Connie Cha, MD

512 Hamilton Ave

Palo Alto, CA 94301

(650)-521-9915

**OFFICE POLICIES**

**Fees/Statements:** Fees are due and payable at the time of the visit, unless prior financial arrangements have been made. Overdue payments defined as payments that are more than 14 days after the session date will be charged a $25 late fee. Please notify me if any problems arise during the treatment regarding your ability to make timely payments. This office does not deal directly with insurance carriers. It is recommended that you contact your insurance prior to making an appointment to obtain information about reimbursement. It is suggested that you submit the claim as soon as you receive the statement and keep a copy for your records. The patient or responsible person is ultimately accountable for all fees due to Dr. Cha. Your statement will include all of the information necessary for insurance claims. Statements are sent out via mail or email (with signed emailed consent) at the beginning of the following month. Periodically, I will raise my fees and reserve the right to do so and provide a two month notice before any fee adjustment.

**Cancellation Policy:** Charges will incur after the second appointment is missed without prior notification. The full session fee will be charged for cancelled or missed appointments unless 2 business days’ notice has been given (i.e. an appointment scheduled for Wednesday at 2 pm would have to be cancelled by Monday at 2pm in order for a charge not to be incurred). It is required that a credit card be on file for each patient in the event of missed sessions or late payments.

**Medications:** For patients on medication, please allow two business days for a prescription refill if you will not be seeing Dr. Cha before running out of medication. Please state the full name of the patient, birth date, medication name, dosage, frequency and pharmacy telephone number in your message.

**Communication:** Phone is the preferred and primary means of communication for Dr. Cha. If you leave a voicemail, please leave your name, phone number, and a brief message. Dr. Cha will make every effort to get back to you in a timely manner. Please do NOT send texts. Email is used for appointment requests, prescription refills, and to send invoices/documents. Please do not send email if you are experiencing an urgent or an emergency situation.

**Vacation:** Dr. Cha will give ample notice when she will be out of the office. When Dr. Cha is on vacation and not available for appointments or will be able to provide coverage, she will leave the name and phone number of a colleague on her answering machine who you may call in the event of an emergency.

**Emergencies:** In the event of an emergency, Dr. Cha can be reached at the number listed at

the top of this page. If you are unable to reach Dr. Cha, you should leave a message and then call 911 and/or proceed to your nearest emergency room.

**Confidentiality & Disclosures:**  Privacy is a basic right of any individual who seeks mental health treatment from a licensed provider. All information disclosed within a session and written in the medical record is confidential and may not be revealed to anyone unless it is with your written permission except where there are disclosures required by law. Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; and where a patient presents a danger to self or to others; or is gravely disabled. If a patient communicates to a medical provider/therapist a serious threat to harm an identifiable person, the medical provider/therapist must warn that person and the police. Disclosure may also be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony from Dr. Cha.

**Health Insurance and Confidentiality of Records:** There may also be disclosure of confidential information required by your health insurance carrier to process your health insurance carrier to process claims. If you so instruct me, only the minimum information necessary will be communicated to the carrier. Dr. Cha has no control or knowledge over what insurance companies do with the information once submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance company computers and will be reported to the congress-approved National Practitioner Data Bank.

**Release of Information:** Considering all of the above exclusions, upon your signed request, Dr. Cha, will release your requested medical information to your specified agency/provider.

**Additional information:**

\*I understand that an initial evaluation is not establishing a treatment relationship and is a consult to determine if further treatment is appropriate.

\*Dr. Cha requires scheduled appointments ata **minimum of once every 3 months** to remain in active treatment with her. If a patient has not scheduled an appointment within this period of time and has not followed-up, their case will be closed and they will need to call and schedule an appointment for an evaluation to restart treatment.

I have read, understand, and agree to the above office policies set forth in this statement.

The parties acknowledge and agree that this Office Policies document may be executed by electronic or digital signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_