

Hillarie Budoff, M.D.
983 Park Avenue
New York, NY 10028
(646) 391-6499



Welcome to my practice!

This document contains important information about my professional services and business policies.

Please read the following information about my appointment cancellations and confidentiality policies. Feel free to bring up questions about these policies at any time.

There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy calls for a very active effort and commitment on both our parts. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. For certain conditions, medications may be helpful and this can be discussed as part of your treatment plan. Medications all have side effects. Although I will try, I cannot provide an exhaustive list of side effects nor an exhaustive list of drug interactions. I rely on you to bring any adverse affects to my attention as soon as possible.

Refills between appointments:

My policy is to only write prescriptions for controlled substances (Clonazepam, Ambien, Concerta etc) in sessions.

Follow-up sessions are scheduled less frequently as you improve to a maximum of three-month intervals. Adequate refills of medication to last until the next recommended appointment are written during sessions. Stable patients may arrange a telephone follow-up session between in-office sessions for medication refills.

Private Pay Advantages:

No third-party invasion of your privacy. Confidential diagnosis and treatment. No insurance company or managed care interference for self-pay appointments. I have no split allegiance between an insurance company and you.

After a private 1:1, recommendations are made for your care. Together, we decide your treatment. You are informed of treatment options, effectiveness probabilities, risks and benefits, and cost. I will assist you in the decision process and the ongoing unfolding treatment adjustments. Take full control of your confidential health.

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Insurance:

Be sure to check your health care coverage for outpatient mental health care. Usually, there is a yearly deductible and a co-payment for each visit. I have not contracted with any insurances, but will do my best to help you submit to your own insurance by providing you with necessary treatment plans and receipts so that you may submit as “out of network.” Psychiatric illnesses with a biological cause (most depressions, many anxiety disorders, bipolar disorder, and some other illnesses) are covered, as long as medically necessary, without a yearly maximum, just like other medical illnesses. Remember that you will be responsible for any charges that are not covered by your insurance. Be sure to get the details. I will help you as best I can, but your insurance company or employer is the best source of information about actual coverage.

Appointments: Appointments are scheduled according to each patient’s needs and the availability of the physician. The time of your appointment is reserved for you. **You are expected to give 24 hours notice by either contacting me or by leaving a message on the answering machine if you will not be keeping your appointment, or it will be necessary for you to pay for your missed visit. Please note that if you arrive late to your appointment, you may only use your remaining time, but you will be charged for the usual fee.** Your insurance company will not cover this fee. It is your responsibility.

If you cancel your appointments too often, I will bring this up with you. If you continue to cancel frequently, I may end the treatment.

Maintaining Patient Status: In our area of healthcare, it is very important that you be seen on a regular basis. At the end of each appointment, I will discuss with you within what period of time we should schedule a follow-up appointment in the office. If you fail to keep and/or maintain follow-up appointments for a period of 120 days or greater, I will conclude that you have terminated the patient-physician relationship.

Fees: You, the patient, or your legal guardian, is financially responsible for the total cost of services rendered. Full payment is expected at the time of the office visit with me.

Phone calls: Due to my work schedule, I am not always immediately available by telephone. For instance, I will not answer the phone when I am with a patient. When I am unavailable, my telephone will be answered by voicemail. I will make every effort to return your call on the same day as you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me in an emergency and feel that you cannot wait for me to return your phone call, call 911, or go to the nearest emergency room and ask for the psychiatrist on call. Please be sure to leave me a message about the emergency. If I

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will be unavailable for an extended time (such as a vacation), I will provide you with the name and phone number of a colleague to contact, if necessary.

Medication Refills: I handle all refills during your regular scheduled appointments. If a medication refill becomes necessary, please provide me with your pharmacy phone number, medication name and how you are currently taking your medication. You will be required to make an appointment with me, then I will call in enough medication to last until your appointment. I appreciate your cooperation in keeping track of your medication supply in order to avoid running out. Allow 24 to 48 hours for telephone prescriptions.

Confidentiality:

Your patient records are strictly confidential. For this reason, no information concerning you as a patient is released without your written consent (an exception is limited information sent to other doctors or your pharmacist). Disclosure of information to anyone such as an attorney and/or a family member must be requested by written authorization by the patient. In an emergency situation when you, the patient, are at imminent risk of death or serious medical consequence, I will release minimal, critically relevant information to assist in preventing dire medical consequences that may result if that relevant information is not released. In the case of a minor, their legal guardian must sign the authorization. **The physician is legally bound to break doctor-patient confidentiality in cases of threat of harm to self or others and in reports of child or geriatric abuse.**

If you are using your insurance to pay, the carrier requests the diagnostic code (a number), the dates of service, and the type of treatment (evaluation, therapy or medication). If you have a managed care plan, that plan will sometimes request more detailed information about your symptoms and life situation in order to authorize treatment. If you would like to know exactly what they request and/or what I release, please let me know. Otherwise, I will consult you only if the request seems too detailed, personal or too comprehensive (like requesting the whole chart). Most parties agree to a simple treatment summary.

I do not submit claims to insurance providers. I do all my own billing and scheduling, so no other person has access to your information.

I sometimes obtain consultation for my cases. Specific information is exchanged in these meetings, but will not go beyond the consultants.

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Discontinuation of Treatment:

I will usually discontinue treatment with a patient only after considerable discussion and usually for one of the following reasons: (1) not paying the bill, (2) canceling too often, or (3) not doing any work in treatment. If you foresee a problem in any of these areas, please let me know. If I see a difficulty in any of these areas, I will bring it up with you right away so we can discuss it and correct the problem.

You can discontinue with me at any time in person, by phone, or in writing. I am not easily offended if you want to quit or change providers. Transfer will be facilitated if we can first confer about ending. You can usually re-open your case simply by calling me if you ended treatment in good standing or if you have made changes that will allow the treatment to go forward again.

Hopefully, these policies will make our interactions easier, but sometimes there are snags or unplanned issues. Please bring to my attention any questions about or difficulties with these policies. I try to be flexible but consistent. Thank you.

CONSENT FOR TREATMENT

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to, and authorizes services, by Hillarie Budoff, M.D. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. Be informed of and participate in the selection of treatment modalities.
2. Receive a copy of this consent.
3. Withdraw this consent at any time.

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Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

_____/____/____
Signature Date

Print Name