

**Washington University School of Medicine
Child and Adolescent Psychiatry Center
24 South Kingshighway
St. Louis, Missouri 63108**

TO OUR PATIENTS

We are committed to providing you with private, convenient, and comprehensive care. We hope the following information will make the process as easy as possible. If you have any questions, please feel free to call 314-286-1740. Office hours are 8:30am – 5:00pm, Monday through Friday.

CONFIDENTIALITY

The doctor-patient relationship is built around trust and confidentiality. Information will not be exchanged with others without your express written consent. There are circumstances in which exceptions will be made:

- If clinical opinion indicates there exists a danger of harm to yourself or others, steps will be taken to protect all parties.
- If there is disclosure of physical or sexual abuse, the law mandates notification of appropriate authorities.
- If documents are subpoenaed, they will be furnished to the extent and in the manner as required by law.

MISSED APPOINTMENTS

Office hours are by appointment only. When you are given an appointment, that time is reserved only for you; therefore it is necessary to charge for missed appointments. If a cancellation is necessary, we ask for notification 24 hours in advance.

MEDICATION REFILLS, MEDICAL RECORDS REQUESTS, AND COMPLETION OF FORMS

- **Medication Refills:** Please allow 48 business hours for us to process your refill request.
- **Medical Records Requests:** Staff will assist you in completing the appropriate forms. Please allow up to 30 days to process your request for medical records.
- **Forms/Letters:** Please allow 1 week for us to complete any forms including letters to schools, FMLA paperwork, disability determination paperwork, etc.

PAYMENT POLICY

Co-payments and out of pocket expenses are to be made at the time of service. Our Insurance Department will be glad to assist you in identifying what your co-payment and/or out of pocket expenses will be. Special billing arrangements may be made in the event of financial need and are arranged through Physician Billing Services. Neglected and delinquent accounts will be considered cause for suspending care until such time as arrangements have been made to resolve the account balance.

EMERGENCIES

In the event of an emergency contact our office at 314-286-1740. If the office is closed you will be instructed to call 314-454-6000 and ask for the Psychiatry Fellow on call or proceed to the nearest Emergency Department.

Patient Name: _____

Signature of Parent or Guardian: _____ Date: _____