

Osborn Psychiatry, PLLC  
200 Jefferson Ave, Suite 225 Memphis, TN 38103  
Tel: (901) 501-7039  
<https://www.osbornpsychiatry.com>

## Office Policies and Procedures

### Initial Evaluations:

During the initial consultation I will obtain a comprehensive medical and psychiatric history including family history of psychiatric illness, psychological factors, trauma history, lingering issues from childhood, and any other potentially relevant topics. I will also review previous medical records, assess response to past treatment modalities, and review any available laboratory or imaging data. This may be done in one session or may take as many as three sessions. I may recommend labs, imaging studies, or referrals to other providers as appropriate, so that any complicating factors in the treatment can be addressed. Once the evaluation is complete, a treatment plan will be formulated and Informed Consent will be obtained. Treatment recommendations are based on the best current research and clinical evidence available. If the patient is an adolescent (minor) the initial appointment is scheduled for 120 minutes and is divided into three phases to allow time to interview both the parents, a separate interview with the minor, and a final session to review findings and treatment recommendations.

### Appointments:

All sessions are scheduled by appointment online through the patient portal, via telephone, or at the conclusion of an appointment. Appointment slots are never double-booked, and this time is reserved solely for you. Initial evaluations are up to 90 minutes in duration for adults or up to 120 minutes for adolescents. Up to 30 minutes of this time will be reserved for documentation and other administrative tasks related to the appointment. Follow-up appointments are 30 minutes or 50 minutes in duration which may incorporate both medication management and psychotherapy. The frequency of appointments depends upon need, desire, and medical necessity. Appointments must occur at a minimum of every three months for active patients, and in most cases monthly appointments are required for those receiving controlled substances. If you are late to your appointment, we will still conclude at the scheduled time. You will receive automated appointment reminders via e-mail. Follow-up appointments are also offered via online video chat (telepsychiatry) through an encrypted platform utilizing a computer with camera and microphone or a smartphone. Please note that with your approval I will charge an administrative fee for work done outside of one's appointment such as document preparation for a third party, phone calls, faxing, medical record handling, and form completion billed in increments of tenths of an hour. Please see the website for an updated fee schedule.

### Cancellation Policy:

If you are unable to keep an appointment, please cancel at least two business days (48 hours) in advance. **We will waive the fee for the first missed appointment. We will charge \$50 for the second missed appointment, and we will charge the full session fee for the third missed appointment via your credit card on file.** We reserve the right to request payment in advance of each appointment. Please be aware that insurance companies do not reimburse for canceled sessions.

### Payment and Reimbursement:

We do not contract with insurance carriers, and payment for service is required at the conclusion of each appointment. You will receive a [superbill](#) and receipt that may be submitted to your insurance company for possible out-of-network reimbursement. You are solely responsible for payment of your medical care, and we cannot guarantee complete reimbursement by your insurance company. Most insurance companies require information about your diagnosis, the type of service provided, the date of the session, and fees. This information will be included on your statement. In some cases, insurance companies require that the physician send information about the patient's diagnosis and treatment plan, progress reports, and other records. Almost all insurance companies state that they will keep this information confidential, but I cannot assure this. For example, some may share the information they receive with a national medical information data bank for the purposes of deciding eligibility for future insurance policies. Before I send

any information to an insurance company, I will discuss with you the information to be provided and obtain your written permission to release it. You are under no obligation to release medical information requested by an insurance carrier, but if you refuse to release the information requested, most insurance programs will not reimburse for services.

**Record Keeping:**

I maintain a clinical chart for each patient using the Practice Fusion electronic medical record. Information in the chart includes a description of your condition, diagnosis, treatment plan, and response to treatment. Additionally, the chart may include any information that is disclosed to me by a patient except during psychotherapy sessions; these process notes are not entered into the electronic medical record. An entry is made for each appointment, as well as for phone or online communications through the patient portal. I keep records of documents including consent forms, release of information forms, insurance documents, outside treatment/testing data, and other records completed or collected during the course of treatment. Clinical records are kept solely in the electronic medical records or as encrypted files on my computer for privileged psychotherapy notes. Information contained in this record will not be released without your written consent except in the circumstances outlined below and as explained in the Notice of Privacy Practices. After your first appointment, you will receive an e-mail message requesting that you set up an account on the patient portal. The portal is password protected, HIPAA-compliant, and viewable only by me. You may use this patient portal to schedule appointments and send private communications.

**Confidentiality:**

Information shared between patient and physician is strictly confidential, with certain exceptions required by law. You hold the privilege of deciding with whom I may disclose information about your diagnosis and treatment. If you would like me to share information with other providers, therapists, school officials, or other persons, please fill out an Authorization for Release of Information for each person/entity with whom you would like me to communicate. Information will be released only with your written permission with the following exceptions:

- 1) Suspected abuse or neglect of a minor, elder or dependent individual;
- 2) A patient is in imminent danger of harming him or herself or another person;
- 3) A patient communicates a serious threat of physical violence against another person;
- 4) A parent or guardian is unable to adequately provide for a child's basic needs;
- 5) Records are ordered to be released by a judge or court; and/or
- 6) As otherwise required by law.

**Prescriptions:**

It is my policy to refill prescriptions when you are seen in person at a scheduled appointment. In the event that you exhaust your supply of medication before your next scheduled appointment, please send a message using the online patient portal or ask your pharmacy to submit an electronic refill request. I reserve the right to charge \$25 for medication refills outside of one's usual appointment given the time required for documentation. Please allow two business days for me to process your request. Controlled substances will not receive early refills.

**Communication:**

If you need to contact me between appointments, please utilize the online patient portal for confidential communication. I cannot guarantee the confidentiality of messages received via unencrypted e-mail. If you communicate with me via email, I will send email responses encrypted, and requiring an SMS passcode sent to your mobile phone number. I will return your message within two business days. If you have an urgent need, you may call the practice's main line. I will do my best to return your call by the end of the business day. Your call will often go directly to voicemail as I do not employ administrative staff and will usually be with patients during business hours. On occasions when I am away from my practice, I will inform you in advance and the message on my outgoing voicemail message and through the patient portal will direct you to the doctor providing coverage for my practice. All emails containing protected health information (PHI) sent to the practice will be deleted after 2 years to reduce risk of data theft.

**Urgent or Emergent Issues:**

Please note that I am unable to provide emergent crisis services. Please do not use e-mail, online messaging through the patient portal, or text messaging in the event of an emergency but call 911 or proceed to your nearest emergency department. For urgent issues I can be reached by dialing 901-501-7039 and selecting option 4. In a crisis, I will respond and help to the best of my ability, but I cannot guarantee 24 hour availability or an urgent response in every situation. Please note that phone calls lasting longer than 6 minutes outside of one's scheduled appointment will be billed in increments of tenths of an hour.

**Telemedicine:**

Telemedicine appointments are available for both initial psychiatric evaluations and follow-up appointments. I require an in-person appointment before any prescribing any controlled substances. The video chat platform used will be HIPAA compliant. Possible platforms used are Zoom or Doxy.me.

**Ending Treatment:**

You may withdraw from treatment at any time. I recommend that we discuss a plan to terminate care before doing so in order to insure that we will have the opportunity to discuss further treatment recommendations, any potential risks associated with ending treatment, and referral options if they are needed.

**Litigation Limitation:**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. This is requested in order to best maintain the therapeutic relationship for the client and therapist and prevent or limit possible harm that can come from exposure of personal information to those outside of the therapeutic relationship. (There may be occasions when information must be released due to mandatory legal obligations beyond the scope of this agreement.) Furthermore, you are responsible and accountable for what you do, the choices you make, and how you behave in your own life. No psychiatrist can control or take responsibility for the behavior of other people.