

Office Policies and Procedures

Office Hours: Mondays, Tuesdays and Fridays 9.00 am to 5.00 pm

Wednesdays and Thursdays 5.00 pm to 9.00 pm via telehealth

Scheduling: You must have a scheduled appointment to be seen. Schedule an appointment by calling the office at 301-580-4776. You may also request an appointment by email at ifo@clearmindsmentalhealth.com. Please include contact information. Follow up appointments will be scheduled after your visit.

Missed or late canceled appointments: Your treatment is important to us which is why our doctors scheduled time just for you. You must notify the office at least 24 hours before your appointment or you will be charged \$50 even if you do not receive a reminder call. Fees must be paid before additional appointments are scheduled. After two missed appointments it is our policy to dismiss you from the practice and ask you to find a new treatment provider.

Full payment is expected at the time of service. Cash, check, debit and credit cards (Visa and MasterCard) are accepted. A \$30 fee will be charged for any returned checks.

Release of information: Specific authorization is required for release of information.

Personal valuables: I agree that Clear Minds Family & Mental Health Services will not be held liable for the loss or damage to any money or personal valuables that I bring with me while receiving outpatient services.

Prescription Refills

If you are prescribed medication, you will be provided an initial prescription and refills to last until the suggested follow-up visit. It is your responsibility to schedule your follow-up appointment before the prescription runs out to ensure a continued supply of medication. Medication refills will be denied if you fail to keep follow up visits.

CALL YOUR PHARMACIST for refills. Your pharmacist will contact the office if a refill needs to be authorized.

Services Subject to Charge

Telephone consultation, request of records, prescription refills, missed appointments, and late cancellations.

Completion of forms, letters and or reports if not done during your appointment. Fees will be charged at a standard rate.

Emergency/After office Hours

Should you experience a life threatening medical emergency please immediately call 911 or go to the nearest hospital emergency room.

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I have read and understand the information listed a	above and received a copy.	
Signature	Date	-