

Anna R. Flynn, M.D. Service Corporation

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Board Certified Adult, Child & Adolescent Psychiatrist

-- OFFICE POLICY --

We are pleased to have this opportunity to work with you. We regard health care as a collaboration between patient, doctor, and the other members of your treatment team – including family members/significant others, primary care physician and therapist. Thank you for helping us to work with you, to create the quality care to which we are committed.

1. **Payment** in full is required at the time of service.
2. Dr. Flynn only corresponds by telephone call and voice messages to (847) 212-1909. **Dr. Flynn does not correspond through any other form of communication; including texts and emails.**
3. **In an emergency, call 911.**
4. **Telephone calls between appointments** are reserved for urgent medical/psychiatric issues that are not emergencies. Other issues, including lab results, should be addressed at your next scheduled appointment unless you and your doctor have made arrangements otherwise. A service fee will be charged for calls on non-urgent issues. **This fee is currently set as a pro-rated fee based upon Dr. Flynn's hourly charge of \$530.00.** These fees are not covered by most health insurance contracts, and are the patient's personal responsibility.
5. **If you are unable to keep your scheduled appointment**, Dr. Flynn needs at least 24 hours (preferably 48 hours) notice to reschedule. Since we usually have a "waiting list" of patients wishing an earlier appointment; reasonable prior notice of cancellations permits us to better accommodate everyone's needs. Except in cases of family/medical emergency, appointments canceled with less than one day notification will be charged a pro-rated service fee based upon Dr. Flynn's hourly charge. "No Shows" will be charged the same. These fees are not covered by health insurance contracts, and are the patient's personal responsibility. Note that repeated "No Shows" (more than 3 in a calendar year) will result in the termination of our treatment relationship. Scheduling and, when necessary, timely rescheduling, remain the patient or guardian's responsibility. Dr. Flynn does not guarantee follow up confirmation calls.
6. **If you arrive more than 10 minutes late for your scheduled appointment**, your appointment may be cancelled to avoid inconveniencing other patients. If your appointment is cancelled or shortened due to a late arrival, you will be charged the full service fee.
7. **Prescriptions** will be refilled at each appointment, following re-evaluation of your condition and medical needs, and we will provide you with at least sufficient medication and refills to extend until the next scheduled appointment. In the event of running out of medicine (*e.g.*, while out of town or on weekends) small amounts of medication may be available directly from a pharmacist.
8. **Between-session telephone refills** not occasioned by emergency will be set as a pro-rated fee based upon Dr. Flynn's hourly charge of \$530.00. Refills will be phoned in within 5 business days of the telephone request. In order for a prescription to be called in, you must provide all of the following information:
 - name (please spell)
 - date of birth
 - return telephone number with area code
 - medication(s) you need refilled (include amounts and dosage)
 - pharmacy name and telephone number

If Dr. Flynn does not receive all of this information, your prescription may be delayed and not processed.

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9. Methylphenidate and amphetamine-based medications are controlled substances. These medications are only good for 90 days from the date written on the prescription. Prescriptions are required by Illinois law to be handwritten (telephone prescriptions and refills are not permitted). Dr. Flynn is not in her office daily; and therefore, cannot write prescriptions on the same day of having one or none of your medication left. Should the prescription expire, then expired prescriptions must be returned for Dr. Flynn's records, and a re-written prescription may then be obtained. The fee for such refills, again, is set as a pro-rated fee based upon Dr. Flynn's hourly charge of \$530.00.
10. An estimate of how much your medical care will cost, including frequency of appointments, are determined on a case-by-case basis. These discussions occur through direct communication with Dr. Flynn, **and before** onset of treatment.
11. All of Dr. Flynn's charges are prorated at \$530.00 per hour in five-minute increments. **Some examples of these charges are:**
 - review of past medical records as part of the initial or follow up sessions
 - report preparation
 - treatment planning and communication with any third party
 - review of genetic testing results
 - treatment updates with non-custodian parent or family member
 - staffing attendance at outside agencies

These fees are not covered by health insurance contracts, and are the patient's personal responsibility. (This does not apply to legal cases, which are billed at a separate rate.)

12. We recognize that our patients (and their guardians) have the right to refuse treatment, which includes the discontinuation of medications or psychotherapy. However, in order to responsibly and effectively serve you as your physicians, **we need to know of medication changes** (including discontinuation!) **in advance**. If communicating with your psychiatrist in advance regarding alteration/discontinuation of prescribed medications is for any reason unfeasible (for instance, the emergence of a side effect or medication reaction), please alert your doctor as soon as possible. If this policy is in any way objectionable to you, please discuss these objections with your psychiatrist before consenting to the prescription of any medication.
13. **Your psychotherapy** is also an important component of your medical treatment, and, again, Dr. Flynn needs to be aware of any significant interruptions in therapy, so that she may continue to responsibly and effectively serve you as your physician. If you are considering discontinuing psychotherapy against your therapist's advice, please contact your psychiatrist before finalizing such termination.
14. **Cases will automatically be closed 120 days after the date of your last visit unless an appointment is scheduled shortly thereafter.** Subsequent appointments will be made at the next available opening for new patients. There may be a waiting list. Referrals to other treatment providers will be provided upon request.
15. **Notice of Privacy Policies:** Confidentiality is your right, and our duty. The privacy of all records pertaining to your treatment will be maintained securely by us. Records will be kept for a minimum of seven (7) years, will be used only for appropriate treatment purposes, and will be released only with your specific written consent or authorization, as provided for by Illinois and Federal law. You have the right to review your records (including the record of disclosures made). We charge a reasonable fee for copying records requested by you. If at any time you feel your privacy has been violated, you have the right to file a grievance with us and/or with the Secretary of the U.S. Department of Health and Human Services. Please note, however, that the law requires the release of otherwise confidential information when the provider reasonably believes disclosure is necessary to protect against harm to yourself or others, or when there is suspicion of child or elder abuse, and when records are demanded by Court Order.

16. Your active participation is essential to Dr. Flynn’s ability to provide quality services to you while keeping fee increases to a minimum. **Please assist her** by taking responsibility for this participation in your medical care. Ways that you can help include:
 - Provide advance **written consent for release of information** to those with whom you wish us to work in your treatment – primary care physicians, school personnel, spouse/family members, therapists and other consultants.
 - Assist us to expedite receipt of **lab values** from clinical laboratories and your other doctors’ offices, and submit **questionnaires** as recommended to your child's school.

17. Dr. Flynn does not accept patient referrals that are court ordered nor does she get involved in legal matters or disputes.

18. If treatment is sought for a minor child of divorced or separated parents (or any person whose **guardianship** has been settled by Order of Court), our office **must** have on file a copy of the divorce decree or other Court Order specifying the terms of custody, visitation, and guardianship particularly regarding healthcare. Our office also requires legal documentation confirming medical/psychiatric consent for treatment and decision making from both parents. If there is a divorce agreement between parents on financial responsibility, it is between the parents and not our office. Our office is not responsible for upholding the financial agreements made between parents in divorce situations.

19. An estimate on how much your medical care will cost, including frequency of appointments, is determined on a case-by-case basis. These discussions occur through direct communication with Dr. Flynn, **and before** onset of treatment. Please refer to item #11 for included, but not limited to, examples of services rendered during the treatment process.

Thank you for understanding our Office Policy. If you have any questions, please do not hesitate to ask us– we are here to assist you. Please sign below indicating you have read and understand this policy and agree to abide by it.

Signature _____ **Date** _____
Of Patient, if over age 18

Signature _____ **Date** _____
Of Guardian and/or financially responsible person, if applicable