Palm Desert Psychiatry, Inc. 74-075 El Paseo Suite B-1 ◦Palm Desert, Ca 92260
Tel (760)668-5598 Fax (805)439-1070 ◦ www.palmdesertpsychiatry.com

Welcome

We are very pleased that you have chosen our facility for your care. Palm Desert Psychiatry, Inc. is a corporation intended to enhance one's mental health and wellness. We can optimize your care by working as a team and incorporating various medical and mental health professional's experience and expertise, to provide you with the best well rounded care. Our clinician team consists of Nurse Practitioners, Physician Assistants, and several registered nurses. These well-trained clinicians are the first point of contact with patient care interaction. Dr. Guimaraes oversees all patient care including every treatment plan. While you may not see Dr. Guimaraes in every appointment, be assured that he closely follows and discusses your care with the health care professionals you see on a regular basis. You may always request for Dr. Guimaraes to accompany your health care professional during your appointment. Our goal is to work together and provide you the ability to gain and maintain wellness, promoting growth and development.

Office Policies & Procedures

Office Hours: Monday – Friday 8:45 am – 5 pm

If you reach our office outside of these business hours, you may leave a voicemail on our office line at (760)668-5598 and one of our friendly support staff members will contact you on the following business day. If you are experiencing a true medical emergency, please call 911 immediately. If you are in a crisis and need to reach us outside of our regular office hours, you can always call our answering service at 805-546-1319 and a qualified staff member will return your call within one hour.

Evaluations

Your treatment with Palm Desert Psychiatry, Inc begins with a psychiatric evaluation that will be 60 minutes in length. The goal of the evaluation is to determine your specific psychiatric needs and develop a treatment plan. While this plan generally leads to continued treatment in the practice, there are cases when it would be beneficial for a patient to receive care in another setting. Treatment plans will be discussed toward the end of the psychiatric evaluation.

Check In Procedures & Payments

You are required to check in upon arrival. Please arrive 10 minutes early to complete a mental status questionnaire and to pay any fees (co-pays, co-insurance balances, account balances) which are due prior to being seen by your clinician/ appointment start.

Insurance

You authorize payment for services rendered to be sent directly to Palm Desert Psychiatry, Inc. for any benefits available under your insurance plan. We contact your insurance as a courtesy to verify benefits and eligibility however; it is not a guarantee of coverage or payment. You understand that is your responsibility to notify us of any insurance changes. We are financially responsible for any charges not covered by your insurance for services rendered. We must have a copy of your insurance and identification card. Palm Desert Psychiatry. Inc. has opted out of Medicare. Therefore, we are unable to bill for patients with Medicare as their primary insurance. All Medicare primary patients will be considered "cash pay" and will be responsible for payment at the time of service.

Attendance Policies

We do have fees associated with missed appointments, including late arrivals, no shows, or same day cancellations. It is your responsibility to be on time for your appointment. If you are 10 or more minutes late to an appointment, you will not be seen and may be rescheduled. We require a 24-hour advanced notice of any appointment cancellations. If you call outside of office hours on our standard line (760)668-5598, you may leave a message on our voicemail which will be time stamped and a support staff member will contact you the next business day. **If we do not receive a notice of cancellation and you no show to an appointment or you call to cancel an appointment the same day, there will be a charge of $115**. This fee is not covered by your insurance and non-negotiable, therefore you are responsible for the entire fee.

Medical Records Requests

There is a $15 (minimum) - $30 (maximum) charge for a copy of medical records requested by patients and lawyers. Records requested from another medical group/Physician do not require any fees.

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Patient Information

First & Last Name: _____ Date: _____

Name on insurance card if different than above: _____

Name of Responsible Party if different than patient (Name/DOB/SSN): _____

Birth Date: _____ Age: _____ Sex: Male / Female SSN: _____ Marital Status: _____

Primary Phone: _____ Ok to leave health related info?

Secondary Phone: _____ Ok to leave health related info?

Mailing Address: _____

Physical Address if different than mailing: _____

Email: _____

Preferred method of communication for appointment reminders, notifications: Email / Call / Text

Emergency Contact: _____ Relation to patient: _____ P: _____

Race: Non - Hispanic Hispanic Other Decline Ethnicity: American Indian/Alaska Native – Asian -

Black/African American - Native Hawaiian/Pacific Islander - White Other: _____ Decline to State

Medication Guidelines & Medication Refills

It is your responsibility to contact your pharmacy **or** our office for all refills at **least 3 – 5 days in advance**. Refills will be processed within 48 hours upon receiving a request. For controlled medication, you are required to be seen on a monthly basis until otherwise specified by your clinician. For all other medication, you are required to be seen at least once every 3 months to receive refills. If you are not seen within 3 months, your prescriptions will not be refilled until you are seen for an appointment.
Please review & initial the agreement below:

Statement of Agreement	Initials
I agree to take my medication as the physician has instructed and not to alter the way I take my medication without first consulting the physician	
I agree that schedule II medication will only be refilled during an appointment when the prescription is due.	
I agree to keep and attend all appointments with Palm Desert Psychiatry.	
I will not share medication, nor use previously prescribed medication.	
I understand that lost or stolen medication will not be replaced.	
I understand that early refill requests may be denied and be considered a violation of this agreement.	
I understand that medication refill requests must be submitted at least 48 hours in advance to being out of medication.	
I understand that disruptive behavior or threats (or appearance of such nature) toward staff and/or other patients will not be tolerated and will result in termination of care from Palm Desert Psychiatry. Disruptive behavior can include excessive phone calling.	

By signing below I hereby authorize that I have read and understand all the above listed policies and procedures for Palm Desert Psychiatry, Inc.

_____ _____ _____

Patient/Guardian Printed Name Patient/guardian Signature Date

Consent for Psychotropic Medication & Treatment

Palm Desert Psychiatry. Inc. have met with me and discussed my mental health symptoms which made me to seek psychiatric treatment at this time. A clinician of the practice listed the medications that are known to help in treating the mental health symptoms I was diagnosed with. They also discussed risks and benefits of such medication and likelihood of my improvement or no improvement with or without medication. The clinician explained to me the side effects of the medication listed below may cause but are not limited to:

Antidepressants: Dry Mouth, constipation, drowsiness, light headed, heart arrhythmia, nausea, diarrhea, decreased sex drive and function, headache, shakiness, restlessness, unsteadiness, weight gain, worsening of seizures, changes in blood pressure.

Mood Stabilizers/Anticonvulsants
Sedation, slowed thinking, unsteadiness, nausea, diarrhea, constipation, drooling, increase in liver enzymes, lowering of blood count, rash, changes in blood pressure, increased thirst and urination, decrease in thyroid function.

Antipsychotics
Drowsiness, stiffness, muscle spasm, tremor, restlessness, dry mouth, constipation, blurry vision, uncontrollable body movements (tardive dyskinesia), weight gain, increase risk for diabetes or elevated lipids (cholesterol), light headed, drooling, worsening of seizures, changes in blood pressure.

Sedatives/Anxiolytics
Fatigue, light headedness, unsteadiness, confusion, blurred vision, slurred speech, nasal congestion, nasal dryness, dry mouth, constipation.

Antiparkinsonian Drugs - Dry Mouth, constipation, blurry vision, slowed urination, excitation

Treatment Agreement

I acknowledge that I have been informed of my rights as a client of Palm Desert Psychiatry, Inc. and will be given the opportunity to participate in the development of my own treatment plan. The nature of the treatment for which the treatment plan calls will be explained to me as well as the reason for that treatment and the expected risks and benefits which that treatment may cause. I understand that Palm Desert Psychiatry, Inc. can NOT provide me with any guarantees about the results of treatment and has given me no implicit warranty that the proposed treatment will improve the condition of my life. I also understand that I can terminate my treatment by notifying Palm Desert Psychiatry, Inc.

Palm Desert Psychiatry, Inc. has explained to me that I have the right to accept or refuse medication(s) recommended for me. I have read and agree to the patient agreement for prescribed medication(s) I understand that if I have any further questions or want to know more about my medication(s) I may ask for more information.

_____	_____	_____
Patient/Guardian Printed Name	Patient/guardian Signature	Date

Consent for ePrescribe Program

ePrescribing is a way for physicians to send an accurate, and legible prescriptions electronically from the office to the pharmacy. The ePrescribe Program includes the following:

1. **Formulary and Benefit Transactions**: This gives us information about which medications are covered by your drug benefit program (insurance).

2. **Fill Status Notifications**: This allows your health care provider to receive an electronic notice from your pharmacy telling them that your prescription has been filled or picked up.

3. **Medication History Transactions**: Provides us with information about your current and past prescriptions. This allows health care providers to be better informed about potential medication issues and to use that information to improve safety and quality of care.

Medication history data may indicate compliance with prescribed regimens, therapeutic interventions, drug and drug allergy interactions, adverse drug reactions and duplicative therapy.

The medication history information would include medications prescribed by our office as well as other health care providers involved in your care and may include sensitive information including but not limited to medications related to mental health conditions, venereal diseases, sexually transmitted diseases, abortions, rape/sexual assault, substance (drug/alcohol) abuse, genetic diseases and HIV/AIDS. As part of the consent form, you specifically consent to the release of this and other sensitive health information.

Consent

By signing this consent form, you are agreeing that your provider, Palm Desert Psychiatry, Inc. may request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

You may decide not to sign this form. Your choice will not affect your ability to receive medical care, payment for your medical care, or your medical care benefits. Your choice to give or to deny consent may not be the basis for denial of health services. You also have a right to receive a copy of this form after you have signed it.

This Consent form will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing but if you do, it will not influence any actions taken prior to receiving the revocation.

Understanding all of the above, I hereby provide informed consent to Palm Desert Psychiatry, Inc. to enroll me in the ePrescribe Program. I have had the chance to ask questions and all my questions have been answered to my satisfaction.

_____	_____	_____
Patient/Guardian Printed Name	Patient/guardian Signature	Date

Notice of Privacy Practices

Palm Desert Psychiatry, Inc is committed to protecting medical information regarding your health care. This notice explains the ways in which Palm Desert Psychiatry, Inc. or an authorized assistant may use and disclose your medical information. Palm Desert Psychiatry, Inc. is required by law to make sure your medical information is protected and provide you with this notice about your rights, our legal duties and privacy with respect to your medical information.

How Palm Desert Psychiatry, Inc. May Use & Disclose Your Medical Information
Palm Desert Psychiatry, Inc. may use and disclose your medical information for different purposes. Information such, certain drug and alcohol information. HIV & mental health information is restricted in its use and disclosure. We abide by all applicable state and federal laws related to the protection of this information. The examples below are provided to illustrate the types of uses and disclosures Palm Desert Psychiatry, Inc. may make without your authorization.

Treatment
Palm Desert Psychiatry. Inc. may use and disclose your information to assist your health care providers with your diagnosis and treatment. Example: If you are referred to another provider, that provider will need to know if you are allergic to any medication(s).

Payment
Palm Desert Psychiatry, Inc. may use and disclose your information to your insurance carrier to bill and collect for treatment and services you received. Example: Your information may be used to process claims and collect payment.

Appointment Reminders
Palm Desert Psychiatry, Inc. may contact you to remind you that you have an appointment.

Treatment Alternatives
Palm Desert Psychiatry, Inc. may explain or recommend to you possible treatment options or alternatives that may be of interest to you.

Individuals involved in your care/ payment of care
Palm Desert Psychiatry, Inc. may release information about you to a relative, close friend or any other person you identify if that person is involved with your care. If the patient is a minor, we may disclose information to a parent or guardian when permitted by law.

As Required by Law
Palm Desert Psychiatry, Inc. may release information about you when required to do so by law.

Public Health Activities
Palm Desert Psychiatry, Inc. may disclose information to public health agencies for reasons such as preventing or controlling disease, injury or disability.

Victims of Abuse. Neglect, or Domestic Violence
Palm Desert Psychiatry, Inc. may disclose information to government agencies about abuse, neglect or domestic violence.

Health Oversight Activities
Palm Desert Psychiatry, Inc. may disclose information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

Judicial & Administrative Proceedings
Palm Desert Psychiatry, Inc. may disclose information in response to a court or administrative order. We may also disclose about you in certain cases in response to subpoena, discovery request or other lawful process.

Law Enforcement
Palm Desert Psychiatry, Inc may disclose information under limited circumstances to a law enforcement official in response to a warrant or similar process to identify or locate a suspect or to provide information about the victim of a crime.

Coroners, Funeral Directors, Organ Donation
Palm Desert Psychiatry, Inc. may release information to coroners or funeral directors as necessary to allow them to carry out their duties.

To Avert a Serious Threat to Health or Safety
Palm Desert Psychiatry, Inc. may disclose information about you, with some limitations when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

National Security & Intelligence Activities
As authorized or required by law, Palm Desert Psychiatry, Inc. may disclose information about you to authorized federal officials for intelligence, counterintelligence and other national security activities. This may include several investigations or providing protection to the president, other authorized persons or foreign heads of state.

Workers Compensation
Palm Desert Psychiatry, Inc. may disclose information to the extent necessary to comply with California Law for workers' compensation programs.

Inmates
If you are in an inmate of a correctional institution or under the custody of law enforcement officials, Palm Desert Psychiatry, Inc. may release information about you to the correctional institution as authorized or required by law.

Other Uses or Disclosures with an Authorization
Other use of your information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke (or cancel) an authorization at any time in writing. If you cancel your authorization in writing, Palm Desert Psychiatry, Inc. will not disclose information about you after we receive your cancellation, except for disclosures which were being process before Palm Desert Psychiatry, Inc. received your cancellation.

Your Rights Regarding Your Medical Information

You have certain rights regarding your medical health information that Palm Desert Psychiatry, Inc. maintains regarding you. For the following rights, your request must be made in writing.

Right to Access to See & Copy your Medical Information
You have the right to review or obtain copies of your medical information records, with some limited exceptions.

Right to Amend Your Medical Information
If you feel that medical information that Palm Desert Psychiatry, Inc. may have about you is incorrect or incomplete, you may request that we amend the information. Your request must include reason you are seeking a change. Palm Desert Psychiatry, Inc. deny your request if you ask to amend information that was not created by Palm Desert Psychiatry, Inc. is not part of the medical information kept by Palm Desert Psychiatry, Inc. is not part of the medical information you would be allowed to see and copy, or you ask to amend a record that is already accurate and complete. If Palm Desert Psychiatry, Inc. denies your request to amend, you then have a right to submit a written statement of disagreement with the decision.

Right to an Accounting of Disclosures
You have the right to request an accounting or list of disclosures Palm Desert Psychiatry, Inc. have made of your medical information.

Right to Request Restrictions on the Use & Disclosure of Your Medical Information
You have the right to request that Palm Desert Psychiatry, Inc. restrict or limit how we use or disclosure your medical information for treatment, payment or health care operations. If you do agree, we will comply with your request unless the information is need for an emergency. In your request, you must tell Palm Desert Psychiatry, Inc. what information you want to limit; whether you want to limit how we use or disclose your information, or both; and to whom you want the restrictions to apply.

Right to Request Confidential Communications
You have the right to request that Palm Desert Psychiatry, Inc. communicate with you about medical matters in a certain way or at a certain location. Example: you may request that we contact you at work rather than home. Your request must specify how or where you wish to be contacted, we will accommodate all reasonable requests.

Right to a Paper Copy of This Notice
You have the right to a paper copy of this notice and you may ask Palm Desert Psychiatry, Inc. to give you a copy of this notice at any time.

Changes to This Notice
Palm Desert Psychiatry, Inc. reserves the right to change the terms of this notice at any time, effective for medical information that we already have about as well as any information that we receive in the future. You may always request a copy of the current notice in effect. This notice is in effect as of August 1, 2007.

Complaints
If you believe that your privacy rights have been violated or you want to file a complaint about Palm Desert Psychiatry, Inc. privacy practices, you may file a complaint with the US Department of Health & Human Services, 200 Independence Ave, Washington D.C. 20201. Physicians are licensed and regulated by the Medical Board of California (800) 633-2322
Please allow the following individuals listed below to have access to my medical records and/or be able to call Palm Desert Psychiatry, Inc. to discuss information such as appointments, billing, or overall medical treatment.

By signing this form, you consent Palm Desert Psychiatry, Inc. to use or disclose your protected health information as outlined above. If you would like to specify who you want to have access to your care, please ask the front to fill out a separate form.

_____	_____	_____
Patient/Guardian Printed Name	Patient/guardian Signature	Date