

**OFFICE POLICIES FOR VICTORIA KELLY MD LLC - Effective Date 1-1-2017**

**Success and Wellness Associates**

Success and Wellness Associates is currently a solo private practice, although Dr. Kelly may be adding additional mental health providers and coaches in the future. All staff members share a vision for a place where people could come to receive mental health treatments that was welcoming, relaxing, and had a focus on excellent patient care for the attainment of wellness. In addition, all administrative staff members are certified Mental Health First Aid responders. The goal in psychiatric treatment is to work collaboratively to identify your symptoms, define goals, and formulate a treatment plan in order to improve and enhance your life. You are expected to take an active role in the recovery process based on Dr. Kelly's recommendations, which may include homework or other tasks between appointments, and further medical or psychological evaluations.

**Concierge Psychiatry**

Dr. Kelly practices Direct Care Medicine, or Concierge Psychiatry, and does not involve insurance companies directly in your treatment. This model of practice incorporates a higher level of attention and care, a more direct doctor-patient relationship, and an increased level of privacy. She does not submit claims to your insurance company for payment, and does not receive any payments from insurance companies for psychiatric services rendered. She is not able to accept any patients who have Medicare at this time. The full payment for services is due at the time of treatment.

**Dr. Kelly's Office Hours**

Dr. Kelly has part-time office hours. The office will be closed on holidays. The office may be closed if Lucas County is at a Level 2 snow emergency warning, and will definitely be closed if it reaches Level 3 status. In this scenario, you will receive notification from the office to cancel your appointment. Whether Dr. Kelly is in the office or not, the office phone lines are answered by staff on Mondays through Wednesdays from 9am to 3pm. A staff member will answer your calls, take prescription refill requests, accommodate scheduling requests, or take a message and Dr. Kelly will call you back. After hours and on weekends, Dr. Kelly's employs an answering service for emergencies. Simply call the regular phone lines and follow the prompts. Non-urgent messages may be left on the practice voicemail and will be returned on the next business day (which may be the following Monday). Examples of these are requests to reschedule appointments and prescription refill requests. Any message after hours constituting an emergency that requires a call-back should be left with the answering service, and Dr. Kelly will return your call in a timely manner. If Dr. Kelly is scheduled to be away for an extended period of time, she will have another psychiatrist available to cover emergency calls if she is unavailable.

**Payment**

All fees are due in full at the time of service. Cash, checks, and most major credit cards are accepted, including Visa, MasterCard, and American Express. The office uses Square (<http://www.squareup.com>) for credit card payments, and is thus also able to accept Square gift cards. Health Savings Account credit cards are also accepted. Checks are to be made payable to **Victoria Kelly MD LLC**. Checks returned for insufficient funds will be charged a \$30 fee, which will need to be paid prior to rescheduling.

**Fees**

<b><i>Type of Service</i></b>	<b><i>Appointment length</i></b>	<b><i>Fee</i></b>
Initial psychiatric diagnostic evaluation or consultation	1-2 hours	\$300
Medication management with integrated psychotherapy	~50 minutes	\$200
Medication management with minimal psychotherapy	~25 minutes	\$150
Telehealth appointment	~10-25 minutes	\$150
No Show		\$50
Bounced check		\$30

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### **Pre-Registration**

You will be seen in the office to complete registration prior to your first appointment with Dr. Kelly. At that time, your Intake Paperwork and initial fee will be collected, registration information reviewed, photo taken, and any questions you have will be answered. If you have to later cancel your Initial Evaluation with Dr. Kelly, so long as it's within 1 week of the scheduled date you will receive a refund of half the amount collected. If you do not show up, then the fee is forfeit. Completing the Pre-Registration appointment does not constitute the development of a doctor-patient relationship with Dr. Kelly.

### **Consultation-Only Appointments**

If you are seeing Dr. Kelly as a one-time consultation (such as for a second opinion or pharmacogenetics consultation), then be advised that the Initial Evaluation does not constitute the development of a doctor-patient relationship, nor form a treatment agreement. Any discussion that Dr. Kelly has with you does not constitute direct medical advice, since she is not your treating physician.

### **Telehealth Appointments**

Dr. Kelly offers telehealth appointments at her discretion. The office uses a HIPAA compliant vendor, with whom we have a business agreement. This may be accessed with any device on which there is a camera, audio, and internet service. The cost of a telehealth appointment is the same as if you were seeing Dr. Kelly in-office. Please be aware that many insurance companies do not reimburse for out-of-pocket expenses related to telehealth services. If you are interested in using telehealth services in your clinical care, you will be directed to an additional telehealth consent.

### **Late Cancellation and Missed Appointments**

Appointments must be cancelled a minimum of 24 hours prior to the scheduled appointment time. Messages may be left at any time at the office phone number 567-455-5432. Fees for late cancellations or missed appointments will be billed to you at \$50 per appointment. This late fee must be paid prior to scheduling another appointment.

### **Termination of Treatment**

The treatment relationship can be terminated by the patient's request, or at doctor's discretion under several conditions including but not limited to: Violation of office policies; Nonpayment of bill; Chronic no-shows to appointments; Theft, violence, threatening behaviors, or other action against the doctor or office staff or property or that occurs within the office that could be considered criminal activity; Non-adherence to treatment recommendations; Ongoing disruptive or rude behavior toward the doctor or staff; Drug-seeking behaviors toward the doctor or staff, and repeatedly losing prescriptions of controlled substances; Falsifying medical records or lab / test results; Seductive behavior toward the doctor or staff; Requiring a higher frequency of care than the doctor can provide (i.e. patient should be seen several times a week or month, but is unable to).

In the event of a termination of relationship with the doctor at the doctor's request, the doctor will notify you in writing, and also assist in transferring your mental health care to another provider of your choosing in a timely manner. The doctor will provide for safe management of your medications during this transition time.

### **Controlled Substances**

Most of the time, controlled substances are used for a specified period of time only. Sometimes, it may be a chronic medication. If you are being prescribed a controlled substance by the doctor, it is expected that you abide by the following rules:

1. Do not doctor shop – just use one doctor
2. Your prescriptions will be automatically monitored through the Ohio Automated Prescription Reporting System, which also includes information from nearby states
3. Keep your medications in a safe and well controlled environment, away from access by children or pets or curious visitors, or in unwise locations (like above the toilet or by the sink), and it would be preferable if the medications were kept locked up

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4. If your medications have been lost or stolen, you will likely be asked to provide a police report before any refills are authorized to the pharmacy, at which time it's at the pharmacy's discretion to do so.
5. If the doctor has any reason at all to suspect that you are abusing, selling, giving away, or otherwise acting irresponsibly with your medications, the doctor may stop prescribing your medication & also may terminate you from the practice
6. You will comply with requests for toxicology testing, which may be scheduled and/or random in nature, in which you would be expected to come to the office or other location such as a laboratory within 24 hours
7. You will comply with requests for medication counts, which may be scheduled and/or random in nature, in which you would be expected to come to the office and bring your medication bottle & remaining prescription with you, within 24 hours, and review the remaining count of your pills or medication films
8. If you are actively abusing alcohol or drugs, or test positive on toxicology testing, or have evidence on noncompliance or over-use of medications on your pill count, the doctor may stop prescribing your medication
9. Do not eat food (such as bagels) or drink beverages that contain poppy seeds. This may result in a positive test on your drug testing.

### **Laboratory Testing**

Victoria Kelly MD LLC is a CLIA authorized laboratory facility, and routinely uses certain in-office testing procedures, such as urine or saliva toxicology testing or saliva pharmacogenomic testing. The doctor uses an external company as a business associate for this testing that is more sensitive and specific than usual laboratories. The doctor's office is only responsible for providing your billing information to this company on your behalf, and if any additional billing issues should arise they are the responsibility of the external company. The doctor will assist you in understanding any billing issues should they arise.

### **Medical Records**

The doctor uses a cloud-based HIPAA compliant electronic medical record through Practice Fusion, and is able to electronically prescribe certain medications also. Practice Fusion allows patients to have access to online scheduling with the doctor <http://psychiatrytoledo.com/resources.html> and also access to a Patient Portal through <http://www.patientfusion.com> where you can access parts of your medical record (such as diagnosis, medications, certain lab results, and appointment history), and secure system of messaging with your doctor. This messaging system should only be used for non-urgent requests. If you are interested in accessing this feature after your initial evaluation, the doctor will set up a username and password for your confidential use. If you would like your medical records sent to another provider (such as therapist, or primary care physician, etc), then the doctor's office will facilitate that request within a timely manner upon receipt of a written consent for a release of information to the other provider or agency.

According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient has the right to read and amend their own medical records. The doctor will generally accommodate most reasonable requests, except in certain cases where it may potentially worsen your condition, endanger the life or safety of your life or another person, or if there is a potential breach of confidentiality. If denied access to your medical records, you may submit your appeal in writing to Victoria Kelly MD LLC.

### **Confidentiality and Release of Information**

All records and treatment details are confidential and secured and will not be released without your authorization. If a breach has occurred, you will be notified in writing. *Limitations to confidentiality include:*

1. Client authorizes release of information with a signature
2. Client authorizes release of information for reimbursement purposes as defined by the insurance provider
3. Client's mental condition becomes an issue in a lawsuit
4. Client presents as a danger to self
5. Client presents as a danger to others
6. Child or elder abuse or neglect is suspected

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## Paperwork

If you need paperwork completed or a letter from the doctor, it is best to discuss it with the doctor at your scheduled appointment. If it cannot wait, call the office with the details of your request. If it is extensive, the office may charge a fee based on the time it takes the doctor to fill it out.

## Office Communications

You can contact the office at any time with questions. You may call the office during regular business hours (contact staff for the most up to date information) with both clinical questions about your treatment or medications, and non-clinical questions. Please call during regular business hours regarding issues such as medication refills, appointments, and paperwork. If your question requires a lot of the doctor's attention, you may be asked to come in for an appointment to discuss the matter in person, or be scheduled for a telehealth appointment. You can always message Dr. Kelly directly through the patient portal at any time for non-emergency issues. If you are calling after hours, you can speak with the doctor's answering service for any emergency issues, and the doctor will return your call. Please leave non urgent messages on the regular office voicemail, and the office will return those calls on the next business day. If you are contacting the office via email please reserve questions and comments to non-clinical topics, as privacy is not guaranteed. It is preferable that you leave a message by telephone or patient portal for clinical concerns. From our electronic medical record vendor Practice Fusion, you can elect to receive email notifications at 1 week and also 1 day before your scheduled appointment. If you use the Patient Portal, the office will follow up any online communications with a telephone call if requested.

## Complaints

You have a right to have your complaints heard and resolved within a timely manner. If you have a complaint regarding your treatment, an office policy, or a billing issue please discuss it with Victoria Kelly MD LLC immediately in writing to the office address, or telephone.

## Client's Consent for Communications

Please initial below, with your selection:

- I **consent** to my email address being used for communications from Victoria Kelly MD LLC
- I **do NOT consent** to my email address being used for communications from Victoria Kelly MD LLC

## Client's Understanding

- I have read and understood the office policies and agree to abide by the rules listed therein
- I agree to be an active participant in my mental health recovery
- I have received a copy of the Office Policies
- I have received a copy of the Privacy Practices

\_\_\_\_\_  
Client / Legal Guardian Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Success & Wellness Associates – Victoria Kelly MD LLC – Office & Privacy Policies 2017

### **NOTICE OF PRIVACY PRACTICES : EFFECTIVE DATE 1-1-2017**

This Notice of Privacy Practices (“Notice”) applies to: Victoria Kelly MD LLC, 7110 W. Central Ave, Suite C, Toledo, Ohio, 43617.

#### **OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (“PHI”) :**

We understand that your health information is personal. We are committed to keeping your PHI safe. This notice will tell you about the ways we may use and disclose your PHI, your privacy rights, and our duties regarding PHI. We are required by law to make sure that your PHI is kept private, give you this Notice of our legal duties and privacy practices, notify you of a breach of unsecured PHI, and follow the terms of the Notice that is currently in effect.

#### **YOUR PRIVACY RIGHTS WITH RESPECT TO PHI :**

The following is a list of your rights and how you may exercise these rights.

- **Right to Request Restrictions** - You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are required to honor the request to restrict disclosures of PHI to a health plan where you have paid out-of-pocket in full for the healthcare item or service you have received. Otherwise, although we will consider your request, we are not required to agree to or abide by your request. You must make your request for any restrictions or limitations in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. In your request, he must tell us what PHI you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want delimits to apply (for example, disclosures to your spouse).
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you in a confidential manner. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, and be sure to provide an appropriate telephone number.
- **Right to Review and Copy** - You have the right to review and obtain a copy of PHI that may be used to make decisions about your care. You must submit your request for your PHI in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. If you request a copy of the PHI, then we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. For example, our healthcare provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you will be notified of this decision in writing and you may appeal this decision in writing to the owner.
- **Right to Amend** - If you feel that PHI we have asked about you is incorrect or incomplete, then you may ask us to change the PHI. You have the right to request a change for as long as the PHI is maintained by us. Submit your request to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. Your request must be made in writing and include a reason that supports your request. We may deny your request if you ask us to change PHI that was not created by us, is not part of our records, is not part of the PHI which you would be permitted to see and get a copy of, or we believe the information is accurate and complete.
- **Right to on Accounting of Disclosures** - you have the right to request an accounting of disclosures of PHI. This is a list of certain disclosures of PHI we made in special situations listed above. These disclosures are not related to treatment, payment, or health care operations. When we make these disclosures, we are not required to obtain your authorization before we disclose your PHI to others. You must submit your request for an accounting of disclosures in writing to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. Your request must tell us the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request and parentheses. There will be no charge for the first list you request within a 12 month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.
- **Right to a Paper Copy of This Notice** - You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*.

#### **THE WAYS WE MAY USE AND DISCLOSE YOUR PHI :**

Federal law allows us to use or disclose your PHI without your permission for the following purposes:

**For Treatment** - For example, treatment may include:

- Disclosing your PHI to doctors, nurses, technicians, student trainees, and other people who help with your care

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- Coordinating services you need, such as prescriptions, lab work, and x-rays
- Contacting you for appointment reminders
- Contacting you about health-related benefits and services
- Disclosing to a doctor outside of the health system for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slowly healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals
- Updating your healthcare providers about care you received

**For Payment** - For example, payment may include:

- Determining eligibility for healthcare services and pre-certifying benefits; Coordinating benefits with insurance payers
- Billing and collecting for healthcare services provided; Facilitating payment to another provider who has participated in your care

**For Health Care Operations** - For example, healthcare operations may include:

- Improving quality of care
- Accrediting certifying licensing or credentialing healthcare providers
- Reviewing competence or qualifications of healthcare professionals
- Developing maintaining and supporting computer systems
- Managing budgeting and planning activities and reports
- Improving healthcare processes, reducing healthcare costs, and accessing organizational performance for us and other healthcare providers and health plans that care for you

### ADDITIONAL USES AND DISCLOSURES FOR WHICH AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY HIPAA

- **Research** - We may contact you about research studies you may qualify for so that you can decide if you want to participate. If you qualify to participate in a research study, then you will be asked to sign a separate consent form to participate in the project that includes an authorization for use in possible disclosure of your information outside the health system.
- **As Required by Law** - We will disclose PHI about you when required to do so by federal, state, or local law.
- **Public Health Risks** - As required by law, we may disclose your PHI with public health authorities to prevent or control disease, injury, or disability; report communicable diseases or infection exposure such as HIV, hepatitis, or tuberculosis; report medical device safety issues and adverse events to the federal FDA; and report vital events such as births and deaths.
- **Victims of Abuse, Neglect, or Domestic Violence** - We may disclose your PHI to government agencies authorized by law to receive reports of suspected child or elder abuse, neglect, or domestic violence if we believe that you have been a victim.
- **Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or licensure. Healthcare oversight agencies include government agencies that oversee the healthcare system, government benefits, programs, and agencies that enforce civil rights laws.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in the course of an administrative or judicial proceeding, such as in response to a court order or subpoena as permitted by federal and state law.
- **Law Enforcement** - We may disclose your PHI to a law enforcement official if required or permitted by law for reasons such as reporting crimes occurring at an office site or providing routine reporting to law enforcement agencies, such as for gunshot wounds.
- **Deceased Persons PHI** - We may disclose PHI to a funeral director as necessary so that they may carry out their duties. We may also disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
- **Organ and Tissue Donation** - We may disclose your PHI to organizations that handle organ, tissue, and I procurement to facilitate organ, tissue, and I donation and transplantation.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the public's health and safety, or another person's health and safety.
- **Specialized Government Functions** - We may disclose your PHI to authorized federal officials for national security and intelligence, military, or veterans activities required by the law.
- **Workers Compensation** - We may disclose your PHI to workers compensation as required by workers compensation laws or other similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Disaster Relief Efforts** - We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entity in the notification of your family member, personal representative, or another person responsible for your care.

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- **Individuals Involved in Your Care or Payment for Your Care** - We may communicate with your family, friends, or others involved in your care or payment for your care. For example, an emergency room doctor may discuss a patient's treatment in front of your friend if you ask that your friend come into the room.
- **Other Uses and Disclosures Made Only with your Written Permission** - All other uses and disclosures not described in the Notice will be made only with your written authorization. For example, we would not release your PHI to your supervisor for employment purposes without your permission, as described in this Notice. You may revoke your permission, in writing, at any time (then we will no longer use or disclose PHI about you, for the reasons covered by your written permission, except to the extent that we have already used or disclosed your PHI). Other uses and disclosures not described in the Notice will be made only with your authorization.

### OUR DUTIES

- **Notice Changes** - We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this notice will be available at registration locations. The current Notice will also be posted at our website. The effective date of the notice will be posted on the first page.
- **Email** - We ask you not to use your email in contacting our healthcare providers, personally. Emails sent to and from your personal email address are not secure and could be read by a third-party.
- **Complaints** - If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to *VICTORIA KELLY MD LLC, 7110 W. CENTRAL AVE, SUITE C, TOLEDO, OH 43617*. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint. You may also file a written complaint with the secretary of the US Department of Health and Human Services, 200 Independence Ave. S W, Washington DC, 20201, or call toll-free 877-696-6775, by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or to Region V, Office for Civil Rights, US Department of Health and Human Services, 233 North Michigan Ave, Suite 240, Chicago, IL 60601, voice phone 312-886-2359, fax 312-886-1807, or TDD 312-353-5693.

Signature below is only acknowledgement that you received this Notice of our Privacy Practices:

\_\_\_\_\_  
Client / Legal Guardian Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date