OFFICE POLICIES

I look forward to the opportunity to work with you. The following information describes procedural matters important to my patients. Please read this material. If you have any further questions, feel free to discuss them with me.

Confidentiality: All communication between therapist and patient is held in the strictest confidence unless: l) The patient authorizes release of information; 2) the therapist is ordered by a court to release information; 3) child or elder abuse is suspected; 4) the patient reports imminent risk of self-harm or harm to others. In the latter two cases I am required by law to inform legal authorities and/or potential victims.

Insurance: Please note that I do not participate with any insurance plans and will not be able to receive payment directly from the insurance company; as such I receive payment only from the patients themselves. If you have medical insurance, you may file claims for reimbursement for an out-of-network service with your insurance company. Please call your insurance company to determine your benefits and to obtain a pre-authorization. Ask your insurance company if a "Treatment Plan" needs to be submitted in order for you to be reimbursed. If that is the case, I will complete Treatment Plans that can be submitted to your insurer. I will be happy to assist you by supplying you with an invoice at the time of each service. This invoice will contain the pertinent information required by your insurance carrier (diagnosis code, treatment code, date of service, etc.) for reimbursement. You simply need to fill out your own insurance form, attach the invoice statement. and send these to your insurance company, asking them to pay you, rather than the provider (Dr. Mu). If there is no place to specify paying you rather than the doctor on your form, then write the following in red, somewhere on your insurance form "PAY SUBSCRIBER, NOT PROVIDER."

Please note that I have opted-out of Medicare; therefore, those individuals with Medicare who wish to pursue treatment must sign an agreement that states that they will not submit claims to Medicare.

Fees: All charges are due at the time of service and payable by cash, check, or credit/debit. All major credit cards are accepted. There is no additional fee for using credit/debit as payment.

Email Policy: I regularly check my office email (doctordavidmu@gmail.com). Email may be used to make, cancel or reschedule appointments or request medication refills. Email should not be used in emergencies. If you are experiencing a sudden or severe change in your health, or otherwise need an immediate response, please contact me by telephone, call 911, or go to an emergency room.

OFFICE POLICIES (Continued)

When contacting me through email, please include your full name and list the purpose of the email in the subject line (for example "Prescription Refill Request"). Do not use e-mail to send or request sensitive information. This includes personal information you do not want other people to know about. I cannot guarantee the privacy or security of any messages being sent over the Internet.

Cancellation Policy: Each appointment time is reserved exclusively for a specific patient. If you need to cancel or reschedule an appointment, you are asked to give 24 hours' advanced notice, 72 hours if the appointment is on a Monday. If you do not make the appointment and do not give the required notice, the full appointment fee will be charged. In rare circumstances genuine emergencies do arise such that it may not be possible to give 24 hours' advanced notice. In such cases, the appointment fee may be waived on a case by case basis.

Messages/Emergencies: You can leave messages on my office phone 443-470-9065. I will make every effort to return calls promptly. In the case of a life-threatening emergency you should call 911 or proceed to the nearest emergency room.

As the patient or legal guardian of the patient please sign the line below indicating that you have read, understand, and agree to these policies/procedures:

_____   Date: _____