

Psych Dimensions, Inc. Patient Policies and Procedures

I. NOTICE OF PRIVACY PRACTICES

Psych Dimensions, Inc. (PDI) is a Texas based psychiatry/psychotherapy practice committed to protecting the privacy of your health information. We comply with HIPAA, the HITECH Act, and the Texas Medical Records Privacy Act (TMRPA). We are required by law to 1.) maintain the privacy and security of your Protected Health Information (PHI); 2.) provide you with this Notice; and 3.) notify you following a breach of your unsecured PHI.

A. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. Treatment, Payment, and Health Care Operations (No Authorization Required)

Treatment: We may use and disclose your PHI among the healthcare providers within our practice to diagnose, treat, and coordinate your care.

Payment: We may use and disclose your PHI to obtain payment for services rendered. This includes but is not limited to submitting claims to your health insurance, Medicare, or other payers, and reviewing your coverage or eligibility.

Health Care Operations: We may use and disclose PHI for internal operations such as quality improvement, staff training, credentialing, accreditation, scheduling, risk management, and business planning activities necessary to run our specialty practice.

2. Other Permitted Uses and Disclosures (No Authorization Required)

We may use or disclose your PHI without your written authorization for the following purposes:

- As required by federal, state, or local law
- Public health activities
- Reporting abuse, neglect, or domestic violence to local, state, or federal authorities
- Health oversight activities such as government audits, investigations, or inspections
- Judicial or administrative proceedings in response to a court order or lawfully issued subpoena
- Law enforcement purposes under limited legally required circumstances
- Research that meets strict federal privacy protections and IRB approval requirements
- Preventing or lessening a serious and imminent threat to health or safety
- Military, veterans, national security, or intelligence activities as authorized by law
- Workers' Compensation programs for work-related injuries or illnesses
- Coroners, medical examiners, or funeral directors as permitted by law
- Organ, eye, or tissue donation and transplantation
- Specialized government functions

3. Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including most marketing communication, sale of your health information, and certain disclosures of sensitive information. You may revoke any authorization in writing at any time; however, revocation does not apply to actions already taken in reliance on your prior authorization.

B. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right to Access Your Records:** You may inspect and receive a copy of your health and billing records. Submit your request in writing to our office at PDIG@psychdimensions.com. We will respond within 30 days. Records sent to yourself or to other entities may incur a fee of \$25 for the first 20 pages and \$0.50 per page thereafter. Note that providers may utilize an AI platform to assist with documentation of encounters at their discretion. Patient identifiers and encounter notes are not saved on such platforms. Encounter notes are saved only within the clinic electronic medical record and may be requested by the patient or other entity with a valid *Release of Information* by the patient or legal representative.
- **Right to Amend Your Record:** If you believe your PHI is inaccurate or incomplete, you may request an amendment in writing, explaining your reason. We may deny the request if the records were not created by us, are not part of our designated record set, or are otherwise accurate. You may submit a statement of disagreement if denied.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures of your PHI made during the prior six years. This does not include disclosures for treatment, payment or health care operations, or those made with your written authorization.
- **Right to Request Restrictions:** You may request restrictions on how we use or disclose your PHI. We are not required to agree, except that we MUST restrict disclosure to a health plan for services you paid for entirely out-of-pocket, if the disclosure is for payment or health care operations and is not required by law.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific way or at a specific location (e.g. by mail at a different address). We will honor reasonable requests to the extent that we are able.
- **Right to Paper Copy of This Notice:** You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **Right to be Notified of a Breach:** If your unsecured PHI is compromised, we will notify you within 60 days of discovery as required by HIPAA and the HITECH Act.

C. SPECIAL PROTECTIONS UNDER TEXAS AND FEDERAL LAW

As a Texas specialty practice, we apply heightened protections to certain categories of sensitive health information under both HIPAA and Texas-specific laws including the Texas Medical Records Privacy Act (Tex. Health & Safety Code Ch. 181) and Texas Health & Safety Code Ch 611 (mental health records).

- Mental health and psychiatric records (Texas Health & Safety Code Ch 611 requires written consent for most disclosures)
- Substance use disorder treatment records (42 CFR Part 2 federal confidentiality protections)
- HIV/AIDS testing, diagnosis, and treatment information (Texas Health & Safety Code Ch 81)
- Genetic information (GINA: Genetic Information Nondiscrimination Act)
- Reproductive health information, including abortion related care

We will always apply the stricter of federal or Texas state law protections to these categories. Disclosure of these records may require your separate, specific written authorization.

D. ONLINE AND DIGITAL PATIENT SERVICES

PDI offers use of a patient portal for ease of communication between the practice and the patient/representative. Any information you submit, including name, date of birth, phone number, and email is considered Protected Health Information (PHI) and is subject to all protections described in this Notice.

- We do not sell or rent your data to third parties.
- We recommend using a private device and closing your browser session after check-in, especially on shared devices.
- Any third-party technology vendors who access PHI through our portal or platforms used in daily operations have signed a Business Associate Agreement (BAA) as required by HIPAA.

E. OUR LEGAL DUTIES

PDI is required by law to

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of our privacy practices
- Follow the terms of the Notice currently in effect
- Notify you if we cannot agree to a requested restriction
- Accommodate reasonable requests for alternative means or locations of communication to the extent that we are able

We reserve the right to change the terms of this Notice. Any changes will apply to PHI we already maintain, as well as PHI we receive in the future. The updated Notice will be available in our office and on our website. You may request a copy of the current Notice at any time.

F. FILING A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized, retaliated against, or denied care for filing a complaint.

To File with Psych Dimensions, Inc.:

Privacy Officer

Psych Dimensions, Inc.

918 S. IH 35

Georgetown, TX 78628

Admin@psychdimensions.com

To File with the Federal Government:

Office for Civil Rights (OCR)

U.S. Dept of Health and Human Services

200 Independence Ave. , SW

Washington, D.C. 20201

Ph: 1-800-368-1019

TDD: 1-800-537-7697

www.hhs.gov/ocr/privacy

G. CONTACT OUR PRIVACY OFFICER

Admin@psychdimensions.com

Privacy Officer

Psych Dimensions, Inc.

918 S IH 35

Georgetown, TX 78628

This Notice is effective as of April 15, 2026. We reserve the right to revise this Notice at any time. The most current version will always be available at our office and on our website.

II.

PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing PDI for your healthcare needs. We are committed to the success of your treatment, and a component of this process is understanding your financial responsibility. Our prices are representative of the usual and customary charges for our area

We accept many assignments of benefits from designated insurance carriers, including Medicare. However, we do require that the estimated copayments, co-insurance, and deductibles be paid at the time of service. The balance is your responsibility whether your insurance pays or not. All estimates are subject to change based upon benefits/eligibility/services rendered. We cannot bill your insurance company unless you provide current and accurate insurance information in advance of your appointment. We require this information at least two business days in advance of your appointment to verify eligibility and benefits to determine your estimated responsibility for your appointment. Payment in full is expected if you do not have insurance or if you are not in-network (and do not have in-network benefits), are uninsured, or do not have up-to-date insurance card/information. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding coverage, as your insurance policy is a contract between you and your insurance company. The balance of your claim is your responsibility whether your insurance company pays your claim.

Failure to make payment at the time of service may result in cancellation of the appointment with a missed appointment fee. You may not move forward with an appointment without payment. You will receive an invoice for the estimated patient responsibility for your appointment in advance of the appointment. You must cancel the appointment at least 48 hours prior to the time of the appointment if you will not be able to make payment in full at the time of service to avoid a missed appointment/fee. Missed appointment fees are your responsibility and are not covered by insurance. Acceptable methods of payment include debit/credit card or cash. Checks are not accepted.

You must provide a copy of your current valid insurance card and driver's license. Failure to provide us with the correct insurance information at least two business days prior to the appointment may result in cancellation of the appointment (with a missed appointment fee) or your being responsible for the full cost of the appointment/services.

PDI will submit your claims and assist in getting your claims paid to the extent that we are able. Your insurance company may require you to provide additional information directly with them for such requirements as coordination of benefits, etc. It is your responsibility to comply with their request.

If your insurance company has not paid your claim in full within 60 days, the balance due will be automatically transferred to you.

We will send monthly statements for three consecutive months and if the balance is not paid (or a payment arrangement in place or not adhered to) the account will be escalated to collections. Patients in collections may be allowed to resume services once the outstanding balance is paid in full.

Unapplied credits may be applied to outstanding fees, including missed appointment fees.

Your signature at the end of this document authorizes direct payment of insurance benefits to Psych Dimensions, Inc. for services rendered by this practice and confirms that you understand that it is your responsibility to know your insurance benefits and whether the services received are a covered benefit. Your signature confirms that you understand and agree that you will be responsible for balances due for which PDI is unable to collect from your insurance carrier.

FEE SCHEDULE:

SAME DAY/SELF-PAY DISCOUNT RATES:

Medication Management Initial Visit \$300
Medication Management Follow-up Visit \$150
Psychotherapy Initial Visit \$150
Psychotherapy Follow-up Visit \$125

MISSED APPOINTMENT FEES (Patient Responsibility):

Medication Management Initial Visit \$150
Medication Management Follow-up Visit \$100
Psychotherapy Initial Visit \$150
Psychotherapy Follow-up Visit \$125

MEDICATION MANAGEMENT/PSYCHIATRY:

Initial Visit \$400
Follow-up Visit \$250
Therapy Component \$125
Interactive Complexity \$40

PSYCHOTHERAPY:

Initial Visit \$300

Follow-up Visit \$\$250

Interactive Complexity Component \$40

III. TELEHEALTH AGREEMENT

- Telehealth appointments are offered by PDI as an option for the convenience of the patient but PDI encourages face-to-face visits when possible.
- PDI utilizes the HIPAA compliant Doxy platform for virtual telecommunication. The patient is responsible for determining if their insurance plan covers virtual appointments through any platform, or if their insurance requires the use of a specific platform other than Doxy. The patient agrees to financial responsibility if their insurance does not cover the visit(s).
- Inpatient/partial hospitalization care typically includes psychiatry/psychotherapy, and outpatient telehealth visits for psychiatry/psychotherapy services are not typically covered by insurance until after discharge from such a program. Additionally, insurance often does not cover therapy services while the patient is enrolled in an Intensive Outpatient Program (IOP). It is the responsibility of the patient to be aware of their coverage under such circumstances and cancel in time to avoid a late cancellation fee (at least 48 hours in advance of appointment) if there is a conflict in coverage.
- The patient must be physically present within the state of Texas to proceed with a telehealth appointment. The patient agrees to inform the practice/provider if they are outside the state of Texas, as the appointment cannot proceed and a missed appointment/fee will apply.
- The patient must ensure proper configuration and functioning of their electronics prior to the session. The device being used must have a working camera and audio so that both parties may see/hear one another. The patient is responsible for ensuring adequate/reliable connectivity. The patient may test functionality prior to the appointment by contacting the office staff for a test call. Note that there is a NO GRACE PERIOD policy, and delays in ensuring functionality will result in forfeiture of the appointment. The appointment will be cancelled with a missed appointment fee if unable to move forward with functioning audio/video.
- Telehealth sessions must be conducted from a private location. The patient may not be in a moving vehicle during the session, which can interfere with connectivity and/or potentially compromise safety. The patient must be able to be fully engaged in the session and not be working or engaging in any activity that interferes with the ability to fully participate. The patient must inform the provider of any other individuals that are present for the session, and both patient and provider must agree prior to the session or the appointment may be cancelled with a missed appointment fee. The provider has the discretion to determine if the therapeutic nature of the session would be compromised if privacy is not ensured.
- The patient agrees not to record any telehealth session without prior written consent of PDI.
- The patient agrees to immediately log back into the waiting room if connectivity is lost before or during the session. Failure to do so may result in a missed appointment/fee.
- A link for the telehealth session will be sent to the email and phone number that the patient has on file. It is the responsibility of the patient to ensure that the correct contact info is provided to move forward with a telehealth session. Links for minors will be sent to the parent/guardian contact info on file unless alternative contact info is provided in writing. The parent/guardian is responsible for ensuring that they are available for discussion with the provider if it is needed. Links will not be sent to more than one email or phone number.

The patient/guardian signature at the end of this document indicates understanding and agreement to this Telehealth Agreement.

IV. CONTROLLED SUBSTANCE AGREEMENT

- The prescriber will discuss risks/benefits of controlled substance being prescribed.
- A face-to-face visit may be required prior to initiation of a controlled substance prescription.
- A urine drug screen will be required prior to initiation of a controlled substance and annually thereafter.
- The prescriber will review the prescription history of the patient as listed with the Texas Board of Pharmacy prescription monitoring program (and/or other states as applicable) prior to initiation of a controlled substance prescription.
- The patient must meet at regular intervals as recommended by the prescriber/practice to assess progress with treatment and adherence to the treatment regimen.
- The patient is responsible for locating a pharmacy that has the medication in stock. The patient must notify PDI if the prescription needs to be sent to a different pharmacy. PDI is not responsible for pharmacy/insurance coverage decisions around partial fills.
- Refills for controlled substances will not be sent without a completed appointment with a PDI prescriber.
- Controlled substance prescriptions will be sent electronically to the pharmacy that the patient has indicated.
- PDI prescribers do not prescribe *immediate release* formulations of stimulants.

Patient/guardian signature at the bottom of this document indicate the following understanding/agreement/authorization:

- Agreement that he/she will not share/sell/trade medication with anyone.
- Authorization for the PDI prescriber to collaborate with any other healthcare providers who the patient has seen within the previous year from the point of contact/date of service with the PDI prescriber regarding controlled substance use.
- Agreement that he/she will not obtain controlled substance medication prescription(s) from any other prescriber without direct verbal or written notification to the PDI prescriber.

- Agreement to safeguard controlled substance medication to ensure that it is not lost/stolen/tampered with. A replacement prescription will not be provided if the controlled substance prescription is lost or stolen. (Consideration may be made at the discretion of the prescriber if a police report is provided.) PDI may terminate services if controlled substance medications are not safeguarded.
- Understanding that some controlled substances may be addictive and are intended only for short term use at the discretion of the prescriber.
- Understanding and agreement that dosage/frequency of benzodiazepines (if prescribed) may be tapered and the medication may be discontinued with the potential for an alternative (non-controlled) medication to be prescribed.
- Agreement to take the controlled substance medication as prescribed.
- Understanding and agreement that PDI may terminate services if the patient deviates from prescribing instructions/recommendations by my PDI prescriber.
- Agreement to abstain from the use of illicit substances and THC containing products while being prescribed a controlled substance.
- Agreement to transparency with the prescriber about the use of alcohol, illicit substances, and/or THC containing products. The patient understands that some formulations of CBD contain THC, which will conflict with this agreement.
- Agreement to a urine drug screen with the understanding that controlled substances will not be prescribed without valid documentation of a drug screen that is free of illicit substances, other controlled substances not previously disclosed, or THC.
- Understanding and agreement that deviation from this agreement constitutes a violation of the therapeutic relationship, and may result in termination of services.

V. OTHER

Provider Information

Dr. Theresa Lambert and Dr. Ronald Moore are licensed advanced practice registered nurses (APRN, each with doctorate level degrees, with double board certifications including psychiatric mental health nurse practitioner (PMHNP-BC) and family nurse practitioner (FNP-BC). Marya Wright and Christopher Thomas are board certified psychiatric mental health nurse practitioners (PMHNP-BC). Dr. Karley Little is a board certified psychiatrist (MD).

Tracy Van Horn is a licensed professional counselors (LPC).

The patient signature at the bottom of this document authorizes PDI prescribers and therapists to collaborate regarding patient care, and to disclose verbal and written communication to one another related to treatment. Note that PDI makes every attempt to provide continuity of care, however the patient may be scheduled with an alternative PDI prescriber without prior notice. Therapy patients, however, will always see their designated therapist unless otherwise requested by the patient to see a different therapist.

Safety Concerns

It is the legal obligation of PDI providers/staff to notify public health officials (such as mental health deputies) if you are deemed a safety concern for self and/or others or are assessed during evaluation to have declined physically and emotionally to the point that safety is jeopardized.

FORENSIC PSYCHIATRY

PDI does not provide court evaluations or court testimony and is not a forensic psychiatry office. Orders to testify in personal court proceedings may undermine the therapeutic patient-provider relationship, are disruptive to the office routine and unfair to other patients when the provider is not available for their care. Please immediately inform us if you are involved in or plan to pursue our involvement in court proceedings. We accept clients with the agreement that they will not involve any PDI provider in personal legal matters, including but not limited to court ordered evaluations, disability evaluations, divorce, or child custody issues.

PDI REQUIRES PHONE, TEXT AND EMAIL FUNCTIONALITY

The patient signature below indicates consent to communicate with PDI via phone, text, and email.

VIDEO SURVEILLANCE

PDI premises are monitored by 24-hour video surveillance.

TARDINESS/LATE CANCELLATIONS/MISSED APPOINTMENTS

THERE IS NO GRACE PERIOD FOR TIMELY ATTENDANCE. Appointments must be cancelled/rescheduled at least 48 hours in advance of the appointment to avoid a missed appointment fee. Late cancellation/reschedules, No Shows, or appointments cancelled due to non-adherence with payment policies or telehealth policies will result in the following fees: initial med management \$150, med mgmt. follow-up \$100, initial therapy \$150, therapy follow-up \$125. Tardiness for a scheduled appointment will also be subject to cancellation/fee. Please arrive/sign-in 10 minutes prior to the time of the appointment to avoid any issues.

Note that voicemails are date/time stamped and are considered adequate notice if the voicemail is left greater than 48 hours prior to the time of the appointment.

All documents must be complete, billing issues resolved, and payment must be completed by the time of the appointment in order to comply with the NO GRACE PERIOD policy for attendance, or the appointment may be cancelled with a missed appointment fee (as above).

Patient Assessment Tools are auto sent to the patient portal for completion prior to the first appointment. The assessments must be completed prior to the initial evaluation. Prescribers may not prescribe medication until the assessment tools are completed.

PRESCRIPTIONS

Electronic prescriptions will be sent to the pharmacy on file within 24-48 hours of the appointment. PDI does not typically provide paper prescriptions, and we do not provide greater than a 30-day supply of a controlled substance prescription. We do not send stimulant prescriptions to mail order pharmacies. The patient is responsible for notifying the provider at least 3 business days in advance if a refill is needed. Refills will not be provided outside of the provider recommendations for office-visit follow-up. PDI is not responsible for delays in receiving medication.

Patient initiated appointment cancellations/no shows/rescheduling that require PDI staff to transmit prescriptions to a pharmacy will incur a \$20 fee. PDI may send (non-controlled) medication up to a 7-day supply at the discretion of the prescriber to allow the patient time to schedule another appointment. In the event of subsequent appointment cancellations/no shows/rescheduling, no further prescriptions will be transmitted. PDI prescribers may not be responsible for continuing to prescribe for individuals who are not consistent with treatment regimen recommendations by the prescriber, including follow-up appointments. Note the fee will also apply to all requests to transmit prescriptions (non-controlled only) outside of appointments, including lost/stolen medication/prescriptions. PDI may notify pharmacies of suspicious activity surrounding patient attempts to acquire prescription medications more than what has been recommended/prescribed, and we reserve the right to terminate treatment for such repeated activities.

Psychiatric medications may be prescribed at the discretion of PDI prescribers. The expectation is that the patient will not seek out other prescriber(s) for psychiatric medication while engaged in prescription management with a PDI prescriber unless specifically agreed upon by both parties, and documents by the PDI prescriber. PDI reserves the right to check pharmacy databases and terminate services if it is determined that the patient is engaged with multiple prescribers.

RECURRING THERAPY APPOINTMENTS

- No more than 6 appointments will be kept on the schedule at a time. One additional appointment may be added after each individual session.
- A non-refundable initial fee of \$20 will be required to set up recurring appointments
- Recurring appointments will be forfeited if missed appointment occur, and the missed appointment fee will apply. Future appointments may be scheduled only one at a time following a missed recurring appointment.

WORK/SCHOOL ACCOMMODATIONS

PDI does not make recommendations for work/school accommodations or complete paperwork for accommodations. The patient may, however, request provider notes so that they can release to the entity of their choice at their discretion.

LETTERS

Letters on PDI letterhead will incur a fee of \$50 and must be collected prior to a letter being composed/sent. The exception is a work/school excuse for attendance at an appointment with a PDI provider, in which case there is not a fee.

DISABILITY

PDI providers do not perform disability assessments or complete disability paperwork. Rather, PDI will release records with a valid ROI and written request from the agency.

FMLA

PDI generally considers that mental health symptoms that impact the patient to the extent that they cannot fully participate in work/school activities may warrant a higher level of care such as intensive outpatient treatment or partial hospitalization. FMLA paperwork is generally not completed without documentation of participation in such a program. Completion of FMLA paperwork requires an advance fee of \$150 if approved by admin (with IOP/PHP documentation). Note that PDI utilizes the standardized federal FMLA form. Employee specific forms will not be considered, as employers are mandated to accept the federal form.

EMOTIONAL SUPPORT ANIMALS

Request for a recommendation for an emotional support animal must be discussed with the provider at an appointment. Approval may be granted to compose a letter on PDI letter head if the ESA has been a consistently discussed treatment modality. Verbiage in such a letter might include verbiage such as "an emotional support animal may be beneficial". PDI will not, however, identify a specific species/breed/animal and will not complete paperwork for an ESA. Note that the letter fee of \$50 applies if an ESA letter is approved by the provider/admin.

RIGHT TO TERMINATE

In certain rare circumstances PDI reserves the right to terminate your treatment at PDI. We will immediately notify you if this occurs. Examples of such circumstances might include, but are not limited to, misuse of prescriptions, non-payment, missed appointments with no follow-up, no follow-up for greater than 3 months, or treatment no longer being therapeutic such that options are maximized and further rapport is compromised. PDI may assume that you have terminated your relationship with PDI for non-response to attempts to make contact for rescheduling.

ACKNOWLEDGEMENT & CONSENT FOR TREATMENT

Your signature below grants consent and agreement to the following

- For the providers at PDI to perform such examinations, medical, psychiatric, and therapeutic procedures/assessments/treatments as may be professionally deemed necessary or advisable.
- Communication via telephone, text, mail, fax, and email related to diagnosis, treatment, payment, and healthcare operations as outlined above.
- Understanding/agreement/consent to all of the content within this document

If you believe you have been a victim of fraudulent business practices in the State of Texas you may contact the Attorney General's Office to file a consumer complaint. If you believe a clinician has violated their code of ethics and/or scope of their licensing regulations you may contact the licensing board.

<https://bhec.texas.gov/contact-us/>

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	
Parent/Guardian Name (if applicable)	Parent/Guardian Signature	