



Sanctuary for Healing and Integration, PLLC (SHIN)

Child & Adolescent and Adult Psychiatry

860 East 4500 South, Suite 302

Salt Lake City, UT 84107

PRACTICE POLICY: PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

EMERGENCIES:

1. Call Dr. Javellana anytime on her cell phone 801 414-1336 for pressing/urgent issues that cannot wait until the next scheduled appointment.
2. For life-threatening emergencies, call **911** or go to the **nearest emergency room**.
3. In Dr. Javellana's absence, an on-call provider will be provided, available for crisis but non-life threatening situations.

FINANCIAL & BILLING POLICY:

1. Your insurance information must be current and always updated, and a copy of your insurance card (front and back) must be provided to us for proper billing. Inaccurate or missing information may result in your becoming financially responsible for the entire bill.
2. Co-payments must be paid in full at the time of the visit to avoid a \$10.00 fee for extra processing.
3. Please refer to the *Financial Agreement* for information on finance charges and collection expenses.
4. For billing inquiries/payment arrangements, call Advanced Professional Services at 801 566-1930.

APPOINTMENTS:

1. Initial appointments will only be offered upon completion of the *New Patient Application packet*, (also available at www.shinintegration.com) plus copies of current insurance cards and information.
2. Scheduled appointments may be canceled and/or rescheduled without penalty by calling at least 24 hours in advance. Payment will be required for the full amount charged for each *No Show*.
3. Please allow 1 ½ hours for the initial evaluation. For ongoing patients, please allow ½ to 1 hour for psycho-therapy and 15-20 minutes for medication management (*med checks*).
4. All patients will receive a courtesy reminder call for their appointments during the previous business day. However, patients are still held responsible for keeping, canceling or rescheduling their appointments, and applicable charges will still apply.
5. Only the patient, and the parent(s)/guardian when indicated, should come to the session. For *med checks*, the child/adolescent must be accompanied by a parent/guardian.
6. Children under the age of 12 are NOT PERMITTED in the Reception Area unsupervised.
7. Two (2) unexcused *No Shows* are considered a breach to the treatment agreement, and may constitute grounds for termination of treatment.
8. Phone sessions and e-mails may be arranged on an emergency basis should face-to-face sessions prove undoable or dangerous, and these will be billed accordingly. However, your insurance may not pay for these services.

PRESCRIPTIONS & REFILLS:

1. Schedule II medications (psychostimulants, certain pain medications) are non-refillable and require a written prescription every 30 days, which needs to be picked up, or mailed to you in a self-addressed stamped envelope provided by you. No scheduled medication prescriptions will be filled early except in emergencies.
2. Nonscheduled prescriptions will be refilled within **5 business days**. Please ask your pharmacist to fax your refill request to my office at 801 268-3777.
3. There will be a \$15.00 charge to replace prescriptions for controlled substances that may be lost or misplaced. If diversion or misuse of controlled substances is suspected, a DOPL Controlled Substance database search will be conducted and will become part of the permanent record.

MEDICAL RECORDS & CONFIDENTIALITY:

1. All medical records are kept strictly confidential, and will only be released to yourself or other health professionals with your written consent.
2. Transfer of medical records may be requested at any time. A processing fee will be charged to the requestor for administrative costs. Records will be sent as soon as the processing fee is paid.
3. Your chart will be kept open for twelve months from the date of your last session. Should you decide to resume treatment after that time, another evaluation may be required.

Signature of Patient (or Parent/Guardian)

Date

Witness