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## **OFFICE POLICIES AND PROCEDURES**

### **Welcome**

Thank you for your interest in my practice. Below is information about it that will help you get started with an initial evaluation and, possibly, treatment. Please take a moment to read over the following information about my policies and complete the forms prior to your first appointment. Please either fax the completed forms to the number listed at the top of this page or bring them to your first appointment.

### **Directions:**

My office is located at 30 N. Michigan Avenue, suite 1004, in Chicago. The building is on the southwest corner of Michigan Avenue and Washington Street, directly across Michigan Avenue from Millennium Park and across Washington Street from the Chicago Cultural Center.

### **Initial Evaluations:**

At the initial consultation, I will inquire about medical and psychiatric history, family history of psychiatric illness, social factors, trauma history, lingering issues from childhood, and any other potentially relevant topics. This may be done in one session or may take as many as three sessions. I may recommend labs, studies, or referrals to other providers, as appropriate, so that any complicating factors in the treatment can be properly addressed and treated. Once the evaluation is completed, a treatment plan will be discussed and decided upon. Treatment recommendations are based on the best current research and clinical evidence available.

### **Appointments:**

All sessions are scheduled by appointment. Initial evaluations are scheduled for 90 minutes. Ongoing psychotherapy sessions are scheduled for 50 minutes. Medication management (pharmacotherapy) visits are scheduled for 30 to 50 minutes with frequency depending upon your needs and medical necessity. If you are late to your appointment, we will still conclude at the scheduled time. If you are 30 or more minutes late, you may need to reschedule your appointment and will be charged the usual appointment fee.

### **Cancellation Policy:**

If you are unable to keep an appointment, please be sure to cancel at least two business days (48 hours) in advance or you will be charged the full amount for that session. Please be aware that insurance companies generally do not reimburse for a cancelled session.

### **Payments and Reimbursement:**

As of now, this office does not contract with any insurance carriers. You will receive a bill from a billing service (Medical Office Services, Inc.) on a monthly basis. Methods of payment include check or credit card. (There will be a \$15 service charge for returned checks.) Your invoice statement will include all of the information necessary for you to submit an out-of-network claim to your insurer for reimbursement. You are solely responsible for payment of your medical care, regardless of what your insurance company agrees to reimburse.

Most insurance companies require information about your diagnosis, the type of service provided, the date of the session, and fees. This information will be included on your statement. In some cases, insurance companies require that the physician send information about the patient's diagnosis and treatment plan, progress reports, and other records. Almost all insurance companies state that they will keep this information confidential but I cannot assure this. For example, some may share the information they receive with a national medical information data bank for the purposes of deciding eligibility for future insurance policies. Before I send any information to an insurance company, I will discuss with you the information to be provided and obtain your written permission to release it. You are under no obligation to release medical information requested by an insurance carrier but if you refuse to release the information requested, most insurance programs will not reimburse for services.

### **Record Keeping:**

I maintain a clinical chart for each patient. Information in the chart includes a description of your condition, diagnosis, treatment, and progress. Additionally, the chart may include any information that is disclosed to me by a patient during a session. An entry is made for each appointment, as well as for phone communications. I keep records of any consent, information release, assessment, insurance documents, outside treatment/testing, and other records completed or collected during the course of treatment. Clinical records are kept either electronically (electronic health records) and/or in a locked cabinet and/or as password-protected files on my computer. Information contained in this record will not be released without your written consent except in the circumstances outlined below and as explained in the Notice of Privacy Practices.

### **Your Medical Record:**

I utilize the electronic medical software NTreatment to maintain a clinical chart for each patient. Information in the chart includes a description of your condition, diagnosis, treatment, and progress. Additionally, the chart may include any information that is disclosed to me by a patient during a session. Primary features of this software include:

- Appointment scheduling
- Private data (including notes)
- Secure messaging between doctor & patient
- Automated appointment reminders via text or e-mail message (if elected)

Once you have scheduled a new patient appointment with me, you will receive an e-mail message to set up an account on the Patient Portal. The portal is password protected, HIPAA compliant, and viewable only by me.

### **Confidentiality:**

Information shared between patient and provider is strictly confidential, with certain exceptions required by law. You hold the privilege of deciding with whom I may disclose information about your diagnosis and treatment. If you would like me to share information with other providers, therapists, school officials, or other persons, please fill out an Authorization for Release of Information for each person/entity with whom you would like me to communicate.

Information will be released only with your written permission with the following exceptions:

- 1) Suspected abuse or neglect of a minor, elder or dependent individual;
- 2) A patient is in imminent danger of harming him or herself or another person;
- 3) A patient communicates a serious threat of physical violence against another person;
- 4) A parent or guardian is unable to adequately provide for a child's basic needs;
- 5) Records are ordered to be released by a judge or court; and/or
- 6) As otherwise required by law.

### **Prescriptions:**

It is my policy to refill prescriptions when you are seen in person at a scheduled appointment. In the event that you run out of medication before your next scheduled appointment, please call my office at 312-508-3475 and leave a message with your full name, date of birth, medication name, dosage, frequency of administration of the medication, and pharmacy telephone number. Please allow two business days for me to process your request. Stimulant medication refills may take up to five days to process.

### **Communication:**

If you need to reach me between appointments, please call 312-508-3475 and leave a message with your telephone number and times when you may be reached. I will do my best to return your call within one business day. If your call is urgent, I will do my best to return your call within three hours, if possible. On occasions when I am away from my practice, I will inform you in advance and the message on my outgoing voicemail message will direct you to the doctor providing coverage for my practice. Because communication by e-mail and text message is not secure and may compromise your privacy, I request that you only use e-mail or text messaging for scheduling matters. Please do not use e-mail or text messaging in the event of an emergency, to request prescription refills, or to communicate confidential information.

### **Urgent or Emergent Issues:**

I will do my best to return calls as soon as possible. However, I do not provide crisis or emergency services. Please do not use e-mail or text messaging in the event of an emergency. In the event of an emergent situation that cannot wait, please call 911 or go to your nearest emergency department. Once the situation has stabilized, please call me at 312-508-3475.

### **Ending Treatment:**

You may withdraw from treatment at any time. I recommend that we discuss a plan to terminate care before doing so in order to insure that we will have the opportunity to discuss further treatment recommendations, any potential risks associated with ending treatment at that time, and referral options if they are needed.

**Litigation Limitation:**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. This is requested in order to best maintain the therapeutic relationship for the client and therapist and prevent or limit possible harm that can come from exposure of personal information to those outside of the therapeutic relationship. (There may be occasions when information must be released due to mandatory legal obligations beyond the scope of this agreement.)

If you have any questions about these policies or any of the information above, I would be happy to discuss them with you in further detail.

Please sign below:

I have received a copy of the Office Policies and Procedures and have been provided an opportunity to review the document.

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name