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Welcome to Coastal Medical and Psychiatric Services

The CMPS Team is dedicated to promoting professional values and ethics in the practice of psychiatry, as well as access to the highest quality of medical care through support of education and advocacy for our profession, our patients, and their families. We strive to provide a comprehensive selection of professional services. This includes medication management for children, adolescents, and adults, psychotherapy to assist individuals, couples, and groups in meeting life challenges and play therapy to encourage the unique development and emotional growth of children.

SERVICES

We currently provide treatment by board certified Nurse Practitioners, Licensed Clinical Social Workers, and Licensed Professional Counselors. Nurse Practitioners specialize in the diagnoses and treatment of a variety of mental health and psychological disorders. Our LCSW/LPCs are specially trained in individual therapy, crisis intervention, assessment and diagnosis, play therapy, cognitive behavioral therapy and dual-diagnosis work.

An initial appointment is done in order to assess the biological, psychological and social components of the patient, and to decide the appropriate treatment for your specific needs. Recommendations may be made for prescription medications, lab work, or referrals to a specialist for further testing.

APPOINTMENTS

Appointments are scheduled by calling the office. New patients are asked to arrive at least 15 minutes early to their scheduled appointment to complete the new patient paperwork. Established patients are asked to arrive 10 minutes early to scheduled appointments to verify and update any insurance or address information. **YOU WILL BE CHARGED FOR ANY APPOINTMENTS NOT KEPT, UNLESS 24 HOURS NOTICE IS GIVEN TO THE OFFICE.** Your insurance does not cover these charges. The law does not allow us to bill insurance companies for missed appointments; therefore, the patient is fully responsible for any fees due. **Our electronic health records system has appointment reminder capabilities however, appointment reminders, whether they be email or text, are a courtesy, not a guarantee. It is your responsibility to keep track of your scheduled appointments.**

FEES FOR SERVICE

Co-payments must be made at the time of your scheduled visit. If you are unable to pay your payment, you may be asked to reschedule. We accept cash, card, and checks. We do not accept post-dated checks. Refer to the Financial Policy for further information on fees. Please inform the staff if you would like a copy of your signed Financial Policy consent form.

PHONE HOURS, VOICEMAILS, AND RETURN CALLS

Phone lines are open:

Monday – Thursday 10:00am – 5:00pm

Fridays 10:00am – 2:00pm

Phones are closed from 12:00pm – 1:30pm daily

If you are unable to reach a front desk staff member, please leave a detailed message and your call will be returned in the order in which it was received. All voicemails will be returned by a staff member even if the call is to speak to a provider directly. If a message is left with a provider, your call will be returned within a 24-48 hour period at the end of the work day.

AFTER HOURS ANSWERING SERVICE

Calls outside of normal business hours go to a voicemail. Your provider will be available for emergencies only after regular office hours through our answering service. Calls to the answering service are for emergencies only. Calls to the answering services that are deemed not emergent such as medication refills, medication changes, prior authorizations, scheduling appointments, or billing questions and will generate a \$75 fee. This fee is not covered by insurance and will be the patient's responsibility. If your provider is not available, calls may be covered by a colleague. The provider on call may also need access to your patient record in the event of emergencies.

PRESCRIPTIONS

Your provider will always send in enough medications to last you until your follow-up appointment. **Due to the nature of these medications, controlled substances including benzodiazepines and stimulants are filled by appointment only.** Prescriptions that are lost or misplaced in between scheduled appointments may be replaced, at your providers discretion, for a \$10 lost prescription fee. You will need to come to the office to pick them up. Failure to comply with recommended treatment is grounds for termination.

1. Medication must be taken only as prescribed by your provider, and you must notify your provider when medication is given to you by another person or physician.
2. If you are unable to tolerate any medication, please contact the office as soon as possible. If the medication is a controlled substance, you must return the unused portion of the medication before you are given a different prescription.
3. You must not share, sell, or otherwise permit others to have access to these medications. Failure to comply could result in termination from the practice. Accommodations will not be made for patients who are overusing or abusing their prescribed medications.
4. All prescriptions should be filled at the same pharmacy (of your choice). Should the need arise to change pharmacies, you must inform the office.
5. Your prescriber and our staff have permission to discuss diagnostic and treatment details with dispensing pharmacists or your other healthcare providers for the purpose of medication accountability.

PROVIDERS COMPLETED FORMS AND LETTER

Due to additional time required, there is a fee for all forms or letters completed by the providers, if done outside of an appointment. This may include, but is not limited to disability forms, employee forms, medical record requests, or letters. Fees vary depending on the time involved and the information requested. Please be aware that these fees are not covered by your insurance. We recommend scheduling an appointment to avoid incurring these charges.

INSURANCE INFORMATION

We are contracted with insurance companies. Your insurance may have a network of providers; if so, our participation in that network will be verified by our billing office prior to your visit. Some mental health services require prior authorization from your insurance company, such as Tricare Prime for out of network providers. It is your responsibility to confirm that the provider you are scheduled with is in your network prior to your appointment, and make yourself aware of your Mental Health insurance coverage. These include copay amounts, coinsurance amounts, and deductibles. Our staff, in order to bill your insurance(s), will have access to only that information necessary for preparing monthly statements and submitting claims to your carrier(s).

MEDICATION PRIOR AUTHORIZATIONS

Some insurance companies require justification for medications you may be prescribed. This is called a prior authorization and they are handled in office by our staff and your provider. Prior authorizations require 24-72 hours for processing by CMPS and once sent to your insurance company, may take an additional 24-72 hours for them to approve or deny the requested medication. Prior authorization for a stimulant or benzodiazepine requires a drug screen. This will not be initiated until we have an up to date drug screen on file to submit with the request.

MEDICAL RECORDS

Virginia Laws Protecting Medical Record Privacy

Virginia Code § 32.1-127.1:03 declares that medical records are the "property of the provider maintaining them". The law recognizes "a patient's right of privacy in the content of a patient's medical record" and makes the practitioner responsible for ensuring that the patient's records are only released in accordance with law. In Virginia, patients may access their own medical records, but may be denied mental health records if a provider believes doing so would be injurious or detrimental to that person's mental health.

How Can I Get A Copy of My Virginia Medical Records?

A request for copies of medical records must be in writing, dated and signed by the person making the request, and include a reasonable description of the records sought. If someone is making a request on your behalf, he or she must provide evidence of the authority to receive the records. (Virginia Code § 32.1-127.1:03). Once your health care provider receives the request, he or she has 30 days to do one of the following:

- 1 Provide copies of the records;
- 2 Inform you if the information does not exist or cannot be found;
- 3 Inform you who now maintains the records; or
- 4 Deny the records for specific reasons set out under the law.



CMPS
COASTAL MEDICAL & PSYCHIATRIC SERVICES INC.
PRIVACY NOTICE

Our Pledge Regarding Private Health Information (PHI) This Notice of Privacy Practices is being provided to you as a requirement of the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how Coastal Medical and Psychiatric Services may use and disclose medical information about you to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition. As required by law, we will only use or disclose your PHI in ways consistent with what is stated in your Privacy Notice. We reserve the right to change the terms of this Privacy Notice and to notify you of a new Privacy Notice effective for all PHI we maintain. In the event of a change to our Privacy Notice, we will provide you with the Privacy Notice upon request.

How We May Use and Disclose Privacy Information to You

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and give examples if possible. Not all categories are able to be listed however all of the ways we use information and disclose information fall within one of these categories.

For Treatment: We may use and disclose your PHI for purposes necessary to provide your treatment. We do not need your permission, written or otherwise, to do this. We may disclose PHI about you to doctors, nurses, technicians or other healthcare personnel and providers who are involved in taking care of you. For example, lab results or procedures will be available in your record and available to health professionals who are providing treatment.

For Payment: We may use and disclose PHI about you so that treatment and services may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give you your health plan information on date of services, the services provided, and the medical condition being treated to your insurance company.

For Health Care Operations: We may use and disclose PHI about you for healthcare operations. These uses and disclosures are necessary to run our office and make sure that all individuals receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the care you are receiving through our providers and in our office.

Treatment Alternatives: We may use and disclose PHI to tell you about or recommend possible treatment options or alternative health related benefits or services that may be of interest to you.

Individuals Involved in your Care or Payment for your Care: We may release PHI about you to a friend or family member who is involved in your medical care with signed consent. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and if you are in the hospital, we would relay that information to them.

Research: Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to an approval process and this process evaluates a proposal of how PHI will be used in the research. Before we disclose PHI for research, the project will have been approved through appropriate authorities. Documents with PHI information will not leave the office. We will ask you for permission if the research will have access to your name, address, or other information that reveals who you are or who is involved in your care.

As Required By Law: We will disclose PHI about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help someone prevent injury or prevent a threat from escalating.

Worker's Compensation: We may release PHI about you for worker's compensation or similar programs. These programs provide benefits for work –related injuries or illness.

Public Health Risk: We may disclose PHI about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with a specific product; to notify people of recalls of products they may be using, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. Activities include audits, investigations, inspections, and licensure. The activities necessary are for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuit and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to allow you to attempt obtaining an order protecting the information requested.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official : in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person about the victim of a crime, or if under certain limited circumstances, we are unable to obtain the persons agreement related to a death; about criminal conduct in our office; and in emergency circumstances to report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, or other authorized persons or foreign heads of state or those conducting special investigations.

Pursuant to Authorization:

We will require a signed authorization from before we disclose your PHI to a third party for reasons not listed above. We will retain a copy of any signed authorization you give us that is attached to a request to us for your PHI. We will also keep a record of when, to whom, and what we provided in response to the request for disclosure. If you have signed an authorization for us to use or disclose your PHI, and decide you want to revoke the authorization, you have the right to revoke it. You must revoke the specific authorization in writing and deliver it to the Privacy Officer at the address listed previously on this form and indicate the effective date of the revocation. Once we receive the request for revocation, or have knowledge you authorized the revocation, we will make note of it to assure that we do not make future disclosures pursuant to your original authorization.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with us, contact the Privacy Officer at the address listed below. All complaints must be submitted in writing to the Privacy Officer. You also have the right to complain to the Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

Contact Information

Attention: Privacy Officer
825 Diligence Dr. Ste 206
Newport News, VA 23606