STEINMANN WEIGHT LOSS CLINIC CONTRACT

Welcome to the Steinmann Weight Loss Clinic! This document contains important information regarding our professional Psychiatric services and business policies. It is important to note that all weight loss methods and results may vary. Your signature denotes that you have read, understand, and agree to all policies and guidelines located below.

“As an Institute where lives are positively changed, Steinmann Weight Loss Clinic offers a multidisciplinary approach to research, diagnosis, and treatment. We are committed to enriching the lives of those members in the community where we reside. Steinmann is dedicated to providing compassionate, quality patient care, and healing.”

OFFICE HOURS: Steinmann Weight Loss Clinic is open Monday through Friday from 8:00 am to 5:00 pm, by appointment. Our office may close due to holidays, vacations, or unpredictable illness.

TREATMENT: Our experienced Board Certified Practitioners will provide you with the proper medication, special individualized diet plans, and understanding of weight loss to maximize your results. Steinmann Weight Loss Clinic does not accept any insurance at this time.

- Initial Evaluation: $200.00
- Follow-Up Appointments: $100.00

Payment and Billing Policy: Payment is due on the day services are rendered. If your account is not paid in a timely manner and arrangements for payment have not been agreed upon, a late fee of $100.00 is applied to your account and Steinmann Institute has the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due.

Cancellation Policy: Once an appointment is scheduled, you are expected to attend, unless you provide 24-hour advance notice to avoid a missed appointment charge. A missed appointment fee of $120.00 will be charged for an appointment that is not cancelled with sufficient notice, or if you do not present to your appointment. You are responsible for the appointments you schedule. This fee will be expected to be paid within 7 business days.

Late Policy: Please arrive on time for your appointment. Patients arriving more than 10 minutes late may be asked to reschedule.

Confidentiality: Your privacy is very important. All protected health information (PHI) will be kept confidential. In most cases your consent will be obtained prior to releasing any PHI; however, records or PHI may be released regardless of consent in the following circumstances:

- According to state and local laws, all cases of physical and sexual abuse or neglect of minors (children under the age of 18), the disabled, and the elderly, must be reported.
- According to state and local laws, all cases in which there exists a danger to self and/or others must be reported.
- In the event that a patient is in need of emergency services and other medical personnel need to be contacted.
- If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

Patient Rights: HIPAA provides you the rights with regard to your clinical record and disclosures of protected health information (PHI). These rights include requesting that your record be amended; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; and having any complaints you make about the policies and procedures recorded in your records.

Emergency/After hours Service: If you are in need of emergency services, call 911 or go to the nearest hospital emergency room. We do not provide ‘on-call’ crisis services given our small group size.

Treatment of Minors: If the patient is a minor, he/she will not be seen without his/her legal guardian present. Treatment of patients under the age of 18 will be provided with the consent of the parent or legal guardian. In cases of divorce, a copy of the custody agreement must be provided. Most custody decrees entitle the non-custodial parent to access the health record without consent from the custodial parent. By signing this form, you acknowledge you are the patient’s guardian (as established by the state or the divorce decree) of any minor presented for treatment.
Medication Refill Policy: Refills are generally not given, unless there is a previously arranged appointment where further plans are discussed for future refills. It is imperative to arrange your schedule around the available clinic hours to avoid requiring last minute refills. Please have the pharmacy FAX a refill request to the office at least 3 to 5 business days before your medications run out. Urgent refill requests cannot be addressed after hours.

Continuation of Treatment: There may be a case where our services may not be sufficient for your needs, or for whatever reason the physician-patient relationship is not beneficial to you. In the case where a provider leaves the clinic or stops seeing patients, Steinmann Institute will assist you in finding treatment elsewhere.

Your signature below indicates that you have read the information in this document, you agree to abide by its terms during your professional relationship with Steinmann Institute, and you acknowledge that you have received a copy of the Health Insurance Portability and Accountability Act (HIPAA).

Patient's Name (Please Print)________________________________________________________

Signature___________________________________________________ Date:__________________

If under 18 years old: name of parent or guardian:

Printed Name ______________________________________________________________________

Signature___________________________________________________ Date:__________________

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