

PCC PATIENT INFORMATION SHEET

1. VMC OFFERS PROFESSIONAL SERVICES

Your provider is a professional and follows specific guidelines of professional conduct. While you and your provider will assess your concerns, and develop a specific treatment program, please know that an INITIAL EVALUATION does not guarantee further treatment. As a consumer, you have the right to refuse any treatment and to request information regarding alternative approaches or referrals.

2. DISABILITY ASSESSMENTS

We do **NOT** complete disability assessment forms at this clinic. Please contact your disability insurance carrier for this service.

3. CONFIDENTIALITY

Your treatment here at VMC is confidential. Information can only be released if it is specifically authorized by you with a written “**Release of Information**” form. However, we are required by law to release confidential information in selected cases. This can occur when there is suspected child abuse, danger to self or others, or the inability to meet basic personal needs. In some situations, a court may subpoena treatment records. Some treatment such as name, diagnosis, date of service and charges are routinely given to insurance or managed care companies to facilitate reimbursement.

4. APPOINTMENTS

NO SHOW POLICY (active June 1st 2020):

If you are unable to keep your appointment, please call our office (425-690-3414) to cancel or reschedule at least **24 hours** in advance. If you miss your appointment or do not cancel your appointment with a **24 hour** notice you will be charged for your missed appointment or late cancellation. Our policy is to **charge a \$75.00 fee** for each missed appointment and for appointments cancelled **without 24-hour** notice. These charges are the patient’s responsibility, as insurance companies will not pay for missed appointments. **If you have one unpaid No Show/Late Cancellation fee, you will not be allowed to make any further appointments, and/or all future appointments will be cancelled until the fee has been paid in full.**

Automated reminder messages for your scheduled appointments are courtesy reminders only. Fees will still apply if you do not receive automated reminders, as you are still responsible for keeping your appointments. **Clients will be DISCHARGED from our clinic if, within the last 6 months of service, 3 NO SHOW/LATE CANCELLATION fees have been applied**

5. FEES AND PAYMENTS

COPAYS REQUIRED ON DATE OF SERVICE:

If your Insurance plan requires a co-payment for behavioral health services, **it must be paid by the end of the day of your appointment.** If the copay is *not paid on the date of service, you will be charged a \$30.00 fee AND no further appointments will be scheduled.* You may pay your copay by logging into your MyChart account on the date of your appointment and paying it online. You may also pay your copay by calling the front desk at **425-690-3414** on the date of your appointment. Please call by 5 PM to pay your copayment on the date of your appointment.

We accept the following forms of payment: check, money order, MasterCard, and Visa. We will provide you with a receipt for all payments. Please retain this receipt for your records. You are responsible for any missed or late cancellation charges. A nominal fee will be applied for completion of forms and/or writing to employers, insurance companies, lawyers, etc.

6. CONTINUING CARE

Our clinic requires every patient to be seen **at least every 4 months** to keep your chart active. If it has been more than **4 months** since your last appointment a letter asking if you would like to continue services will be sent to you. After receiving the letter, if you do not call to schedule an appointment, your chart will be closed and **no further appointments or medication refills will be allowed until you re-establish care.** To re-establish care with our clinic you will be required to complete the “**New Patient**” intake process.

Signature

Date



Patient Label