



Benjamin's Behavioral Health Services

9701 Richmond Avenue Ste 210 Houston Tx. 77042 Phone: 713.840.7956 Fax: 713.840.7957

Record Keeping:

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions and notes describing each session. Your records will not be released without your written consent, unless in those situations as outlined in the **Confidentiality** section above.

Cancellations and Missed Appointments:

Our office prides itself with delivering excellent service with minimal amount of wait time. Due to this adherence to our service goals, we employ a very strict appointment policy. **You will be billed a \$100 fee for late cancellations and for any no shows.** A late cancellation is defined as a cancellation on the same day as your appointment or less than 48 hours before your appointment. A no show is defined either when you simply do not show up for your scheduled appointment time; coming for your appointment time but are not prepared to pay the required fee and/or co-payment resulting in non delivery of service or for coming later than 15 minutes of your scheduled appointment.

There are three ways to cancel your appointment:

1. Call our office at 713--840--7956
2. Fax a cancellation notice to 713--840--7957
3. Message us on our website www.benjamin-bhs.com by selecting the contact us tab

Please note that in the event of a missed, rescheduled, or cancelled appointment, your medications may not be refilled. Also, reminder calls/texts and/or e-mails are a courtesy. You are responsible for your appointment whether your reminder was received or not. New patients will be responsible for the full cost of the appointment and credit card information must be obtained at the time of scheduling. Please note that insurance companies will not reimburse for missed and/or late cancelled appointments.

We allow one late cancellation or no show per year as a courtesy for existing patients only. **Any no shows and/or late cancellation fees must be paid before you will be given a new appointment.** Patients who arrive on time are seen at their appointment time. Patients who have arrived on time will be seen ahead of those who arrive late. If you arrive late, we may need to abbreviate or reschedule your visit. Appointments for additional patients should be made by phone prior to coming to the office. If you would like another patient to be seen, please schedule appointments for additional patients by phone at least 2 hours prior to coming to the office.

Benjamin's Behavioral Health Services will dismiss families for violating this policy.

Violations include:

1. Not showing for scheduled appointments
2. Cancelling appointments with less than 48 hour notice (excluding holidays)
3. Walking in without an appointment
4. No Show/or Late Cancellation Fees Past due

Email:

Please remember that email has the privacy of a post card. Before you send an email, be cautious with your disclosing. Emails cannot be a means of managing a crisis, since one cannot be aware email arrival at all times. Nor, can one have access to email on a permanent basis. If it is a medical emergency please contact 911. Otherwise, we can still be contacted via email for non-immediate matters.

Voicemail Messages:

Please be aware that we are not in the office every day, but do commit to return your voicemail message within one business day. If you have a life-threatening emergency, experience worry that you will hurt or kill yourself, or have a concern that you are going to hurt or kill someone else, please leave us a message and call 911 immediately. We suggest leaving hospital emergency department, law enforcement, and poison control numbers by your telephone or programming them into your cell phone.

Additional Requests:

Any other professional services that require longer than 5 minutes such as report writing, telephone conversations (non-emergency), preparation of treatment summaries, or time spent performing any other services you may request will be charged \$90.00 for each 10 minute increment, similar to the fee for treatment. Temporary Disability and FMLA paperwork will be charged starting at \$55.00. Letters such as 504 letters, Employment, Diagnosis and medication letters will start at a \$20.00 administration processing fee.

By signing below, I acknowledge that I read and understand the above office policies.

Signature of Patient or Parent/Guardian

Date



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If you are prescribed a medication it is your responsibility to understand and adhere to the following guidelines very carefully.

1. **Accountability** - You must verify and be aware of the dosage and quantity of medication you are prescribed so that you do not wait until you are out of medication before booking an appointment or send a refill request to our office. It's always a good practice to request a refill authorization be faxed to our office from your pharmacy to our office at least 3 days before you exhaust your supply.
 2. **Refills** - Prescription refills are only accepted in written form. If you have an existing prescription that has been filled by a pharmacy please call your pharmacy and ask them to fax a prescription refill to 713-840-7957. If you need a Controlled Substance (Narcotic) medication refilled you must submit request via our website www.benjamins-bhs.com and or email to info@benjamins-bhs.com
 3. **Fees** - ***There is a \$10 processing fee for all insurance patients and a \$20 processing fee for all self pay patients for any and all prescription refill requests.***
 4. **Turnaround Time** - You may expect your prescription to be refilled 5 business days of proper submission of request so please plan your medication accordingly.
 5. **Abuse** - We take medication abuse very seriously. We frequently perform searches on patient's prescription history using the Texas Department of Public Safety Prescription Access System (TXPAT). This system provides us with the last 12 months of filled prescriptions from any/all providers and/or filled prescriptions from any pharmacy in the state of Texas. You are required to inform our providers of any and all medications you are currently taking. Failure to fully disclose all medications prescribed by other physicians and/or discovery of receiving the same medications from different physicians will result in termination of your treatment and referral of your case to the Texas Department of Public Safety for further investigation.
- Refills are exclusively provided as determined by your doctor. Absolutely no premature refills will be provided regardless of the circumstances (i.e., stolen, misplaced, mislaid, exceeding prescribed dosage, etcetera.)
 - Schedule II Controlled Substance prescriptions pertaining to stimulant drugs (Adderall, Ritalin, Concerta, Focalin, Dexedrine, Quillivant, Daytrana, ProCentra, and etcetera.) MUST be filled within 21 days. In circumstance where a prescription for any stimulant medication is not filled within 21 days, the expired prescription must be returned before a new prescription can be reissued. Please note there shall be a **\$20.00 (twenty-dollar) charge to rewrite any expired prescriptions.**
 - Changes and/or alterations in prescriptions shall only be made in the course of clinic visits and never via telephone and /or during non-clinic hours.
 - Urine drug screenings may be requested to track your consumption of prescribed controlled substances and to screen for the use of illegal substances. Refusal to consent to such testing shall subject you to a medication taper schedule and may result in the discontinuance of your prescription.
 - Altering the date, quantity, and/or strength of medications or altering a prescription by any means, shape, or form is prohibited. Forging prescriptions and/or your physician's signature is prohibited and violates state and federal law. Our clinic fully cooperates with local, state and federal law enforcement agencies as well as the Drug Enforcement Agency (DEA) and the Department of Public Safety (DPS) in regard to infractions involving prescription medications. The patient's pharmacy, local authorities, and DEA will be notified if the treating physician believes the law has been violated in any manner by the patient. If it is determined that any of the above policies have been violated, all orders for these prescriptions will cease and the patient will be dismissed from the care of this office.

Acknowledgement of Controlled Substance Policy:

I have read and understand the policies regarding controlled substance prescriptions. I agree to the terms involved in the Controlled Substance Policy and have received a copy of this policy. I understand that if any of the above policies are violated or I choose not to adhere to these policies; I will be dismissed from this clinic and will not receive any refills from the treating physician.

Patient Name: _____ DOB: _____ Date: _____

Patient Signature (or Responsible Party, if a minor): _____