# Stephanie C. Sim M.D., P.A.

## **OFFICE POLICIES**

#### Welcome

I look forward to helping you with your psychiatric needs. I hope this information will answer most of your questions. The doctor-patient relationship is complex, and I try to minimize misunderstandings and confusion. If you have a question, please do not hesitate to ask. If you have a suggestion or complaint, please feel free to discuss it with me.

# **Making Appointments**

Patients are seen by appointment only. I make an effort to keep appointments running on schedule. Please be aware that emergencies arise which may cause unexpected delays. If this occurs, I will make an effort to notify you prior to your appointment. I ask that you help us by being on time for your appointment and by calling if you will be late or unable to keep your appointment.

#### Cancellations

Twenty-four hour notice is required when canceling an appointment. *Missed appointments without 24-hour notice will be charged at the regular session rate.* Missing three or more appointments without giving sufficient notice may likely result in termination of care. We do understand that emergencies do occur, and we will work with you on an individual basis should such an emergency occur.

### **Telephone Calls**

Please call me at 832-541-0609 if you need to reach me between appointments and leave a message on my voice mail. I am often not immediately available, but I will call you back promptly. If you would like me to return your call you must leave your TELEPHONE NUMBER. Phone calls may be billed at my discretion if phone calls are excessive.

## **Emergency Care**

In event of a true emergency, it is best to call 911 or go to a hospital emergency room. The physician on duty there can assess the problem, begin treatment, and call me.

## **Prescriptions**

If you need a medication refilled between appointments, please call me during normal business hours (9:00 AM - 5:00 PM) and let me know:

- 1. How you are doing. I do not believe it is good practice to refill medications without knowing what is going on with patients. I will not respond to calls from the pharmacy. I want to hear from you.
- 2. Please include the name of medicine, the dose you are taking, and the phone number of the pharmacy, your date of birth, and a phone number where you can be reached.

## **Confidentiality**

In general, the law protects the privacy of all communications between a patient and his/her psychiatrist, and I will only release information about your treatment to others with your written permission. Exceptions are as follows:

- In most legal proceedings, you have the right to prevent the clinician from providing any information about your treatment. In some proceedings, involving child custody and those in which your emotional condition is an important issue, a judge may order me to testify if the judge determines the issues demand it.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about your treatment. For example, if I believe that a child, elderly, or disabled person is being abused, I must file a report with the appropriate state agency.
- If a patient threatens to harm himself/herself or another person, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. This rarely occurs, however, if it does, I will make every effort to fully discuss it with you before taking any action.

I have read, understand, and agree to the above policies.

Signature of patient	Date