



Clear Skies Psychiatry, LLC

PRACTICE POLICIES

Consultations and Treatment

I understand that court-ordered or formal legal evaluations, as well as long-term disability evaluations are outside the scope of Dr. Robinson's practice, and not offered at Clear Skies Psychiatry, LLC.

Dr. Robinson is unable to comment on my ability to work until after a treatment period of at least 6 months, and in that case her opinion may differ from my own. If I am specifically seeking care related to one of these issues, I understand that Dr. Robinson may not be able to see me, but will assist in making recommendations to see another provider.

Payment & Cancellation

This practice does not accept Medicare or Medicaid, or commercial insurance payment. I will notify Dr. Robinson if I have (or obtain) Medicare coverage while we are working together.

I understand that I am solely responsible for the payment of my (or my child's) treatment. Payment for services is due at the time of service. For new patients, 50% of the new patient appointment fee will be collected when your first appointment is scheduled. The remaining balance will be charged on the date of service/new patient appointment. Appointments cancelled with at least **48 business hours'** notice will receive a full refund of the prepayment. The pre-payment will not be refunded for cancelled appointments with less than 48 business hours' notice or in the case of missed/no-show appointments.

Missed follow up or therapy appointments, late cancellations (within 48 business hours) and No-Shows will be billed at the full visit rate. New patients must pay with credit card for the first intake/consultation appointment, and a credit card must be kept on file payments of any missed future appointments, or past due billing. Missing appointments interferes with the efficacy and continuity of care. **A pattern of repeatedly missing appointments is grounds for termination of care.**

I authorize Dr. Robinson to keep my credit card on file as a condition of our work together but understand that Dr. Robinson can accept check, cash or HAS, credit card. I understand that payment of my balance is required before further visits can be scheduled/attended.

I understand that if payment is 60 days past due, Dr. Robinson reserves the right to utilize legal resources such as collection agencies or small claims court in order to obtain payment for services.

Calls & Prescriptions

Prescriptions and refills are to be addressed during appointments. I understand that Dr. Robinson does not provide 24/7 emergency care and that phone calls may not be answered immediately. Dr. Robinson will return calls within 1 business day during normal business hours. **I understand that life or limb threatening emergencies must be handled by calling 911, going to the Emergency Room or calling the Colorado Crisis Line Colorado Crisis Services line at 1-844-493-8255, text TALK to 38255.**

Phone calls or requested paperwork requiring more than 5 minutes outside of scheduled appointments may incur fees based on time spent at the rate of \$300/hour. Urgent refill requests in special circumstances may take up to 48 business hours to be handled. A fee of \$50 will be assessed for any medication prior authorization that requires more than 15 minutes. Fortunately, most medications do not require prior authorizations. If paperwork is required for any reason, Dr. Robinson requests that I schedule an appointment and have it completed in session. If paperwork or letters are requested outside of a session a \$100 fee will be assessed for this service.

Insurance

I understand that Dr. Robinson does not accept insurance and is considered an out-of-network provider. However, most insurance companies will provide partial (40-80% reimbursement) reimbursement for services rendered by a psychiatrist, but it is my responsibility to check with my insurance company for specific benefits. Additionally, psychotherapy and medication treatment is an allowable expense for Health Spending Accounts (HSA) or Flexible Spending Accounts (FSA). Dr. Robinson will provide an itemized bill (a "superbill") upon request.

Questions to ask insurance carrier prior to the first visit:

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?

- How many sessions per year does my health insurance cover?
- What is the coverage amount per therapy or medication session?
- How much will I be reimbursed (%) if I pay out of pocket?
- Is approval required from my primary care physician?
- How do I request reimbursement?

Dr. Robinson’s PROFESSIONAL FEES:

New patient evaluation, Adult, age 18 and up, 60-75 min	\$395
Medication management visit, up to 30 minutes	\$175
New patient evaluation, child/adolescent age 3-17, 90-100 minutes	\$495
Medication Management visits with increased complexity	*Pro-rated at 5 minute increments beyond 35 minutes, at a rate of \$300/hour
Psychotherapy or family meeting visits, 60 minutes	\$300

Medical Records

Dr. Robinson is required by law, to keep complete medical records. Electronic records will be encrypted, and under biometric or password protected security. Any written records will be kept locked. I am entitled to review my medical record at any time, unless Dr. Robinson deems that by viewing my records, my emotional or physical well-being will be jeopardized. Dr. Robinson recommends that we review medical records together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and summarizing the medical record will be charged the appropriate paperwork fees (see above).

Ryan Haight Act

Providers may not prescribe controlled substances without an in-person examination at least once per year, per the Ryan Haight Act. Therefore, I understand that Dr. Robinson may not prescribe stimulants or other controlled substances via telemedicine (except during the COVID waiver time period), unless we have already established a relationship from an in-person visit.

Controlled Substances

Medications such as benzodiazepines and stimulant medications used for ADHD (Ritalin, Adderall etc) are carefully monitored by the Drug Enforcement Agency. I understand that these medicines have abuse potential among other safety risks, and that I will only use them if/when directed by Dr. Robinson, while under the care of Dr. Robinson. I am aware that Dr. Robinson has a right and responsibility to check the Prescription Drug Monitoring Program (PDMP) database for the status of these prescriptions, and may, on occasion request a urine drug screen to remain on them. I agree not to mix controlled substances with the use of illicit drugs. If there are any indicators that such medications are being abused, misused or diverted, Dr. Robinson has the right and responsibility to **stop prescribing them**. This may be grounds for termination of care or referral out.

Confidentiality

The security of sensitive information is of utmost importance, and Dr. Robinson is bound by law to protect my confidentiality. Therefore, disclosure of my treatment to others beyond the normal scope of collaborative care with other physicians or for explicit treatment purposes will require my explicit written consent. However, I understand that Dr. Robinson is mandated reporter. If indications of child abuse or planned bodily harm to oneself or to others come to light in the course of treatment, I understand that she is legally bound to report these to the appropriate authorities. Please see attached privacy information form for more details.

Patient Rights

I am entitled to the highest quality of psychiatric care available. Psychotherapy is a joint undertaking, with rights and responsibilities shared by both of us. At the initial visit, Dr. Robinson will conduct a thorough review of my current complaints and background. By the end of the initial visit, Dr. Robinson will offer preliminary impressions, and discuss treatment options. One of the most important aspects of a therapeutic relationship is the goodness-of-fit between therapist and client, so the initial visit is also an opportunity to determine for myself if Dr. Robinson is the right therapist for myself or my child. If after the initial assessment we determine it is a poor fit, I understand that Dr. Robinson will refer providers that may be a better fit for my needs. Over time, these office policies may be adjusted. Dr. Robinson will attempt to inform in advance of all changes.

Release and Statement of Responsibility

1. I have read and understand the above information.
2. I agree to the terms of the office payment and cancellation policies.

Hand written signature required (Patient or Guardian)

Today’s Date

Patient Name (Printed)

Today’s Date

