

# Michael Ascher, MD

191 Presidential Blvd Suite W10 / Bala Cynwyd, PA / 19004 / (646) 812-1421

## NOTICE OF OFFICE POLICIES AND PROCEDURES, *EFFECTIVE 06/01/17*

### PURPOSE OF THIS INFORMATION

In order for me to provide the best care possible, I want my patients to have as much pertinent information as possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with me at anytime.

### PRIVACY AND RELEASE OF INFORMATION

Services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. *Psychotherapy notes are handled separately under HIPAA and have additional protections.*
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by the state law of Pennsylvania, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, I will not release information about your treatment without your authorization.

### EMERGENCY CONTACT

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not delay while waiting for me to return your telephone call. *Please call 9-1-1 or report to the nearest hospital emergency room.*

### PATIENT RECORDS

An electronic and paper record (file) is kept of services you receive in this office. This provider does not release patient evaluations, progress notes or therapy notes. A summary of care will be provided to patients and/or third parties when medical records are requested.

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## FEES AND PAYMENT

Payment for charges is due in full at the time services are provided unless prior arrangements have been made.

## UNPAID BILLS

It is important that you discuss with me any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment.

## LATE CANCELLATIONS AND MISSED APPOINTMENTS

Failure to keep a scheduled appointment will result in a charge for the full fee of the scheduled appointment, unless you cancel **at least (48) hours** prior to the appointment time. Please note that insurance health plans ***do not*** pay for missed appointments, these charges will be entirely your responsibility.

## FEES

Please contact me directly to discuss fees.