

## ***McLean Behavioral Health***

### **Practice Guidelines and Office Policies**

#### **To Schedule An Appointment:**

**Address:** 510 North Washington Street, Alexandria 22314

**Telephone:** 703-544-7675

**Email:** Naheedsaleemmd@gmail.com

We adhere to the Federal Health Insurance Portability and Accountability Act. We will provide you with a safe, confidential setting where your personal health information is only released with your written consent.

We use authorization/consent form that states what information will be provided to whom and is signed by you.

#### **Appointments and Scheduling:**

**Office hours:** Mondays: 5pm-8pm

Tuesdays: 5pm-8pm

Fridays: available upon request

Weekends: available upon request

**Cancellation Policy:** Please note your scheduled appointment as we have reserved this time exclusively for you.

Please call the office at least 2 business days in advance to avoid cancellation fees.

Missed or Cancelled appointment for New Patients: \$150.00

Missed or Cancelled appointment for an established patient: \$75.00

**Initial Consultation:** Dr. Saleem will be conducting a comprehensive assessment which includes, medical history, medications and an extensive psychiatric history. It is highly recommended to provide all the relevant information during the session.

Patients should come to the appointment with concerns and what their expectations are for seeking treatment.

**Emergencies:** If you are experiencing a life-threatening emergency, please call 911 or go to the nearest emergency room prior to contacting Dr. Saleem.

**Phone Calls:** I will do my best to return phone calls within 24 hours. There will be charges for phone calls longer than 10 minutes.

**Forms:** If patient is requesting any forms to be completed, at least 3 sessions are required. We will determine upon the first visit if it is possible for our team to consider this request.

**Billing Policy:** You will be expected to pay for each session at the time of the appointment. Credit cards, personal checks and cash are accepted.

There is a \$25 fee for any returned check or declined credit card.

We have the option of using legal means to secure payments, including collection agencies or small claims court.

**Insurance:**

I do not accept any insurance at this time, however will be considering Blue Cross/Blue Shield in the future.

I am considered an out of the network provider for PPO plans. You are responsible for full payment of the session fees. I will provide you with a receipt and you can submit to your insurance company. I highly recommend that you contact your insurance provider to inquire about out of network reimbursement.

**Fees and Payment:**

Initial Consultations: \$250.00

20 minutes medication management: \$120.00

Medication appointments:\$75.00

10 minutes phone call: \$50.00

15 minutes phone call: \$75.00

Prescription refills requested outside an appointment time: \$25.00-excluding benzodiazepines, stimulants and any other controlled substances. Maximum-2 times.

**Pregnancy:** Dr. Saleem has experience in treating individuals with Depression/Anxiety and Bipolar disorder during pregnancy.

If you are planning to become pregnant or suspect you may be pregnant please be sure to inform your psychiatrist immediately. Patients are recommended to use two forms of contraceptives as some of these medications may decrease the effectiveness of control methods which could result in pregnancy. Individuals should be aware that psychiatric meds during pregnancy can have adverse effects on the fetus. Continuation of psychiatric medication during pregnancy will be based on risk/benefit ratio, individuals personal choice and doctor's recommendations.

**Alcohol and Illicit Substance use:**

Patient should inform their psychiatrist if they are using alcohol or any other illicit substances. Individuals should be aware that any use of illicit drugs, abuse of alcohol, or prescription medications could result in being dismissed from the practice.

As part of the patients treatment and agreement plan, the practice has the right to request a urine drug screen. Patients who fail to comply with such requests will be terminated from the practice.

**Medication Refill Policy:** All medication refills requests should be made during appointment visits. At the time of your appointment, you will be supplied with enough refills to last until your next appointment.

Refills requests outside of visits are only for unusual/extenuating circumstances. Please see above for the fees.

Please allow at least 24 hours(business day) for this request at a minimum.

**Controlled substance policy:** Most medications for ADHD and benzodiazepines are considered controlled substances. These medications are easily abused. The DEA and the Virginia Board of Medicine monitor prescribing and refill practices for these medications. It is extremely important to adhere to the policy listed below.

1. You must take these medications as directed.
2. You should be responsible with your medication and take measures that it is not stolen or lost.
3. You must consult with your doctor prior to making any adjustments to your dose.
4. You will be charged \$100.00 fee for any early refill of your controlled medication. It is the duty of the patient to make sure he/she does not abuse this medication.
5. We understand that unexpected circumstances may result in you needing an early refill.

**Confidentiality:** One of the crucial elements of the doctor-patient relationship is confidentiality. It is important for you to discuss anything during treatment, however there are certain circumstances in which the doctor might be compelled to break confidentiality. Exceptions are: elder/child abuse, suicidal thoughts and thoughts of hurting others.

**Termination of Services:** In order to provide effective treatment, individuals are required to be compliant with treatment recommendations and follow up visits. Failure to comply with recommended follow up visits will result in termination of services and individuals will be notified. After the termination of services, individual will have 30 days to find another provider and our office will take care of any medication renewals during those 30 days.

By signing this agreement, I hereby certify that I have read the practice guidelines and understand my privacy rights.

Patient signature:

Date:

Witness signature:

Date: