

LIDIA ZYLOWSKA M.D.

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Phone 408 416 4400 & Fax 408 843 1707

OFFICE POLICIES AND CONSENT FOR TREATMENT

Name: _____

Authorization for Evaluation and/or Treatment

I authorize Dr. Lidia Zylowska M.D. to carry out psychiatric exams, treatment and/or diagnostic procedures during the course of my treatment. I understand the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I also understand that that while the course of my treatment is designed to be helpful, Lidia Zylowska M.D. can make no guarantees about the outcome of my treatment. Further, the evaluation process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger.

Cancellation and Missed Appointment Policy

Scheduled appointment times are reserved especially for you. If an appointment is missed or canceled with less than 24 business hours notice, you will be billed according to the scheduled fee.

Payment and Billing

Payment for services is due when services are rendered.

- 1) Patients will receive a monthly statement itemizing previous balance, current charges, payments and balance due.
- 2) Accounts with balance due over 90 days, and no current payment history are subject to be referred to a collections agency. Patients will be given notice of delinquent account with an opportunity to make payment and arrange a payment schedule prior to collections agency action.

Your Record and Confidentiality

A federal regulation called HIPAA requires that you be given information about how your personal health information is kept confidential or handled. For the detailed version of HIPAA, please visit www.hhs.gov/ocr/privacy/index.html. Our notice of privacy practices is also available online at www.lidiazylowska.com

Limits of Confidentiality

- 1. The patient authorizes a release of information with a signature.
- 2. The patient’s mental condition becomes an issue in a lawsuit.
- 3. The patient presents as a physical danger to self (Johnson v County of Los Angeles, 1983).
- 4. The patient presents as a danger to others (Tarasoff v. Regents of University of California, 1967).
- 5. Child or Elder abuse and/or neglect is suspected (Welfare & Institution and/or Penal Codes).

Emergencies:

Lidia Zylowska M.D. or another covering psychiatrist is available after hours to handle urgent calls or emergencies. By calling 408 416 4400 during or after hours, you will be instructed on how to handle emergencies.

Release of Information

I authorize release of information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation and professional communication. If I am an insured client, I further authorize the release of information including diagnosis for pharmacy prior certification, claims, certification, case management, quality improvement, benefit administration and other purposes related to my health plan.

Signature: _____ Date _____