointment. We ask that you call to cancel appointments at least twenty-four (24) hours prior to the scheduled appointment. Even after office hours, you can call the answering service to leave a message about a cancelled appointment. This will allow us to keep the office running smoothly and schedule someone who may be on a waiting list for a cancelled appointment. **Except under unusual or emergency circumstances, you will be charged \$100 for a missed appointment, or one that is cancelled within 24 hours. Please be aware that the person who made the appointment (not necessarily the Responsible Party) will be solely responsible for missed appointment charges.** It's important for you to know that your insurance company won't pay for these charges and they will be your responsibility.

How to Contact Us

While you will be seen at a reserved time which fits your schedule demands, there may arise occasions where you need to talk to us between appointments. The best way to reach us is to call the office receptionist at **(901) 752-1980** during regular office hours. The office is open **Monday through Friday from 9:00 AM to 5:00 PM.**

After-hours and on holidays, the phone number will connect you to the **answering service**. You may use the answering service to leave messages for us, or if it is urgent, you may request that you speak to the **doctor on call**. Although usually the doctor on call will be from our office, this may not always be the case. Even if it is a CAPA doctor, the doctor on call may not be familiar with your case and will probably not have access to medical records.

Except in very unusual cases, please don't rely on the answering service for medication refill requests. Because we are not always in the office with access to your chart, please allow at least 48 hours notice for refill requests. For medications that require a written prescription, please allow at least 72 hours notice, or longer if you want it mailed. If someone other than yourself is picking up prescriptions or other correspondence we will need a release on file for that person.

For **EMERGENCIES** where there is a sudden or serious medical problem or injury, please call **911** or go to the nearest **emergency room**. Any rapidly changing medical condition or severe mental or behavioral instability with either threatened or actual danger to anyone (the patient or others) should be evaluated in an emergency room. **Call 911 for ambulance or police/sheriff assistance.**

You may use our e-mail office@capamemphis.com for general information about the practice or to leave non-urgent, non-confidential messages. This type of communication is growing in mental health care. We are cautiously optimistic that it will allow for greater patient-therapist communication, but until issues of effectiveness, safety and confidentiality can be studied, we prefer not to use e-mail for most therapeutic purposes.

Fees and Payments

If we are in your insurance network, our billing service will file claims for you. Out-of-network claims will be your responsibility. Co-payments and deductibles are due at the time services are rendered. If you have questions about billing or insurance, please call our billing department at 901-752-1980, option #3. Special fee structures for certain specific tasks such as consulting, or court-ordered appearances will be discussed with you and agreed upon before any actions are taken. Extended phone conversations may be subject to charges. All accounts that require the need for Collection Agency and/or Attorney involvement for payment will be assessed an additional penalty of 35% of the outstanding balance.

Insurance Usage and Issues of Confidentiality and Privileged Communication

As you know the world of health care has experienced a tremendous change in the manner in which insurance companies reimburse for third party payment. Many plans require an initial pre-certification of care before you can use your insurance benefits. It is your responsibility to make sure such pre-certification requirements are met by you if you elect to use your insurance benefits (i.e., referral from your primary care medical doctor, employee assistance program, and other "gate keeping" mechanisms such as calling an 800 number for approval). Nearly all insurance companies, unless your care is very brief, will require participation in utilization review.

We will be giving your carrier only the information that is needed to certify additional care as needed and only information that they require to deem your care "medically necessary".

With these exceptions, unless you specifically sign a release of information authorizing us to talk to someone, all communications here are kept private, confidential, and privileged (i.e., if someone calls here asking for you or about your child, our staff will not acknowledge even knowing you unless you tell us otherwise). It is very important to us to maintain the privacy of your confidential communications with us.

Your Informed Consent to Care & Payment Authorization

We have provided this information to you to inform you about the policies of our office and some of the parameters of care you and your child will receive here, such as the importance of confidentiality. Psychiatric and psychological care, like other things in life, offers no absolute guarantee of success and there are limitations to any form of care offered to a patient. Feel free to discuss any of these matters with us in more detail. Your signature on the **Patient Registration** form acknowledges your receipt and understanding of these policies. We look forward to working with you and your family.

For more information visit our website capamemphis.com

Child and Adolescent Psychiatry Associates, PLLC

NOTIFICATION OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW YOUR OR YOUR CHILD'S MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Understanding Your Medical Record/Health Information

Each time you visit our office, a record of your visit is made. It usually includes information about your symptoms, diagnoses, treatment, and a plan for future care and treatment. This information is often called your "medical record." This information and other information relating to your care are referred to in this Notice as "Health Information." This health information is useful for many reasons:

- Serves as a basis for planning your care and treatment
- Provides a means of communication among health care professionals who are part of your care
- Describes the care you receive
- Allows you, your insurance company or other third-party payer to make sure that the services billed were provided to you
- Allows health care professionals and organizations involved in your care to conduct treatment, payment, and health care operations
- Contains information we will need to contact you about appointment reminders, treatment alternatives, or other health-related benefits

Your Health Information

You have certain rights relating to your health information. As a patient, you generally have the right to:

- Request a copy or summary of your Health Information or to inspect it
- Request an amendment to your Health Information if you feel there is an error
- Request a restriction on certain uses and disclosures of your Health Information (we will consider reasonable, appropriate requests but are not obligated to agree to them)
- Obtain an accounting of when and with whom we have shared or disclosed your Health Information for some types of disclosures
- Request that we communicate with you about your Health Information in a particular way or at a certain location
- Obtain a paper copy of our Notification of Privacy Rights
- Revoke a previous authorization to certain uses and disclosures of your Health Information by us, except where actions have already been taken by us relating to that authorization
- File a complaint if you believe that your privacy rights have been violated. (We are the appointed "Privacy Officers" for our practice per HIPAA regulations. If you have any concerns of any sort that our office may have somehow compromised your privacy rights, please do not hesitate to speak to one of us immediately about this matter. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.)

Our Responsibilities

CAPA is required to:

- Protect the privacy of your Health Information
- Provide you with a copy of this Notice describing our privacy policy and legal duties
- Abide by the terms of our current Notice
- Notify you if we are unable to agree to, or comply with, your request for access, changes, accounting of disclosures, restrictions, or revocation of authorization
- Accommodate reasonable requests to communicate with you about your Health Information in a particular way or at a certain location
- Obtain written permission from you for any uses and disclosure not mentioned in the Notice

We reserve the right to change our Notice and our privacy practices and to make the new provisions effective for all Health Information we keep. Should our privacy practices change, we will post our revised Notice in our office. An updated version may also be provided at your request during a return visit. We will not use or disclose your Health Information without obtaining your authorization, except as described in this Notice or as otherwise required or permitted by law (for example in emergency treatment situations).

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Ways We May Use or Disclose Your Health Information

The following describes some of the ways in which we may use and disclose your health information:

1. **Treatment.** We will use your Health Information to treat you. We may also provide copies of your Health Information to other health care providers who care for you. We may also share your Health Information with others, such as family members, who are involved in your care.
2. **Payment.** We may use and disclose your Health Information to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, including the range of benefits. We may also provide your insurer with details regarding your treatment or to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your Health Information to bill you directly for services.
3. **Health Care Operations.** We will use your Health Information for our business operations. For example, we may use your Health Information to evaluate the quality of care you receive from us, to train other health care professionals, and to make business plans for our practice.
4. **Vendors.** Some of our services are provided by outside vendors. For example, we may use a service to handle billing and collections. We may disclose Health Information to our vendors so that they can perform the job we have asked them to do. To protect your Health Information, we require these vendors to agree in writing to keep your Health Information safe using the same standards that we are required to observe.
5. **Appointment Reminders & Treatment Alternatives.** We will use your Health Information to remind you of an appointment or to tell you about treatment alternatives and other health-related benefits or services.
6. **Communication with Family.** We may disclose to a family member, or other relative, close personal friend, or other person (**that you identify**), Health Information that is, in our judgment, relevant to that person's involvement in your care or payment for our care.
7. **Persons under the Age of 18.** We will work to protect confidentiality of our under-age patients, but under certain circumstances we may be required to tell your parents or guardian about your visit or provide them with all or part of your Health Information.
8. **Research.** We may disclose your Health Information for research purposes in certain limited circumstances when you have provided a written authorization and/or when a research protocol has been designed and approved by an Internal Review Board (IRB) or privacy committee.
9. **News Gathering Activities.** We may contact you or one of your family members to discuss whether or not you want to participate in a media or news story.
10. **Food and Drug Administration (FDA).** We may disclose to the FDA your Health Information in connection with adverse events with respect to medications, food, supplements products and product defects or post-marketing surveillance information to enable product recall, repair or replacement of regulated items.
11. **Workers' Compensation.** We may disclose your Health Information to comply with laws relating to workers compensation or other similar programs established by law.
12. **Public Health.** We may disclose your Health Information, as required by law, to public health officials or legal authorities charged with improving health or preventing or controlling disease, injury, or disability.
13. **Law Enforcement/Prevention of Harm/Required by Law.** We may disclose your Health Information for law enforcement purposes as required by law or in response to a valid subpoena or court order, or where, in our judgment, we believe there may be a threat of serious bodily harm to a patient or other person. Also, Federal or state law may require that your Health Information be released by us to an appropriate health oversight agency, public health authority, or other organization in certain circumstances.

Please be aware that with these guidelines to protect your privacy it may on occasion cause a delay in information being shared or transferred. It is important to our group that we maintain the highest standards not only to our patients, but anyone involved with our patient's treatment.