**MISSED APPOINTMENTS / NO SHOW / CANCELLATIONS:** Please arrive exactly 1 minute prior to your appointment. A 24 hour notice is required for cancellation of an appointment, otherwise it is considered a no show appointment. If you are late to the office, it is considered a missed appointment. Patients are responsible for the full payment for a visit in case of a missed or no show appointment at the same price or rate as the original appointment.

**PRICING POLICY (CHARGES):** We retain the right to make changes in the pricing and rates of any and all services to patients with a 30 day notice.

**FORMS / LETTERS / PAPERWORK:** We do not routinely fill or do paperwork such as legal or disability paperwork, completion of forms for attorneys or employers, DMV forms, etc. In addition, we usually do not evaluate, prepare or make documents, letters or any other type of reports than those already in the chart. If we are able to do such paperwork, it may require additional time, evaluation and fees.

**MEDICATION(S) AND PHARMACY / PRESCRIPTION REFILL POLICIES:** You will usually be given enough medications till your next appointment. It is your - the patients responsibility to make sure that you do not run out of medication and to get all your medication before you leave your appointment.

You, the patient and / or the patient’s approved surrogate/guardian/representative agree as part of this agreement to the following: (i) not to sell, transfer, give away, abuse, overuse or use other than as directed by physician any and all medications prescribed, (ii) to promptly report any side effects to the physician or follow emergency procedures as necessary and described herein, (iii) to keep any and all medications in a safe place so as to avoid loss or misuse of the medications, (iv) not to get the same medication(s) from more than one provider at the same time, (v) to keep Inder Bhanver, M.D., PLLC informed of any and all other medications or over the counter products the patient is taking or getting from other providers/ sources.

**HIPAA POLICY:** You will be given our HIPAA policy to take, review and sign before start of treatment.

**CONTACT INFORMATION:** It is the patient’s responsibility to keep our practice notified of all their current contact information including the current address and phone number.

**TERMINATION OF SERVICES:** Treatment may be terminated by us for various reasons. This is not an all inclusive list and is provided for the purposes of illustration and not exclusion: (1) For failure of treatment or lack of progress where it appears that continuation with treatment is unlikely to further improve the patient's situation or condition. (2) For any failure by the patient towards performing any obligations to the provider including but not limited to the failure to promptly pay professional fees or any and all other such charges owed by patient to provider. (3) Failure to follow your treatment plan or medical advice including but not limited to failure to follow through on lab work, not taking your medications as prescribed, or failure to keep appointments as scheduled. (4) For any verbal, physical or written behavior that is: loud, hostile, threatening, deceptive, harassing or intimidating towards any staff member or another patient.

**ROUTINE, URGENT AND EMERGENCY PROCEDURES (INCLUDING AFTER HOURS):** If you need to make a routine appointment or for other routine issues, please call our office number at 775-787-MIND (6463). If you need to speak to the doctor about an urgent health issue, please follow the directions on the answering machine when you call the office. In addition to the above, if it is an urgent situation or an emergency, please do not delay but immediately call 911 or go to your nearest or most convenient or preferred hospital or emergency room.

**AGREEMENT:** I am a patient or the legally authorized guardian / representative of the patient seeking treatment from Inder Bhanver, M.D., PLLC for psychiatric services. I understand that my signature on this form below means that:

*I have read through and understand all the office policies above and agree to abide by and follow all of these policies.*

*I give full and free consent to Inder Bhanver, M.D., PLLC and any and all affiliated physicians / providers as well as any and all authorized on-call / covering physicians / providers to begin and maintain treatment for my condition including but not limited to any appropriate medication management, individual or group psychotherapy or other appropriate modality. I understand that my physician(s) will inform me about the indications, purpose, risks, benefits, side effects and alternatives of treatment including medication management at each stage of treatment.*

*I request and authorize (i) Inder Bhanver, MD, PLLC and authorized provider/s to bill and accept payments from my insurance carrier/s, primary insureds and / or any and all other responsible parties for services provided to me, (ii) that payment/s be made and benefits be assigned to Inder Bhanver, MD, PLLC and / or its authorized provider/s by any and all of my insurance carriers as applicable for services provided to me. I authorize Inder Bhanver, MD, PLLC to release any medical or other information necessary to process my claims and payment of benefits to my insurance carrier(s) and any and all other persons / parties including but not limited to those mentioned in this paragraph above.*

*I understand that regardless of insurance status, I am ultimately financially responsible and liable for payment of any and all service fees, charges, co-pays, deductibles and any unpaid balances, unless excepted by any other agreements or rule of law.*

*I understand that my failure to follow any or all of the above policies can result in my being discharged from the practice and termination of the provider/physician – patient relationship.*

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