



Steinmann ADHD Specialty Clinic Contract

Welcome to the Steinmann ADHD Specialty Clinic! This document contains important information regarding our professional ADHD services and business policies. Your signature denotes that you have read, understand, and agree to all policies and guidelines located below.

Office Hours: Thursdays **Only by Appointment**

Treatment: Steinmann Institute has assembled a team of seasoned professionals, all of whom have extensive clinical and research experience in the field of ADHD. Our goal is to properly diagnose this condition via evaluation and then treat it effectively.

- An initial appointment is \$450.00, and includes:
 - Neuropsychiatric testing • Neuropsychological consultation • Psychiatric – Physician evaluation
- Follow-up appointments are \$150.00 monthly for 3 months, then every 3 months thereafter.

Payment and Billing Policy: Payment is due on the day services are rendered; if and when payment is unavailable, the appointment will be rescheduled. 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. If legal action is necessary, these costs will be included in the claim.

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 \$100.00** will be charged for an appointment that is not cancelled with sufficient notice, or if you do not come to your appointment. You are responsible for the appointments you schedule. **This fee is 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.

Administrative Paperwork & Documentation Policy: Extenuating circumstance may require our office to compose some administrative form of paperwork, letter, and documentation in your behalf. If this is required, there will be an **administrational charge of \$50.00**, which is to be paid in full before you're able to receive what's required. *It is important to mention all legal paperwork varies in cost.* If timing is an issue, and any form of administrative paperwork/documentation is needed day of notice, **an additional last minute charge of \$50.00 is applied. No paperwork/documentation will be delivered until full payment has been made. No exceptions.**

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.



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Professional Records: The laws and standards require protected health information (PHI) to be kept secure. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record when requested. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, it is recommend that you initially review them in the presence of a provider, or have them forwarded to another mental health professional so you can discuss the contents.

Patient Rights: HIPAA provides you with rights regarding your clinical record and disclosures of 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 protected health information 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 my 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 don't offer '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: It is your responsibility to contact the office before you run out of medications. 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. **It is imperative to arrange your schedule around the available clinic hours to avoid requiring last minute refills. In an event of a lost or run out of prescription or if you cannot pay for your treatment, we will try to assist you with refills so acute withdrawal is avoided. However, these actions are serious and will likely result in termination from the clinic if they persist. If a last minute (meaning, the day of) refill is required, a fee of \$25.00 is expected to be paid (in full) the day of, no exceptions.**

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.

Patient's Name (Please Print) _____

Signature _____ **Date:** _____

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

Printed Name _____

Signature _____ **Date:** _____

This agreement to remain active as long as patient is treated at Steinmann ADHD Specialty Clinic or unless written documentation of discharge has been presented