



Clear Skies Psychiatry, LLC

PRACTICE POLICIES

Scope of Practice

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 Policies

This practice does not accept Medicare, Medicaid, or commercial insurance payment. By signing these Practice Policies and accepting care from Dr. Robinson, I am certifying that I do not currently have Medicaid or Medicare insurance. I will notify Dr. Robinson if I 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 patient visits, 50% of the appointment fee will be collected when the 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.

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.

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 HSA, credit card. I understand that payment of an outstanding balance is required before further visits can be scheduled/attended.

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 understand that if I am lost to follow up or do not schedule follow up in a 12 month period of time, Dr. Robinson will consider me discharged from CSP, LLC and my chart will be archived. Returning to care after a 12 month period of time will require a 60 minute re-evaluation visit.

Calls and Forms

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 needed **outside of scheduled appointments** will incur fees based on time spent at the rate of \$400/hour. Paperwork, letters and forms required for any reason should be handled during an appointment. If paperwork or letters are necessary outside of a session a fee based upon time spent pro-rated at \$400 per hour (typically \$25-150) will be assessed for this service. SCHOOL medication forms incur a standard \$25 fee if needed between or outside of scheduled visits.

Prescriptions and Refills

Prescriptions and refills are to be addressed during appointments unless other arrangements have been made at the time of a visit.

Rather than call or email the practice for prescription refills, please call the pharmacy FIRST to see if an existing medication has refills on the bottle or a new order is present in the system. If the pharmacy verifies that you do not have anything on file there, please send Dr. Robinson a detailed portal message with your specific medication need, dose, and which pharmacy you prefer it sent to. Plan ahead and keep in mind it may up to 72 hours for refills to be processed.

In the case of most ADHD medications (all stimulants), there cannot be refills added to the bottle, per DEA requirements. When calling your pharmacy to see if you have any remaining prescriptions available, do not ask for “refills.” Ask for “remaining prescriptions on file.” Dr. Robinson will send in a new, post-dated prescription for each 30 - day period, and most pharmacies will not fill them earlier than 28 days. Dr. Robinson’s standard practice is to provide enough medication at your visit to get you to your subsequent visit. Pharmacies will only hold on to three post-dated stimulant prescriptions.

If a pharmacy indicates they are OUT OF STOCK of prescribed ADHD medication, please call alternative preferred local pharmacies and ask them if they can fill a prescription for the medication/dose/amount, and then notify Dr. Robinson to request the order be sent there instead.

***I understand that if I DO NOT HAVE a follow up visit scheduled, I will not be able to get medications refilled after existing prescriptions run out without a visit.**

***Prescriptions needing to be filled after business hours or on weekends/holidays will incur a \$50 charge.**

***Prior authorizations may incur a \$50 fee if they take > 15 minutes to complete, or are not initiated by Dr. Robinson’s clinic recommendation.**

Communication

Dr. Robinson’s preferred method of communication is via the SimplePractice patient portal for refill requests and simple inquiries. *If an inquiry is complex or requires more than 10 minutes of chart review/research, the practice will charge a \$50 service fee. Complex matters such as psychotherapy concerns or family conflicts, levels of care, or major medication change requests should be handled in a visit. If returning emails or phone calls for a particular patient becomes frequent, Dr. Robinson will request an increased frequency of appointments in order to address these issues.

Collaborative Care

Dr. Robinson may at times feel it’s clinically necessary to collaborate with other specialists, psychologists, or therapists involved in my care. I may be asked to sign a release of information, and this collaboration is considered a covered service. I understand that if this is initiated by myself, an outside provider or therapist, these consultations will be charged at the usual phone rate based on time spent.

Insurance

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?

Appointment times and Fees:

New patient evaluation, Adult, age 18 and up, 75-100 min	\$525
FIRST follow up appointments, after evaluation 45 minutes	\$300
Routine medication management visit, up to 30 minutes	\$225
New patient evaluation, child/adolescent age 3-17, up to 120 min	\$625

Psychotherapy or family meeting visits, 45-55 min	\$300-366.66
Return patient re-evaluation (if not seen in 12 months,) 60 min	\$400

Medication Management visits with **increased complexity, family therapy, play therapy, safety planning or diagnostic** reconsideration up to 55 minutes incur a base rate of \$225 and will be pro-rated at 5 minute increments beyond 30 minutes, at a rate of \$400/hour.

*First follow ups after an evaluation are booked for 45 minutes in duration. Dr. Robinson will pro-rate down accordingly if the entire 45-minute slot is not necessary or goes unused. This is done to allow the extra time often needed to address concerns after a first visit, and often reassess our plan.

*Routine follow-up visits are booked as 30 minutes.

* Shorter appointment times may be available upon request. Please consult directly with Dr. Robinson if you feel this situation applies to you.

Timeliness

Dr. Robinson will always try to run according to schedule, but situations can arise that cause visits to begin later than the expected or scheduled time. Please note that patients will not be charged or penalized for this. Dr. Robinson asks that I make every effort to arrive to visits on time, since appointments are often booked back to back and it is not always possible to make up the time on the back end if a patient arrives late. I understand that if I am more than 15 minutes late to a 30 minute visit, I may be asked to reschedule, or my time may be cut short.

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 (DEA.) 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 Dr. Robinson 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.

Signature (Patient or Guardian)

Today's Date

Patient Name (Printed)

Today's Date