

**University Psychiatric Practice, Inc.**  
**Center for Advanced Psychiatry**  
Office Policies, May, 2023

Welcome to our practice. To minimize the risk of misunderstanding we offer the following explanations:

**PATIENT PORTAL**

You were sent website and log information with this packet. Please set up your portal as soon as possible.

This is the most effective and fullest form of communication for non emergent questions for the office or your provider, request medication refills, check/request appointments, update account information, make payments everything except emergencies.

**PATIENT OUTCOMES MEASUREMENT:**

Our providers use evidence-based practices, which combine the latest research and our clinical expertise to inform your individual treatment plan. Consistent with this practice, we will regularly evaluate your condition and monitor how treatment is progressing. You will be sent a questionnaire that measures different symptoms or problems. We ask that you complete the questionnaire before your initial appointment and on a monthly basis or less frequently, as indicated, clinically.

The questionnaire will be sent to you 24 hours before your scheduled appointment. It is important that you complete it prior to your appointment time. This will enable us to work together more effectively in the meeting, to more accurately assess how treatment is progressing and inform treatment decisions to get the best results.

**APPOINTMENTS**

Please arrive 15 minutes prior to all appointment to allow sufficient time to update account information, pay any balance due. We will contact you with appointment reminders using the following methods: telephone, e-mail and/or text messaging.

**MINORS** (under age 18)

Must be accompanied by parent or legal guardian for medication management appointments. If minor is unaccompanied, appointment will be cancelled and fee will be applied.

**CANCELLATIONS-NO SHOW**

Require 48 hour notice to avoid charges (\$200.00 New/Initial visit, \$100.00 follow-up).

**INSURANCE**

Please bring a copy of your insurance card. Copays and co-insurance **MUST** be paid at time of service. High deductible plans require a minimum \$75.00 payment at time of service.

**TELEHEALTH**

It is **YOUR RESPONSIBILITY** to contact office to make payment. Payments can be made via the patient portal or by visiting our website: [ubmd.com/practice-locations/practices/psychiatry.html](http://ubmd.com/practice-locations/practices/psychiatry.html). Payment must be made prior to your next scheduled appointment.

**PRESCRIPTIONS**

Please allow three business days for script refills. Requesting emergency scripts may result in a \$25.00 fee. We **DO NOT** honor requests from pharmacies - you must call the office directly when refills are needed.

**EMERGENCIES**

If you are experience a life threatening emergency, please call 911 or go to your nearest emergency room. Crisis Services can be reached at 716-834-3131 or 716-285-3515 Erie or Niagara Counties respectively.

Our goal is to help you get better and for you to end treatment because of that.

**DISCONTINUATION OF TREATMENT**

Reasons why we may discontinue your treatment:

- \*Providing false information
- \*Non payment of services rendered
- \*Non compliance with treatment recommendations
- \*Misuse of prescribed medication
- \*Frequent cancellations or no shows

By signing below you are in agreement with the terms and conditions in the Office Policies and acknowledge that you have received a copy of the University Psychiatric Practice, Inc's. "Notice of Privacy Practices".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
DATE

