



## **General Practice Policies**

Please read the Terms and Conditions carefully to ensure you understand Tucson Outpatient Psychiatry's policies regarding website use, services, privacy practices, fees, etc. Your signature serves as confirmation that you understand and agree with the policies below. A copy of Tucson Outpatient Psychiatry's policies is available by request. T.O.P. reserves the right to modify or replace these Terms at any time. You will be provided at least 30 days' notice prior to any new terms taking effect.

## **Consultation and Treatment**

An initial appointment at Tucson Outpatient Psychiatry is a consultation to determine whether your needs as a patient fit with the services that Tucson Outpatient Psychiatry offers. It does not automatically result in the establishment of a patient-doctor relationship, nor does it guarantee treatment. It is important that you provide accurate information during your consultation to ensure that the treatment being offered by Tucson Outpatient Psychiatry is the most appropriate.

Services provided by Tucson Outpatient Psychiatry is geared toward low-acuity cases for patients age 12 and older. If a higher level of care is needed, such as residential treatment or Intensive Outpatient Programs, information on mental health services in Tucson and the surrounding area will be provided with appropriate recommendations.

There is no guarantee that services rendered at Tucson Outpatient Psychiatry will result in successful treatment of symptoms. Payment is due for services provided without expressed guarantee of results for those services.

All treatment at Tucson Outpatient Psychiatry is voluntary. You may discontinue care at any time. Note that requests for refills will be limited to no more than 30 days after expressing intent to discontinue care.

Your active participation and compliance with the treatment plan, including, but not limited to, consistent and proper use of medication, completion of labs, abstaining from illicit substances, or finishing therapy "homework," are expected as part of your treatment plan. You are responsible for tracking your refills and in contacting Dr. Norris if you experience any problems related to your medication or therapy.

For minors, permission is required by your parent(s) or guardian(s). Parents/Guardians are expected to actively participate in their child's care.

Your care may be terminated by Dr. Norris due to lack of treatment compliance or other reasons outlined in these policies.

Disability paperwork, custody evaluations, or letters supporting Emotional Support Animals are not provided by Tucson Outpatient Psychiatry. Medications may not be refilled at the time of the consultation.



Tucson Outpatient Psychiatry

## Payment Policy

Services are self-pay and Tucson Outpatient Psychiatry is considered “out of network.” NO INSURANCES ARE ACCEPTED.

Payment is due prior to booking your appointment. You can receive a refund if your appointment is cancelled up to 48 hours prior to your scheduled appointment. Cancellation within 48 hours results in forfeiture of payment.

A fee of \$50 will be assessed for returned checks or insufficient funds for credit cards.

Tucson Outpatient Psychiatry accepts cash, check, Visa, Mastercard, Discover, or American Express only.

Tucson Outpatient Psychiatry will not provide any patient information to a third party nor will it be used for any reason other than patient care coordination.

Tucson Outpatient Psychiatry contains links to a third-party payment system to process your payment and has no control over, and assumes no responsibility for, the content, privacy policies, or practices of the third-party website or services. You further acknowledge and agree that Tucson Outpatient Psychiatry shall not be responsible or liable, directly or indirectly, for any damage or loss caused or alleged to be caused by or in connection with use of or reliance on any such content, goods, or services available on or through any such website or services.

Recommendations for lab testing, prescriptions, supplements, or psychological testing may incur additional fees.

### **Fee Schedule for Tucson Outpatient Psychiatry, as of March 1, 2019:**

Consultation, Adult – up to 90 minutes: \$400

Consultation, Adolescent – up to 90 minutes: \$450

Consultation, Adult Special Evaluation – includes intake (90 min) and one follow-up (60 min): \$700

Follow Up, Adult – up to 60 minutes: \$285

Follow Up, Adult – up to 30 minutes: \$185

Follow up, Adolescent – up to 60 minutes: \$300

Follow up, Adolescent – up to 30 minutes: \$200

Phone calls, letters, forms, prescription renewals, prior authorizations requiring more than 5 minutes are billed at the rate of \$300/hour



## Office Policy

Tucson Outpatient Psychiatry is open Monday to Thursday 9am to 4pm and Friday 9am to 1pm.

The office is located at 5956 E. Pima St., Ste 130, Tucson, AZ 85712. The office phone number is 520-780-8413. The office fax number is 520-296-8157. The website for Tucson Outpatient Psychiatry is [www.psychiatrytucson.com](http://www.psychiatrytucson.com)

Phone calls, secure messaging, and messages sent through website will be returned within 72 business hours.

Established patients will be asked to voluntarily register for the Patient Portal provided by Tucson Outpatient Psychiatry via third party Electronic Health Record (EHR) at no additional cost. This will allow communication via secure messaging with Dr. Norris, as well as access to portions of your health record.

Tucson Outpatient Psychiatry will make every effort to not reschedule within 24 hours of your appointment, unless there is an emergency or extenuating circumstance.

Your appointment time is scheduled for you only. Tucson Outpatient Psychiatry does not double book appointments. As such, it is imperative that you arrive on time for your appointment as your appointment time will end no matter what time you arrive. For example, if you are scheduled for a 60-minute follow up appointment from 9am to 10am and arrive at 9:30am, your appointment will still end at 10am. You will not receive a refund for the shorter appointment.

Cancelling within 48 hours or missing your appointment will result in forfeiture of the appointment fee.

Missing your consultation appointment will result in forfeiture of the appointment fee and you will not be allowed to reschedule.

Three missed follow-up appointments, lack of treatment compliance, failure to pay for services, disagreement in treatment goals, use of illicit substance, misuse of medications, increased acuity, violation of Tucson Outpatient Psychiatry's policies, or other concerns will result in termination of care. You may be prescribed refills up to 30 days or a tapered dose of controlled substances in the event of a termination of care.

Patients prescribed controlled medications (DEA Schedule II, III, IV, V, etc.) are subject to random lab testing. High dose benzodiazepines or stimulants are not typical practices of Tucson Outpatient Psychiatry. Lost or stolen prescriptions will not be refilled without a police report.

Tucson Outpatient Psychiatry participates in the Controlled Substances Prescription Monitoring Program as required by the state of Arizona. You may be subject for review, especially if controlled substances are being considered as part of your treatment plan,

Tucson Outpatient Psychiatry does not offer crisis management, after-hours access, emergency medical or mental health services, or primary care. Call 911 or the go to the nearest Emergency Department if you are having suicidal or homicidal thoughts, have an emergency, or you are in crisis. You may also call 1-800-273-TALK or text 741741.



## **Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. HIPAA gives you, the patient, the right to understand and control how your personal health information (PHI) is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, Tucson Outpatient Psychiatry prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for the following purposes: treatment, payment, and health care operation.

Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this is if you are referred to a specialist by a primary care doctor.

Payment means such activities as obtaining reimbursement for services, billing or collections, and utilization review. An example of this would include you sending a bill to your insurance company for reimbursement.

Health Care Operations include the business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be case management and care coordination.

The practice may also be required or permitted to disclose your PHI for law enforcement or other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment options.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations, and other uses and disclosures not described in this notice.



## **Notice of Privacy Practices (cont.)**

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization,

You may have the following rights with respect to your PHI.

The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.

The right to inspect and copy your PHI.

The right to request amendments to your PHI. This request may be declined, but you will receive the rationale in writing within 60 days.

The right to receive an accounting of disclosures of your PHI.

The right to obtain a paper copy of this notice from us upon request.

The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed,

If you have paid for services “out of pocket,” in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of March 1, 2019, and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post, and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with the office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.



5956 E. Pima St., Ste 130  
Tucson, AZ 85712  
Phone: 520-780-8413  
Fax: 520-296-8157

### Authorization to Release/Receive Confidential Information

I \_\_\_\_\_ authorize Kristine T. Norris, DO at the above address to:  
Patient Name Physician Name

Patient DOB:

- **Receive** my medical/therapy records from the following healthcare professionals:

(name, address) \_\_\_\_\_

(name, address) \_\_\_\_\_

- **Release** my medical records to the following healthcare professionals:

(name, address) \_\_\_\_\_

(name, address) \_\_\_\_\_

This information is for the following purposes:

\_\_\_\_\_

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken in reliance on it. This consent will expire five (5) years from the date of signature unless I withdraw my consent. I understand that the records released may contain information pertaining to psychiatric treatment, including substance use treatment. I understand that these records are protected by the Code of Federal Regulations Title 42 Part 2 (42 CFR Part 2) which prohibits recipients of these records from making any further disclosures to third parties without the express written consent of the patient.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



## **Credit Card Authorization Form**

I authorize Tucson Outpatient Psychiatry to run my debit/credit card to reserve an appointment time. I understand that the payment will be processed through [www.authorize.net](http://www.authorize.net), a third-party payment system and Tucson Outpatient Psychiatry does not have my payment information on file.

---

Signature

---

Date

---

Printed Name