



Dr. Freerksen - OON Policies and Procedures (rev2023)

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www.ReclaimJoyMedical.com

OFFICE POLICIES AND PROCEDURES

This document contains important information about Dr. Freerksen's professional medical services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between you and Suzanna Freerksen, MD. A physician-patient relationship is not established until the psychiatric evaluation period is complete and you and Dr. Freerksen mutually agree on a treatment plan. The evaluation period is usually one (1) appointment in the case of adult patients and usually two (2) appointments in the case of child patients.

CONFIDENTIALITY

I, Dr. Suzanna Freerksen, understand that health information about you and your health care is personal. My pledge regarding your health information: I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

I adhere to the Health Insurance Portability and Accountability Act (HIPAA) and will treat your Protected Health Information (PHI) in the most confidential manner possible while still abiding by the laws of mandatory reporting of danger to self, others, child abuse, and elder abuse. Most other disclosure of PHI requires a signed Release of Information (ROI) from you.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, though I feel it not appropriate to engage in any lengthy discussions outside of the therapy office.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If you have a therapist or other practitioner at Reclaim Joy Medical, that practitioner will have access to my psychiatric notes under the continuity of care provision of HIPAA, on a "need-to-know" basis. If you are referred by me to another Reclaim Joy Medical practitioner, I will give that practitioner details about the referral with your documented verbal agreement.



Reclaim Joy Medical
4633 Old Ironsides Dr, Ste 210
Santa Clara, California, US - 95054-1836

Reclaim Joy Medical is co-located with Beverly Floresca, PsyD. Beverly Floresca PsyD is an independently practicing professional whom shares certain expenses and administrative functions with Reclaim Joy Medical. While we share office space with Beverly Floresca PsyD, Reclaim Joy Medical is completely independent in providing you with clinical services. I alone am fully responsible for those services. Reclaim Joy Medical's professional records are separately maintained and Beverly Floresca PsyD cannot have access to them without your specific, written permission.

AVAILABILITY

This psychiatry private practice was created with the goal of sharing my knowledge and experience in order to help people learn, heal, and grow into wellness. Services may be requested by adults or by teenagers (14 and up) with parental co-signature of all documents. Most secure communications and voicemails will be returned within 1-2 business days. While communication will be returned as promptly as possible, I do not provide any urgent, after-hours, or emergency services. If you are having a medical or psychiatric emergency, do not wait for a call back.

Instead, take steps to keep yourself safe; call 911 or go to your nearest emergency room. Also, please note that clients are carefully selected if their needs and goals match those of this practice; receiving psychotherapy and/or medication in this practice does not imply or guarantee my or anyone else's ability to see you in any other setting.

PROFESSIONAL FEES

Please see your most recent Good Faith Estimate provided by Dr. Freerksen.

PHONE CALLS, LETTERS, AND FORMS

Any phone conversations with you, friends, or family members (following written consent from you) that requires 10 minutes or longer will be charged a fee. For a list of fees charged by this practice, see your most current Good Faith Estimate from Dr. Freerksen.

Dr. Freerksen reserves the right to decline to write any letter or fill out any form. Examples of forms unlikely to be signed are a letter for an Emotional Support Animal or a form for Social Security Disability.

PAYMENT



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Reminder notices for appointments will be sent to you before your appointment. It is your responsibility to keep your schedule up to date and to notify me as soon as possible if you cannot make your appointment.

Payment will be billed to your credit card on the morning of your appointment. If the card does not go through, this can then be addressed at the beginning of the appointment. If you fail to show up to the appointment, the fee amount will be kept by Reclaim Joy Medical as a no-show fee. If your Good Faith Estimate has an alternate no-show fee is listed, then that amount may be charged instead for the no-show fee. If an emergency kept you from your appointment, the fee might be applied toward a future visit.

By signing this agreement, you attest that you are not a current Medicare beneficiary and you will not submit superbills to Medicare. Reclaim Joy Medical is an out of network provider on all private insurance plans and must be notified if an individual is a Medicare beneficiary or becomes a Medicare beneficiary.

Many insurance companies do reimburse you for some out of network services. Some people prefer not to use insurance coverage even though they may be eligible for it, so that their diagnosis does not become a part of their medical insurance records. For more information, please contact the toll free number to your insurance on your card and they will inform you the process in detail. The Invoice (also known as a Superbill) available on your PHR portal will have the necessary information for you to submit to your insurance for reimbursement if that it is a covered benefit.

Some insurance plans require additional information such as treatment plans or summaries, or copies of the entire record (in rare cases). Although insurance companies claim to keep such information confidential, I have no control over what they may do with it in the future. Before making any treatment summaries for insurance benefits or providing session notes to your insurance company, I will discuss the matter with you.

I reserve the right to send delinquent accounts to collections.

I understand that Dr. Freerksen is not a Medi-Cal provider and agree that I will not bill any services provided by Dr. Freerksen to Medi-Cal, and I am making an informed decision in seeking out-of-network services from Dr. Freerksen in exchanged for the aforementioned fee.

CANCELLATIONS, MISSED SESSIONS, AND LATE ARRIVALS



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I need 48 hours notice for a cancellation or reschedule. The missed appointment fee without 48 hours notice is the cost of the appointment. Your card will be charged the morning of your scheduled appointment, unless otherwise indicated by your Good Faith Estimate.

If you arrive late, I might be able to see you for the remaining time left in your session. If you arrive 10 minutes or more late, it is likely that you will need to reschedule for another time.

I am rarely late, but if I am, you will receive the full time allotted for your session.

Should you fail to schedule an appointment for three consecutive months, unless other arrangements have been made in advance, I must— for legal and ethical reasons— consider the professional relationship discontinued and will post a termination letter on your client portal and/or mail you the letter.

ELECTRONIC COMMUNICATION

Dr. Freerksen cannot ensure the confidentiality of any form of communication through electronic media, including text messages. For issues regarding scheduling or cancellations, please communicate with voicemail or secure messaging in the patient portal website.

The SMS texts you may receive from this office will be appointment reminders from an automated (925) number if you opt in to such messages. Therapeutic content is best discussed in face-to-face appointments, though Dr. Freerksen will generally respond within 1-2 business days to portal communications and voicemails.

In an emergency, please do not wait for her reply and instead call 911, 988, or go to the nearest emergency room.

You will be given a Patient Health Record Portal (PHR) where you can access After Visit Summaries, fill out Questionnaires, upload & download documents, and see Laboratory Results. When you become Dr. Freerksen's patient, you agree to use the PHR Portal and agree to Dr. Freerksen's policy of making After Visit Summaries available on the PHR.

If you would like your records sent to another clinic, please fill out a Release of Information through the portal, or via mail or fax. California Law allows us to charge a nominal fee for release of records in hard copy to the patient or their agent. Faxing records to another clinician is free of charge.

LITIGATION LIMITATION



Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which maybe of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you, your attorneys, nor anyone else taking action on your behalf will call on Dr. Freerksen to testify in court or at any other proceeding.

If your situation is an acute emergency, please do one of the following:

- Contact the 24-hour Suicide Prevention Hotline at 1-800-273-8255;
- Text HOME to 741-741;
- Call Emergency personnel at 9-1-1 or 9-8-8;
- Go to the nearest hospital emergency room.

ABSENCES

There will be times when Dr. Freerksen will be away for several days or weeks at time, either for business reasons on vacation. Usually these are predictable, and in general at least one week's notice will be given for these absences. For absences of a week or longer, Dr. Freerksen will arrange for another psychiatrist to deal with urgent matters. That information will be on Dr. Freerksen's voicemail and the patient portal.

MEDICATION REFILLS



Medication refills are usually addressed by the next business day. Necessary refills may be requested electronically from your client portal. There may be a fee of \$25 for each controlled substance prescription written outside of a visit.

If phone is more convenient, you may leave me a message on our secure voicemail. Please speak clearly and include your name, medication, dose, and preferred pharmacy information (two identifiers, such as address and phone number, are preferred).

The SureScripts pharmacy database records the medications that you fill at a pharmacy. I need your permission to access this database in order to provide you with medical care. By signing this agreement, you allow me to check your recent prescription medications the SureScripts database.

If it has been over two months since we have had an appointment, it is likely you will need to come into the office for an appointment before I can write for any refills or new medication. If you require refills due to two or more missed appointments, a fee of \$50 per 30 day prescription may be assessed.

Part of the intake paperwork is the Medication Management Agreement for controlled substances such as benzodiazepines, stimulants, or ketamine. Please read it carefully and abide by it. Among other things, it makes controlled substance prescriptions contingent on your attendance at appointments and you promise to take these medications exactly as they are prescribed.

NOTICE TO PATIENTS

Medical doctors are licensed and regulated by the Medical Board of California. To check up on a license or to file a complaint go to www.mbc.ca.gov,
email: licensecheck@mbc.ca.gov,
or call (800) 633-2322.

PATIENT OR LEGAL GUARDIAN

SIGNATURE *

NAME OF PATIENT OR LEGAL
GUARDIAN *

Today's date: *
