

PRACTICE POLICIES
Nasir Naqvi, MD, PhD

Your first appointment with me is an evaluation, and does not establish a doctor-patient relationship.

PAYMENT

Payment is due at the time of service, unless we make other arrangements. I accept check, cash or credit card. You are responsible for obtaining any out of network reimbursement for my fees from your insurance company. I am "opted out" of Medicare. Thus, if you are a Medicare recipient, you will need to sign a form indicating that you have entered into a private contract with me and will not seek reimbursement for my services from Medicare. It is your responsibility to inform me if you are a Medicare recipient.

CANCELLATION, LATE AND MISSED APPOINTMENT POLICIES

You will be charged the full fee if you miss your appointment, unless you call at least 24 hours in advance to cancel or reschedule. Exceptions will only be made for personal or family medical emergencies. If you arrive late to your appointment or leave early, you will still be charged the full fee for the scheduled time. Please note that insurance companies usually do not reimburse for missed appointments.

CONTROLLED MEDICATIONS (E.G. SEDATIVES, STIMULANTS, SUBOXONE):

I will prescribe no more than a month's worth of medication at a time. I will not replace lost medication or prescriptions. You are responsible for storing your medication in a safe place (e.g. a locked cabinet or safe). Every time I write a prescription I am required by law to check the NY State Prescription Drug Monitoring Program to determine if you are receiving controlled medications from other doctors. I may periodically administer urine drug screens. Under certain conditions, I may decide to stop prescribing you a controlled medication. These include: if you receive a prescription for controlled medications from someone else without informing me; if you give or sell your medication to another person; if you use your medication in ways that are different from how they were prescribed; if you repeatedly lose your medications or prescriptions.

COMMUNICATION OUTSIDE OF OFFICE VISITS

I am available through my office phone (914-512-8372) at all times. I occasionally communicate with patients over e-mail and text message. E-mails and texts should be used for administrative matters only (e.g. appointment scheduling, medication refills), not for clinical matters (e.g. reporting crises, symptoms or medication side-effects) and definitely not for emergencies. E-mails and texts are not confidential. I may sometimes take several days to respond to e-mails and texts, so phone calls are always preferable for clinical matters. E-mails and texts will become part of your medical record. In certain limited instances, I may be available for sessions over the phone or through Skype. The same fees and missed appointment policies apply here as for in-person sessions. Insurances will usually not reimburse for Skype or phone sessions. When I go out of town, I will leave information on my outgoing voice message about how to contact the psychiatrist who is covering my practice.

ENDING TREATMENT

Usually, treatment terminates at a mutually agreed upon time when the goals of treatment have been met. Your treatment may be terminated before this point if you require a different level of care. Your treatment may also be terminated if you fail to pay your bill for a prolonged period of time without making arrangements with me, if you repeatedly miss appointments, or if you do not return repeated calls from me. In such cases, I would help you find another mental health provider and make myself available for 30 days for urgent matters.

PRIVACY AND RECORDS

All information that I obtain about you is kept confidential, except in cases where your safety or the safety of someone else may be in jeopardy, or if you give me written permission to speak to someone else about your treatment. If I am concerned about safety, I may call your emergency contact (providing an emergency contact is required for treatment). I maintain a paper medical chart that documents your treatment. Your medical chart is located in a locked cabinet in my office accessible by me alone.

By signing below, I indicate that I have read these practice policies, understand them and agree to them.

Signature

Printed name

Date