

# Practice Policies

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## PRACTICE POLICIES

### OFFICE HOURS

Amir Ahuja, MD is open on Fridays (virtual only) and Saturdays (virtual and in-person) only from 8 AM to 8 PM. Any appointments outside of this time frame would have to be discussed with the Doctor and will be approved only on a case-by-case basis.

### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

The standard meeting time for the Psychiatric Intake is 80 minutes and a Psychiatric Followup is 25 minutes. A therapy session will be 50 minutes in length. It is up to you, however, to determine the length of time of your sessions. Requests to change the duration of a session needs to be discussed with the health care provider in order for time to be scheduled in advance.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

### PAYMENT

Payment, including insurance copayments and deductibles, must be provided at the time of service. Please be aware that services provided may not be covered by your insurer, but you are ultimately responsible for payment of all services rendered. You will be provided with a Superbill on request to submit to insurance for possible reimbursement. Any balance that remains outstanding for more than 90 days may be referred to a collections agency. Please note that we require a valid Credit Card to be placed on file and will charge the card for visits as well as paperwork or other discussed expenses. In the event the Credit Card is declined, an alternate card or form of payment must be provided in order to receive the service. In the Concierge plans, the card will be charged all at once if requested. Otherwise, the monthly installments will begin on the 1st of the next month and continue for the duration of the plan. In either case, the plan officially will not start until the 1st of the next month from the time of sign-up. We also do accept payment by check or cash, but note that services will not be provided unless these are presented at the beginning of the service. There is also a \$20 fee for returned checks.

**TELEPHONE ACCESSIBILITY** If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

#### **SOCIAL MEDIA AND TELECOMMUNICATION**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

#### **ELECTRONIC COMMUNICATION**

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of lost work time and travel costs. Effective treatment is often facilitated when the healthcare provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about

the client. The provider may make assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in services, potential risks include, but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the provider not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the provider.

## PRESCRIPTIONS AND REFILLS

Please be advised that Dr. Ahuja reviews the CURES California controlled-substance monitoring program before prescribing. Dr. Ahuja will not issue any prescription without first seeing you for an in-person appointment to evaluate your clinical needs. Dr. Ahuja uses an electronic prescribing system called Dr.First which will send the script to your Pharmacy of choice. We are unable to provide paper scripts so you will need to know your preferred pharmacy at the time of the service. If you are in need of a remaining refill, please contact your pharmacy. Your pharmacy will contact our office if authorization is required. Your refill requests will be processed within 1-2 business days after the receipt of your pharmacy's request. Prescriptions will not be refilled beyond 3 months, so please plan accordingly. We reserve the right to decline issuing prescription refills if medications have been lost or stolen, or if you have missed an appointment.

## MINORS

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the treatment is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, I will provide you with a list of qualified Psychiatrists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for two consecutive times, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.