

SUMMERVILLE PSYCHIATRIC ASSOCIATES

PRACTICE POLICIES

Office Hours

Our practice hours are from 9:00 AM to 5:30 PM Monday-Thursday and 9:00 AM to 12:00 PM on Fridays. Our administrative staff are at lunch from 12:00 PM to 1:00 PM daily. If you need to speak to a member of our staff or leave a confidential voicemail for your healthcare provider, please call our office at 843-900-6767. Voicemails left on your healthcare provider's voicemail will be sent directly to the provider and will not be accessible by administrative staff.

Our practice also offers a confidential non-emergent text line through a HIPAA-secure system and is monitored by administrative staff during regular business hours. ***Please do not use this line for emergencies, crises, or therapeutic advice.*** Texts received outside of business hours will be responded to on the next business day. Texts may be sent to 843-284-6476.

Emergency Situations

Our office does not have on-call hours as we are not an emergency facility. If you believe you or the patient are at immediate risk of harm to themselves or someone else, we will always recommend seeking emergency care through a psychiatric hospital, emergency room, or 911. This will not affect your ability to be seen in the future through our practice.

Additional crisis resources can be found on our website at www.summervillepsychiatric.com.

Minors

If you are a minor, your parents may be legally entitled to some information regarding your treatment. Your healthcare provider will discuss with you and your parents what information is appropriate for them to receive and what information is kept confidential.

For patients under 16 years of age and others who are unable to give voluntary consent, we choose to follow the same guidelines except for revealing information helpful to the patient's progress in treatment. Often, we speak with the patient before speaking with the appropriate guardian regarding confidential information, but some exceptions occur due to the best clinical interest of the patient.

Description of Therapy Services

Therapy sessions are scheduled for 45 minutes unless otherwise indicated. However, in the event that a session extends beyond this designated time, I acknowledge that I will be responsible for any additional fees incurred for the extended duration of the session.

Provider Assignment and Patient Consent

I understand and acknowledge that once assigned to a therapist at Summerville Psychiatric Associates, I will not be transferred from that therapist to another therapist within Summerville Psychiatric Associates. I understand that if I decide I no longer want to see my treating therapist, I can ask administrative staff for contact information for other therapists/practices in the area. The only exception to this policy is that should my treating therapist and I decide together that it is in my best clinical interest to see a different therapist, my treating therapist may transfer me to another therapist within Summerville Psychiatric Associates.

****Please note that we do not participate in Disability Claims, Worker’s Compensation, Court Mandated Counseling, Active Court Cases, or Unresolved Custody Cases.***

BY SIGNING BELOW I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Name (Print): _____

Signature: _____ **Date:** _____

Patient Name (if different from above): _____