



## **Patient Information**

Welcome to Brain Solutions! This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law providing privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

### **Patient/Provider Relationship**

Behavioral health treatment involves a relationship between people that works due to clearly defined rights and responsibilities held by each person. There are legal limitations to those rights that you should be aware of. You and your provider with Brain Solutions will establish a professional relationship existing exclusively to provide therapeutic treatment.

### **Prescription Refills**

All providers are required to evaluate a patient before prescribing any new medications or refilling existing prescriptions; taking into account patient medical history, other medications, and allergies. **The office will refill prescriptions during your scheduled appointments. You may contact your pharmacy regarding prescription refills. No prescriptions will be authorized after hours or on weekends. All providers reserve the right to decline a prescription refill request when an appointment is necessary for medication evaluation and management. Plan ahead at least 10 business days for your refill request.** If the medication is a controlled substance, the law requires a written prescription. You will need to set up a follow-up medication refill appointment.

### **Appointments**

Appointments will ordinarily be 50 minutes in duration for psychotherapy and 15 minutes for psychiatric evaluation and management, although some sessions may be more or less time as needed. The time scheduled for your appointment is assigned to you and you alone. You are responsible for arriving 15 minutes prior to your appointment time. If you are less than 15 minutes late, it is up to the discretion of the provider if you are to be seen.

### **Cancellation/No Show Appointment Policy**

If you need to cancel or reschedule an appointment, please provide us with at least a 24-hour notice. **If you miss a scheduled appointment without contacting us for cancellation, or cancel with less than a 24-hour notice, our policy is to assess a \$100.00\* fee payable to Brain Solutions** [unless you and your provider both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the full fee amount as described above. Brain Solutions reserves the right to suspend services until the fee is paid. **Excessive appointment no shows and frequent late arrivals is grounds for discharge from our services.** This includes cancellations without the required 24-hour notice. This cancellation policy is standard in most medical and behavioral health practices and will be strictly enforced.

\*Patients covered under TXIX/TXXI healthcare benefits are exempt from paying a fee.

### **Professional Records**

The laws and standards of our profession require that we keep treatment records. Your records are maintained in a secure online system that meets or exceeds the HIPAA Security Rule. Although psychotherapy often includes discussion of private information,

normally records are kept very brief and note the time and location of the visit, what was done in session, goal progress, and diagnoses.

Except in unusual circumstances, you have the right to request a copy of your records. In certain situations where there is compelling evidence that access may cause harm to you, Brain Solutions recommends that you review your records with a provider. We recommend that your review them in the presence of your provider. You have the right to request that a copy of your file be made available to any other health care provider through your written request for Release of Information. Patients will be charged a \$25.00 fee for records.

In the event of Brain Solutions terminating the practice, active patients will be notified and may locate their provider by calling a number provided to them via letter, email phone call, or direct verbal communication. For reasons of personal privacy Brain Solutions will only provide direct access to current or recent patients providing them with available contact numbers. Brain Solutions will maintain a contact number for a period of three to six months, depending on circumstances at the time of closing of the practice. Brain Solutions will dispose of unclaimed records after the current legal and/or legally specified time requirements. In the event that circumstances require, Brain Solutions will forward record access and responsibility to another professional who will respond to record requests in accordance with legal and professional guidelines.

### **Confidentiality**

You have the right to the confidentiality of your treatment, with a few specific exceptions described here. Brain Solutions will not disclose any information you have shared with Brain Solutions without your prior written permission outlined in the Consent for Evaluation and Treatment Form. You will be notified if treatment is being provided by an unlicensed provider who is directly supervised by a licensed provider. You may request anyone of your choosing to attend a therapy session with you.

You are protected under the provision of HIPAA, insuring the confidentiality of all electronic transmission of information about you. It will be done with special safeguards to insure confidentiality and security.

If you elect to communicate with your provider by email during your work together, please be aware that email is not completely confidential and there are inherent risks to the security of this information. Any email Brain Solutions receives from you, and any responses that we send to you, may be copied and kept in your treatment record.

There are a limited number of situations in which Brain Solutions is required by law and ethical standard to disclose information about you without your authorization. Please read the Brain Solutions Notice of Privacy Practices for more information.

Providers will occasionally consult with other professionals about a case, taking every effort to maintain patient confidentiality. The consultant is legally bound to keep any information confidential. Providers will inform patients of consultations if it pertains to the treatment process.

### **Contact information**

Brain Solutions PLLC  
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Chandler, AZ 85224  
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Fax: (480) 717-4025  
Website: [www.brainsolutionsAZ.com](http://www.brainsolutionsAZ.com)

If, for any reason, you are not able to reach your provider and you feel that you cannot wait for a return call and/or feel unable to keep yourself safe, CALL 9-1-1 or go to the nearest emergency room and ask for the social worker/psychologist/psychiatric provider on call. Brain Solutions does not provide crisis services. If you are experiencing a crisis and need to get assistance with behavioral health services, in addition to the options above, you may contact the National Suicide Prevention Lifeline at 1-800-273-8255, Maricopa County Crisis line 1-800-631-1314 or 602-222-9444, or 1-866-495-6735 if outside of Maricopa County.