

# *Logan Graddy MD*

CLINICAL AND FORENSIC PSYCHIATRY  
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To our Patients:

Please read the following information about our fees, appointment cancellations, and confidentiality. Feel free to bring up these policies at any time.

<b>Fees:</b> Initial Consultation (90801)	\$225
50-min medication/therapy visit (90807, 90806)	\$160
Medication/therapy visit (90805, 90804, 90862)	\$100
Positive Urine Drug Screen	\$40

**Insurance:** Be sure to check your health insurance coverage for outpatient mental health care. Often, there is a yearly maximum on either the number of visits or the amount paid for psychiatric services, unless your plan has a parity clause. A parity clause means that psychiatric illness with a biological cause (most depressions, many anxiety disorders, bipolar disorder, and other illnesses) are covered as long as medically necessary without a yearly maximum, just like other medical illnesses. We will help you the best we can, but your insurance company or employer is the best source for information about actual coverage.

We are an in-network provider for Cigna Behavioral Health (the Duke employee health insurance), Basix (Duke student insurance) and United Behavioral Health. If you have these insurance policies we are an “in-network provider,” meaning you pay a co-pay (the amount listed under “specialist”) and we will file a claim with your insurance for the rest of our fee.

If you have another health insurance policy then we will be considered an “out-of-network provider.” You can file your own claims with your company after providing them a receipt from your visit.

Payment of fees is due at the time of service.

**Cancellations:** We will bill you a full fee for late cancellations and for no-shows unless you reschedule the appointment within the day or the week. This will likely not be covered by your insurance. A late cancellation is when you cancel on the same day as your appointment or after 5 P.M. on the day before your appointment. I allow one unbilled late cancellation or no-

show per year if there is an emergency. If you cancel your appointments too often, we will bring this up with you. If you continue to cancel frequently, we may end the treatment.

**Confidentiality:** Anything you reveal in these sessions is confidential and cannot be released to another person without your consent. Exceptions to the rules of confidentiality occur when there is an intent to harm yourself or another person, or if a judge requests information as part of a trial where your mental health is an issue. If you believe there will be any legal ramifications to your case, please let me know so we can discuss before starting treatment.

If you are using insurance to pay, the carrier will request a diagnostic code (a number), the dates of service, and the type of treatment (evaluation, therapy, medications). If you have a managed care plan, that plan may request more detailed information about your symptoms or life circumstances in order to authorize treatment. If you would like to know exactly what they request and/or what I release, let me know. Otherwise we will consult you only if the request seems too detailed, personal, or too comprehensive (like requesting the whole chart). Most parties will agree to a simple treatment summary.

We will sometimes obtain consultation for my cases. Specific information is exchanged in these meetings, but will not go beyond the consultation.

We do not use email regularly due to concerns about confidentiality. Please do not attempt to communicate urgent or sensitive messages to us by email.

#### *New Privacy Provisions and Changes*

New HIPAA (Health insurance Portability and Accountability Act) Privacy Standards were created to protect patients' health information when it is disclosed, but also to facilitate the flow of medical information between treaters. With other medical treaters, billing, and for safety or security reasons, there is less protection than there was before. However in other areas, such as releasing psychotherapy records, there is more privacy protection. Please read the following so you understand your new rights as a patient as well as the new rules about patient confidentiality. Feel free to ask me any questions about privacy, confidentiality, or your psychiatric record.

1. *Permission from the patient is no longer required for transfer of psychiatric and medical information between treaters as long as only the necessary information is supplied.* This means if your primary care doctor, pharmacist, or an emergency room physician calls to find out if you are in treatment, what the diagnosis is, or what medications you are on, we can convey this information if it is medically relevant to your treatment with them. In practice, we almost always discuss this with you personally before or after the fact, depending on the urgency and depth of the request. If you think this might represent a problem for you, let us know ahead of time.
2. *Permission from the patient is no longer required for transfer of psychiatric information needed for business pertaining to insurance or payment as long as only the necessary information is supplied* (usually the diagnosis and type of treatment, but perhaps more). In practice, many insurance companies still require you to sign the first insurance sheet for authorization. In general, we do discuss any unusual requests for information from an insurance company with the patient first.

3. Remember that *if all the psychiatric records are requested, a treatment summary is usually given instead*, except if the treatment consists solely of psychopharmacological treatment or brief medication visits. In general, we do discuss any unusual requests for information from an insurance company with the patient first. While brief medication visits fall under HIPAA guidelines, psychotherapy visits are specifically excluded, meaning authorization from the patient is still required for release of the information in those notes and a summary is given in place of the record.
4. The substance abuse records from alcohol and drug programs are exempt from any disclosure without patient permission. If you are admitted to a treatment program for substance abuse, be sure to sign a release for us so we can talk to the treaters and obtain a discharge summary and lab data on your discharge. Without this, we cannot obtain any information.
5. We may have to disclose some of your psychiatric information when required to do so by law. This includes mandated reporting of child abuse and elder abuse (this is not new).
6. *National security and public health issues.* We may be required to disclose certain information to military authorities or federal health officials if it is required for lawful intelligence, public health, safety, or public security.

#### *Individual (Patient) Rights*

1. All patients have the right to inspect and copy their own protected health information (the medical record) on request. In cases where exposure to the information may harm the patient, the psychiatrist may deny the request. If you request copies of your psychiatric record, we will generally review the chart with you myself. We rarely have information in a chart that a patient should not or could not read, but much may require explanation.
2. Patients also have the right to amend or append their medical (or psychiatric) record. We have the right to deny such a request if we believe the information in the medical record is accurate, but in that case the patient request must still be attached to the medical record.
3. Patients have a right to an accounting of all disclosures to other parties. This means that if you ask me for a list of whom we have released your psychiatric information to, we will supply it to you.
4. Patients have the right to have reasonable requests for confidential communications accommodated.
5. You can give written authorization for me to disclose your psychiatric information to anyone you choose, and you may revoke the authorization at any time.
6. Patients can file a complaint with myself or with the Office of Civil Rights in the Department of Health and Human Services about any violation of the rights above. there will be no prejudice for filing such a complaint.

7. Patients have the right to receive a written notice of privacy practices from providers and health plans.

**Phone Calls:** We return all calls within 24 hours. If you do not receive a call back within 24 hours, please call again and/or send an email.

**Coverage:** If we are out of town, the name and number of the covering psychiatrist will be on my answering machine.

**Discontinuation of Treatment:** We will usually only discontinue treatment with a patient only after considerable discussion and usually for one of the following reasons: (1) not paying the bill, (2) canceling too often, or (3) not doing any work in treatment. If you foresee a problem in any of these areas, please let me know. If we see a difficulty in any of these areas, we will bring it up to you right away so we can discuss it and correct the problem.

You can discontinue with me at any time in person, by phone or in writing. We am not easily offended if you want to quit or change providers. Transfer will be facilitated if we can first confer about ending. You can usually reopen your case simply by calling us if you ended the treatment in good standing or if you have made changes that will allow the treatment to forward again.

Hopefully, these policies will make our interactions easier, but sometimes there are snags or unplanned issues. Please bring to my attention any questions about or difficulties with these policies. We try to be flexible but consistent. Thank you.

Sincerely yours,

Logan Graddy, MD