

Schwieters Medical, PLLC
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Practice Policy

This letter includes guidelines to help us provide the quality of care you deserve. It is important that you read and designate your acceptance and understanding of these guidelines by signing at the end of this document. If you have any questions or concerns, please feel free to ask.

1. Appointments:

We encourage you to talk as openly as possible about the problems you are experiencing, so the best plan of care can be developed. We also ask that you have records sent to us from any mental health professional(s) that you have previously seen. All scheduled appointment times are very important. This time is reserved for you and if you cancel with less than 24 business hours' notice we will not be able to offer this time to another client. If this happens you may be billed \$100.00 for late cancellation or no-show for appointments up to 30 minutes and \$150.00 for appointments 35 minutes or greater.

If you fail or late-cancel two appointments in a 12-month period, you may be referred elsewhere for continuing treatment.

If you need to be seen prior to your scheduled appointment, and our call schedule is full, we will try to accommodate you.

2. Office hours and after-hours emergencies:

If you have an immediate life-threatening emergency, call 911 or go to your nearest emergency room.

Our office telephone is answered Monday through Friday 9:00 A.M to 4:00 P.M. Our office voicemail is checked frequently throughout the business day, should you leave a message. If you require a return call, we will return your call within 24 hours, depending on the day of the week.

If you need assistance after office hours, call 911 for any immediate life-threatening emergencies or you will need to go to urgent care/nearest emergency room.

3. Medication Refills:

At every appointment, we will try to make sure that you will have enough medication and refills until your next appointment. If you must request a medication refill before your next appointment, please have the pharmacy send a request to our office. Do not wait until you have run out of medication, as it can take 24 to 48 hours for the pharmacy to contact the office and process the request. I advise you to request refills at least 3 business days in advance.

NOTE: Please take into account our phone hours and holidays, as all requests must be submitted during business hours.

4. Forms and Letter Requests:

Please bring all the necessary paperwork to your appointments so we can address it together and in person. There is no extra charge for these services provided during appointment times and you can make an appointment specifically for this. If there are non-clinical services, such as insurance applications, a letter to school, organizations, etc. that need to be completed outside of appointment times, there may be a charge for this, and we will notify you of this at that time. A service related to paperwork outside of the appointment time is billed at the approximate rate of \$35.00 per 5-minute increments.

5. Insurance/Payment:

As a courtesy, we will attempt to verify certified services and submit your insurance claim. Any amount not covered by your insurance company is your responsibility and is due at the time of your visit. If your insurance changes, you will be responsible for notifying the office to avoid denials of your claims/visits. **If you do not have insurance, the appointment must be paid in cash, money order, cashier's check, traveler's checks, or credit card at the appointment time, before services are rendered.** If you have an outstanding balance that surpasses 90 days past due, your account will be considered suspended and you will not be able to schedule future appointments or request medication refills from me until this balance is resolved. If no attempt to pay your balance is made, you could be discharged from clinic.

6. Confidentiality/HIPAA:

We take seriously the responsibility to hold in complete confidence what you discuss with us. Written permission is required to release any information to another party. Exceptions to this are if there are concerns raised about an elder or child suffering abuse/neglect or there appears to be a serious threat of self-harm or harm to others. As physicians, we are required by law to report these concerns, if they arise.

7. Compliance:

I agree to comply with the office policies and my treatment plan. I agree to take my medication as prescribed. The dose, directions and quantity I take should only be changed by the prescribing physician or an on-call physician. I must speak to and get authorization from my physician before any medication changes occur. Any non-compliance with the treatment plan may lead to discharge. Additionally, if I am prescribed controlled substances, I agree to random toxicology testing. If there are any positive illicit substances or non-compliance with prescribed medications, I may be discharged from clinic.

8. Conduct:

Any behavior deemed unacceptable (verbal or physical abuse) towards your provider or the staff - whether in person or over the phone, will not be tolerated. If this occurs, it will result in immediate discharge from clinic. No exceptions.

We are pleased you have chosen our clinic for your care and we look forward to working with you.

I have read and understand the above. I agree to comply with these guidelines.

Printed Name

_____/_____/_____
Date of Birth

Signature of Patient

_____/_____/_____
Date

Signature of Parent or Guardian (if applicable)

_____/_____/_____
Date