



JEFFREY M. BENZICK, M.D., P.A.

GENERAL ADULT PSYCHIATRY AND SPORT PSYCHIATRY

14800 SAN PEDRO AVENUE, SUITE 110

SAN ANTONIO, TX 78232

PHONE: (210) 490-9850 FAX: (210) 490-1465

CONFIDENTIAL PATIENT INFORMATION

You can either print this off, and fill it by hand, or complete it electronically. If a space doesn't have enough room, please feel free to attach additional information in the email when you send this in to me.

Date: _____

Patient Name: _____ Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer: _____

Work Address/City/State/Zip: _____

(If Applicable) Spouse's Name: _____

Emergency Contact: _____ Phone: _____

Which Pharmacy do you usually use? Please list the name and either phone number or zip code if you have them available (I use electronic prescribing):

Who referred you to my office? _____

How would you like us to remind you of appointments? We will contact you the day prior to your appointment. Check all that apply—if you do not check anything, we will call your cell phone to remind you of the appointment.

Phone call to cell number listed above.

Text to cell number listed above.

Email to address listed above.

Other: (Please specify) _____

Please, in a few words, let me know why you are coming to see me:

Name of Primary Care Physician: _____ Phone: _____
Name of Psychotherapist, if applicable: _____ Phone: _____

If you have seen other mental health providers, please list their names, specialty and the dates you saw them:

If you have ever required Psychiatric Hospitalization or drug/alcohol abuse treatment, please list the hospital(s), the date(s) and the reason(s) for admission:

Please list any medical diagnoses you have:

Please list any medication or food allergies you have. Please also list any foods you think might be a problem for you, even if you do not have an official “allergy.”

Please list any medication you take, including any herbal, vitamin, or nutritional supplements:

If you have used other Psychiatric medication in the past, please list them, the dates you used them and why you are no longer taking them.

Are you sleepy during the day? If so, are you nodding off at inopportune or dangerous times (like while driving?)

Do you exercise? If so, what do you like to do when you are working out?

Do you have any hobbies or things you like to do in your spare time?

Are there any legal issues going on, that I need to know about? These may include things like probation, parole, custody issues, a divorce, a bankruptcy, or other types of legal concerns. If so, please give me a general idea of the problem here:

Thanks for filling out this form. I would rather spend time talking with you and getting to know you during our session. I may still take some notes but having this on paper allows me to do more talking with you than scribbling!

IMPORTANT PRACTICE INFORMATION

Welcome to my practice. I absolutely love the practice of Psychiatry and I hope it shows in our interactions. Please review this document and discuss any questions you have with me.

EMPHASIS ON WELLNESS AND HEALTH: It has become very clear to me that if a person is not living a generally healthy life, no treatment that I offer will be beneficial. I am happy to answer your questions regarding exercise, diet, and non-traditional treatments. You deserve a doctor that will keep in mind side effects, and I want you to let me know if the medications I am prescribing are hindering your activities in any way.

Psychiatric medication alone is never the answer for depression, anxiety, or addiction. I hope I can motivate you to want to change unhealthy patterns. I take a very spiritual—not necessarily religious—approach to patients, meaning that I hope to help your understanding of your problems on multiple levels. If you are looking for a doctor to just throw medication at your symptoms, I am not the right physician for you!

CONFIDENTIALITY: Your privacy is extremely important. All protected health information (PHI) will be held in the strictest confidence. My detailed privacy practices will be listed later in this packet. Medical records/PHI may be released regardless of consent in the following circumstances:

- (1) According to state and local laws I must report to the appropriate agencies all cases of physical or sexual abuse or neglect of minors or the elderly,
- (2) I must report to the appropriate agency all cases in which there is a danger to self or others,
- (3) When authorized to process medical claims and payment of benefits,
- (4) In the event you are in need of emergency services,
- (5) If you become involved in specific kinds of legal proceedings, the court may subpoena records.

EMERGENCY SERVICES: If you are having an emergency, dial 911 or proceed to the nearest emergency room. If you have after hours questions or need to reach me after business hours, you can call the office to hear a recorded message with instructions how to reach me or the on-call doctor.

MEDICATION REFILLS: Please allow 72 hours for refills, as sometimes I may be out of town for a day or two lecturing. Please have your pharmacy FAX or electronically send non-stimulant refill requests—this is clearly the most expeditious way of my getting your medications taken care of. You may also request refills via email at refills@benzick.net (see below for email policies). I may deny your refill requests if you do not follow up as instructed.

Patients taking C-2 drugs (stimulants) requiring special prescriptions will be seen no less than every six months. Patients who do not follow up as instructed will not receive prescriptions for this class of medication.

EMAIL: I have an email address that is provided to patients, refills@benzick.net. This is checked approximately twice daily, and can be used for medication refill requests or brief questions. **However, it is NOT to be used for emergencies. The best way to reach me in any urgent situation is to call the office.** I normally do not charge to answer emails. However, if contact via email is used excessively (for example, more than a few contacts in between appointments), I reserve the right to charge for the time to respond to them. This will always be discussed with the patient first. If you need to contact me frequently, it means we need to shorten the time between appointments.

MISUSE OF MEDICATIONS OR PRESCRIPTIONS: I will terminate care of a patient who misuses any medication that I prescribe. This includes, but is not limited to, taking medications for intoxication purposes or attempts to harm oneself. If you require stimulant medication, I will ask you to sign a separate form with my policies for those.

Any attempt to use my prescriptions or information pertaining to prescriptions to obtain medication/drugs for sale or misuse will result in both termination of care as well as criminal prosecution.

HOSPITALIZATION: I will work with you to help solve any problem with treatment—from medication problems to weekend appointments. It is very, very rare that I recommend hospitalization to help someone keep themselves safe. This is one of the only times where I will be very strict and require that a patient follows my recommendation. Therefore, if a patient elects not to follow medical advice regarding the need for psychiatric hospitalization, I will recommend that they

seek care with another physician. Again, I only recommend hospitalization if I truly believe the patient's life is in danger without it.

FINANCIAL POLICIES

UPDATED JANUARY 2, 2019

PAYMENT OF FEES: Payment is expected at each visit. I am not contracted with any insurance company. This means that if you would like to use your insurance benefits, filing appropriate paperwork is your responsibility. We are happy to provide you with detailed statements of account to help you do so.

CANCELLATION POLICY: Your time is extremely valuable. I try to keep customer service high by not "overbooking." This allows me to run on time or very close to it.

The tradeoff for this service is that I charge a missed appointment fee. **IF MY MISSED APPOINTMENT FEE POLICY IS NOT ACCEPTABLE, PLEASE LET US KNOW TODAY SO THAT YOU MAY FIND A DOCTOR WHOSE FINANCIAL POLICIES ARE BETTER SUITED TO YOUR NEEDS.**

*****A \$75 deposit is required to hold a NEW PATIENT appointment. This will be fully refunded to you if you cancel the appointment more than 48 hours ahead of time. Should you wish to cancel with less than 48 hours notice, we will make every effort to put another patient in your timeslot. IF we can fill the appointment, your deposit will be refunded.*****

*****Effective January 1, 2017, we will no longer store any credit card information for any length of time*****

*****You will be charged the FULL appointment fee for missing a FOLLOW UP appointment unless you contact my office 24 hours in advance (excluding weekend hours). If you cancel in less than 24 hours, we may still be able to fill your timeslot if another patient wants the time. If I can fill the timeslot you will not be charged the missed appointment fee.**

Missed appointment fees will be waived for medical emergencies if we are called prior to or the same day of the appointment. Other situations (work problems, forgetting the appointment, being in jail or intoxicated, etc.) will result in being charged the fee. If you do not want to pay your missed appointment fee, please let me know immediately, and I will understand that you need to find a doctor whose financial policies better suit you.

AGAIN—WE WILL KEEP YOUR DEPOSIT IF YOU DO NOT CANCEL YOUR NEW PATIENT APPOINTMENT 48 HOURS AHEAD OF TIME. FOLLOW UP APPOINTMENTS REQUIRE 24 HOURS NOTICE TO CANCEL.

APPOINTMENT REMINDERS: We will call you the day prior to your appointment, and we can arrange for an automatic email reminder if you like. **However, failure to get your reminder (new email address, new phone number, you didn't check messages, we were short on staff and unable**

to call) still means that you are responsible for the appointment and any missed appointment charges. If you do not want to be held responsible for missed appointment charges, **do not set up a follow up appointment when you check out, and you can call for an appointment when it is closer to the time you need to return.** Sorry to be so strict but unfortunately many have made appointments, do not show up nor call to cancel, and then get angry about the missed appointment fee. I could have been helping someone else.

DISABILITY PAPERWORK: I do not charge anything to fill out FMLA paperwork. However, other disability paperwork (often involving some research) is significantly time-consuming. I am happy to complete these tasks but I do bill for them at my standard rate of \$25 per 6 minute unit (\$250 per hour). Most of the time I can get these requests completed in one or two units. These charges, like patient fees, are NOT billed to your insurance company—they are your responsibility.

NON PATIENT TELEPHONE/EMAIL/LEGAL CONSULTATION: I encourage you to call or email if you have questions about your medications or other aspects of your care. For the overwhelming majority of phone calls and emails, like routine questions about medication, I do not charge. However, occasionally someone will want me to talk on the phone, or expect repeated email correspondence, for extended periods with family members or employers, or their attorney. My standard rate for telephone/email time or face-to-face meeting time is \$75.00 per 15 minute unit (\$300/hour). Again, these charges are NOT billed to your insurance company—they are your responsibility. I will always inform a patient that a telephone call/email exchange or a personal meeting is billable time prior to any consultation.

VIDEO OR TELEPHONE APPOINTMENTS: When I have a phone or a video session with a patient, my standard appointment fees will apply—not the abovementioned non patient telephone consultation rate.

COURT COSTS: I am not a Forensic Psychiatrist. It is very disruptive to the office routine and unfair to other patients when I am ordered to testify in proceedings. If you are considering involving me in any legal procedures, please consider the following:

Any request or subpoena for court appearance requires an immediate \$3000 retainer, acceptable only by credit card, cash or cashier's/bank check or money order. I charge \$300 per hour with a one-day (ten hour) minimum for any trial, such that your minimum charge will be \$3000 per any part of a day, even if I am only on call for the trial and am not pulled to testify.

Unpaid fees, of any type, may be forwarded to a collections agency.

TELEHEALTH INFORMED CONSENT

Telehealth is healthcare provided by any means other than a face-to-face visit. Health information is exchanged through electronic means for diagnosis, consultation, treatment, therapy, follow up and education. This includes video sessions, phone calls, emails, and any remote monitoring technologies.

- 1. You may opt out of telehealth at any time.
- 2. Telehealth can only be provided to patients residing in the state of Texas. An exception may be made on a temporary basis, for example, if you are on vacation.
- 3. Financial responsibilities for a telehealth appointment are the same as for face-to-face care.
- 4. Electronic communications carry some level of risk. Dr. Benzick commits to reducing these risks, for example, by using only very specific companies for communication. You should use only a secure network (for example, not a public network like at a coffee shop or airport) to transmit information.
- 5. Dr. Benzick is not responsible for breaches of confidentiality caused by an independent third party or me (for example, you leave your email open and someone walks by and sees medical information).
- 6. Electronic communication should not be used for emergencies. Dr. Benzick’s emergency phone number is available by calling the office and listening to his voicemail, anytime.
- 7. Despite reasonable efforts on the part of Dr. Benzick, the transmission of healthcare information can be disrupted or distorted by technical failures (for example, a slow internet connection).
- 8. Telehealth may limit Dr. Benzick’s ability to fully diagnose your condition. You agree to accept responsibility for following up on further medical recommendations, for example, lab testing, seeing your primary care doctor, or an in-office visit.

My signature below indicates that I have read and accept the above financial, practice, and telehealth policies.

Signature of responsible party

Date

NOTICE OF PRIVACY PRACTICES

Effective Date: January 26, 2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**If you have any questions about this notice, please contact:
Jeffrey M. Benzick, MD PA at 210-490-9850**

WHO WILL FOLLOW THIS NOTICE?

- Jeffrey M. Benzick MD and employees of Jeffrey M. Benzick MD PA
- All providers sharing office space with Dr. Benzick

We understand that medical information about you and your health is personal, and we are committed to protecting this information. When you receive care under Jeffrey M. Benzick, MD PA, a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record.

This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third-party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

OUR RESPONSIBILITIES

Jeffrey M. Benzick MD PA shall:

- Make every effort to maintain the privacy of your medical information;
 - Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
 - Abide by the terms of this notice;
 - Notify you if we are unable to agree to a requested restriction; and
 - Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Jeffrey M. Benzick MD PA will notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information that presents a significant risk of financial, reputational or other harm to you, to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
- **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
- **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run Jeffrey M. Benzick MD PA in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
- **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, Jeffrey M. Benzick MD PA may provide a written or telephone reminder that your next appointment with Dr. Benzick is coming up.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
 - **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
 - o To prevent or control disease, injury, or disability;
 - o To report reactions to medications or problems with products;
 - o To notify people of recalls of products they may be using;
 - o 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;
 - o To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - o In response to a court order or subpoena; or
 - o If Jeffrey M. Benzick MD PA determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (e.g., to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
- **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Jeffrey M. Benzick MD PA. If you request a copy of the information, Jeffrey M. Benzick MD PA may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will confer with another board certified Psychiatrist, who will review your request and denial. The person conducting the review will not be the person who denied your request. Jeffrey M. Benzick MD PA will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to Jeffrey M. Benzick MD PA. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or if you ask us to amend information that:
 - o Was not created by Jeffrey M. Benzick MD PA;
 - o Is not part of the medical information kept by Jeffrey M. Benzick MD PA;
 - o Is not part of the information which you would be permitted to inspect and copy; or
 - o Is inaccurate and/or incomplete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list you must submit your request in writing to Jeffrey M. Benzick MD PA. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically).
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information Jeffrey M. Benzick MD PA uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information Jeffrey M. Benzick MD PA discloses about you to someone who is involved in your care or the payment for your care.

Jeffrey M. Benzick MD PA is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which Jeffrey M. Benzick MD PA has been paid out of pocket in full. Should Jeffrey M. Benzick MD PA agree to your request, the practice will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to Jeffrey M. Benzick MD PA. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit Jeffrey M. Benzick MD PA's use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request Jeffrey M. Benzick MD PA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask the practice contact you only at work or by mail.

To request that the practice communicate in a certain manner, you must make your request in writing. You do not have to state a reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices on our website, and you can ask staff at any time for an updated copy.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Jeffrey M. Benzick MD PA or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with Jeffrey M. Benzick MD PA contact the Privacy Officer at 210-490-9850. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred.

The address for the Office of Civil Rights is:

Secretary of Health & Human Services, Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. You will NOT be penalized for filing a complaint.

I have read and understand the aforementioned privacy practices:

Signature

Date