

Dr. Griffan Randall, D.O., PLLC
Psychiatry
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OFFICE POLICIES

Safety Policy

- This office does *NOT* offer after-hours emergent or urgent care.
- If you are experiencing an emergency do *NOT* call this office. Call 9-1-1 or safely present yourself to the nearest emergency room for immediate care.
- The psychiatric mobile crisis phone number is 518-549-6500.
- If you have experienced an emergency, once you are stabilized, you or your chosen representative may call this office to inform us of your situation and you will be followed up in a timely manner to address your care accordingly.
- The carrying or use of firearms, ammunition, knives, mace, or any other weapon as defined by New York and/or Federal Penal Laws is prohibited in this office.

Contact Policy

- If you are a patient or a prospective patient, in order to contact this office please call. If no one answers, please leave a voicemail and we will return your call within one business day, unless otherwise specified on the voice messaging system.
- While e-mails and faxes are used by this office to aid in your care, in order to give you the most effective and safe care possible, this office will *NOT* respond to direct patient contact through e-mail or fax.

Refill Policy

- Please be aware that certain medications cannot be refilled without an office appointment first.
- If you need a prescription refill, please contact your pharmacy and ask the pharmacist to send a refill request.
- However, if changes to your medication dose or directions have been made collaboratively since your last appointment, do *NOT* call the pharmacy first. Instead, please call this office first and request a new prescription with the new medication dose and directions of use.

Initial

Cancellation Policy

- If you cancel within 24 hours of your appointment, or you are a no-show for your appointment, you will be charged half of your visit fee, known as the missed appointment fee.
- Your missed appointment fee must be paid in full by your next scheduled appointment.
- If you have missed an appointment without contacting this office, your medications will *NOT* be refilled until another appointment has been made and your missed appointment fee is paid in full.

Fees and Insurance Policies

- This office does *NOT* directly bill insurance companies and does *NOT* accept insurance payments. This office provides the appropriate statement/receipt so that you may submit a claim to your respective insurance company for reimbursement.
- This office's services may be fully or partly covered by your insurance or employee benefit plan or covered once you have met your deductible. Before your first visit with us, please carefully check your coverage by inquiring with your insurance company.
- It is expected that you will pay for your appointment at the time of your visit. Forms of payment accepted include cash, checks, and all major credit/debit cards.
- This office is opted-out of Medicare, which means it does not bill Medicare or accept Medicare payments. According to the rules and regulations of Medicare, if you are covered by Medicare, you cannot receive reimbursement for your office visits with us even with submission of appropriate statements/receipts.
- If you are covered by Medicare and still wish to be seen by this office, an appropriate opt-out notification provided by this office must be reviewed and signed by you before you begin or continue treatment at this office.

Privacy and Confidentiality Policies

- This office's practice and belief is that a patient's privacy and confidentiality are of the utmost importance.
- This office fully complies with HIPAA and details of your rights as a patient under HIPAA law can be reviewed on the office's website at www.drgriffanrandall.com

I have read Dr. Griffan Randall, D.O., PLLC Office Policies as written above and am without further questions at this time. I agree to adhere to these policies during my treatment course with this office. I also have reviewed my HIPAA rights listed on the office's website at www.drgriffanrandall.com and am without further questions at this time regarding my privacy and confidentiality rights.

Signature

Print Name

Date