



Office Policies and Procedures and HIPAA acknowledgement

Valid beginning October 2024. This is a contract ("Agreement") that governs the way Dr. Hovav and Lifetime Insight, LLC ("The Practice") operate with regard to your care. Please take the time to review and fully understand this document. If you have questions, please contact us prior to signing. Your electronic signature at the end of the document will indicate that you read, understand, and agree to everything stated here.

A. GENERAL OFFICE INFO:

Appointments:

Patients are seen by appointment only. **All appointments are via telehealth initially**, but in some cases may require in-person visits, depending on the medications you are prescribed.

Office Closures:

When the office is closed, all calls are routed to a voicemail and are not checked until the office reopens the next business day. If an emergency arises, please call 911 or go to your local emergency department.

Appointments Guidelines:

- The initial appointment for patients is generally 55 minutes via telehealth (electronic information and telecommunications technologies to support long-distance or clinical health care). You can reach the virtual waiting room by going to <https://lifetimeinsight.doxy.me> or click on the "waiting room" tab on the website. Some patients may be less complex and the visit may be shorter. Some patients may be more complex, in which case a second visit for an additional 45-55 minutes will be given, at the discretion of the physician.
- Subsequent appointments can be short, 10-15 minutes, or lengthier, up to 25 minutes, and this depends on the patient and is at the discretion of the physician.
- Longer appointment times can be scheduled for patients who are not under insurance contracts or are receiving psychotherapy, or at the physician's discretion.
- The interval between appointments is dependent on the severity or stability of the individual condition and patient. The longest interval between appointments is generally 3 months, but on very rare occasions, 4-6 months. This is at the discretion of the physician. Even if you are stable on your medication, an evaluation of your progress needs to take place.

No-Shows/Late Cancellations:

- We value your time as we value our own. Patients who do not give proper notice of cancellation ("no-show") or cancel with less than a 1-business day notice ("late-cancel") **will be charged a fee** (\$400 for a new patient intake or a follow up/psychotherapy appointment 45-60min; \$250 for a 25-30 minute follow up appointment; \$175 for a 15 minute follow-up appointment; see Financial Policies for more information).
- Patients that are 5 minutes late to an appointment 25 min or less or 10 min late to an appointment 45 min or longer will be considered a no-show/late-cancel and may reschedule only after paying the

fee, which will be charged automatically to the credit card on file. No new appointment will be given until financial obligations are met.

I have read Section A: General Office Info *

B. NON-COVERED SERVICES:

Some services are not paid by insurance companies, but patients or their representatives may occasionally request the physician to perform these services to coordinate care with other organizations to offer consistent and quality care on your behalf. These services take up a significant amount of time and are billed at an hourly rate (in 15 minutes intervals) directly to the patient, very much the way an attorney practices. The hourly rate is \$475.

Examples of Non-Covered Services:

- Preparing reports for other providers, organizations, or landlords.
- Telephone calls lasting more than 5 minutes.
- Completing documents for disability claims, insurance reviews, or worker's compensation.

*Please note that **no disability paperwork** or other letters to organizations/landlords on your behalf will be completed unless the patient has been seen for both at least 6 months and a minimum of 5 times. Even if a patient has met that minimum, completing disability or other paperwork may not be done and is at the discretion of the physician.*

We do not have the ability to prepare disability documents for the State of CA.

Note that we DO NOT provide letters for ESA - there are no exceptions.

I have read Section B: Non-Covered Services *

C. PRESCRIPTION & REFILL POLICY/MEDICATION DISCLOSURES (Do not skip reading this):

- **You must disclose every medication you take to each of your doctors and pharmacists** so you do not harm yourself. This includes over-the-counter medications (e.g. antacid, anti-inflammatory, antihistamine, cough syrup, vitamins, supplements) since they can have potentially toxic interactions with your prescriptions or affect their absorption.
- **Medications that require a prescription are governed by federal and state laws and monitored through multiple agencies.** The Prescription Drug Monitoring Program in Nebraska, Iowa, California, Kansas, Florida, and Nevada grant prescribing physicians access to view controlled and uncontrolled medications that have been prescribed and dispensed by any provider, no matter how they were paid for. This data is accessed by Dr. Hovav when you register to be a patient, and again at regular intervals.
- It is a felony to share, sell, or exchange your medications with anyone for any reason ("**diversion**"). It is also a felony to forge, falsify, or alter a prescription. If you violate these laws, this contract forfeits your right to the doctor-patient confidentiality on these matters and will result in a report to the DEA and in immediate termination from The Practice.
- It is preferred that you use only one pharmacy for all your prescription needs. If circumstances require the use of another pharmacy, you must notify our office and provide all pertinent contact information. We do NOT work with local CVS pharmacies, but are able to use the CVS Caremark for mail-order pharmacy if needed. A mail order pharmacy is acceptable only after a patient is stable on

their current dose of medications for 3 months. Common mail-order pharmacies include CVS Caremark, Express Scripts, or Amazon Pharmacy.

- It is the responsibility of the patient to make follow-up appointments at the recommended interval, not the obligation of Dr. Hovav to ensure you have done so. This is intentional, as it demonstrates a higher level of engagement on the part of the patient. If you struggle with following through on this, ask for help from loved ones. Medication refills will not be given if you cancel or no-show.
- **Refills are generally approved and sent to your pharmacy within 2-3 business days after the request is received.** Poor planning on your part does not constitute an emergency on our part. Requesting a refill with only 1-2 days left before running out will likely lead you to skip medication days which may cause withdrawal symptoms and/or exacerbation of your mental health. Do not let this happen and request refills in advance.

I have read Section C: Prescription & Refill Policy/Medication Disclosures *

D. CONTROLLED/SCHEDULED MEDICATION POLICY:

- Controlled/Scheduled substances have a higher potential for abuse and can cause physiological dependence. Examples of controlled substances include medications of the benzodiazepine class (alprazolam, lorazepam, clonazepam, etc), Z-drugs and other hypnotics (zolpidem, zaleplon, suvorexant, etc), stimulants (methylphenidate, amphetamines, armodafinil, etc), and many others.
- The DEA has a variety of restrictions on physicians practicing telemedicine. ****Controlled substances (such as stimulants for ADHD) require **one physical face-to-face appointment** with the patient **prior** to initiating such treatment. If you need to be seen for the first time and expect that continuation of your controlled substance will be done, you would be better served seeing a different physician. If you live near or are able to travel to the Las Vegas NV area, we are able to see you in person. Please be aware of this limitation before requesting an appointment with us as we do not want your treatment to be delayed if you require these medications urgently.***
- Some prescriptions will not have refills and require you to have a visit either monthly or every 3 months to receive a refill. If you are receiving stimulants, you must be seen every 90 days at a minimum.
- It is preferred that you use only one pharmacy for all your prescription needs. If circumstances require the use of another pharmacy, you must notify our office immediately and provide all pertinent pharmacy contact information.
- Controlled substances should only be filled in the state where you reside or physically located, as it is unlikely that the medication will be filled elsewhere. If there is a need for travel, you must disclose this to the physician.
- We will not replace lost or stolen prescriptions for controlled substances without a police report.
- If we suspect poor compliance, diversion, or interactions with other substances, we may ask you for a pill-count or to perform random urine or saliva drug screens. This is the standard of care and demonstrates you are receiving comprehensive care.
- It is a felony to accept a controlled substance prescription from the same (or similar) class from any other prescriber without both prescriber's consent and notification. This is referred to as "doctor shopping". If it is the case that you receive controlled substances from another prescriber without notifying Dr. Hovav, you will be terminated from The Practice.

I have read Section D: Controlled/Scheduled Medication Policy *

E. PERMISSION FOR ELECTRONIC COMMUNICATION:

You will receive an email to register for the secure patient portal. This is how we generally communicate, and all communications are HIPAA compliant and secure. Through the secure portal you can see your current medications, request refill requests, send and receive forms, send a message if you have a problem, review after-visit summaries/doctor recommendations from your appointments, and book follow up appointments. *We do not take new booking requests for appointments with new patients as this must be done with our staff.*

Our office also uses email and/or texts to remind patients of appointments. SMS texting and email carry some risk for violation of privacy. For example, an email sent to you has the potential for interception by a third party. Another risk is that someone has your login information and can read your email, or if you access your private email on a public computer, like on a shared computer at work. You can download encryption software on your email program which will make it safer, but we cannot give any guarantees. Text messages cannot be encrypted, and have more risk. We understand that your security is of utmost importance, that is why if you would prefer to opt-out of email or text communication, you must let us know in writing as soon as possible. Opting out of this type electronic communication will not impact you or your ability to remain with the practice in any way.

Responses to concerns are generally answered in 1-2 business days, but sometimes may take 3 business days. Therefore, urgent and emergent communication is not advised. Emergent issues need to be addressed in an emergency department.

Please remember that all communications are added to your medical records.

I have read Section E: Permission for Electronic Communications *

I understand that since I am not consenting to electronic communication then I will have to communicate only by phone during office hours. If I change my mind I will need to return to this form and re-submit with a new permission.

Yes, I understand, I do not consent to electronic communications

Never mind, I consent to Section E, Permission for Electronic Communications.

F. TELEPHONE POLICY:

Brief calls are generally returned by our nursing/medical assistant staff within 1 business day. Non-emergent calls may or may not be returned, and the issue resolved at the following appointment or via the HIPAA compliant patient portal.

I have read Section F: Telephone Policy *

G. CONSUMER ETIQUETTE:

Disrespectful, abusive behavior, or harassment towards office staff will not be tolerated and patients are to expect that they will be terminated from The Practice for this sort of demeanor.

I have read Section G: Consumer Etiquette *

H. FRATERNIZATION:

The physician-patient relationship is the overriding relationship that exists between the doctor and the patient. If you feel there is a strong pre-existing relationship (friend, family, etc.) that may affect your decisions, you should consider seeking care with a psychiatrist with whom you do not have this relationship. If you feel unsure, or feel that you do not have any other practical treatment alternative, this must be discussed and agreed to before engaging in active treatment. Confidentiality is of paramount importance and The Practice would ensure that your comfort is secured.

I have read Section H: Fraternization *

I. CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We generally update all our forms once per year. The most current version of the consent form that was made while you are a patient will effectively govern our relationship. This Agreement shall not be amended except by a written instrument executed by both parties hereto. Should any provision of this Agreement be declared void or ineffective by virtue of any state or federal statute or regulation, or decision of any court or regulatory authority, such declaration shall not invalidate any of the provisions of this Agreement that otherwise remain in full force and effect.

I have read Section I: Changes to This Notice *

J. Notice Regarding Open Payments Database:

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

I have read Section J: Open Payments Database *

K. HIPAA Notice of Privacy Practices

I have read and agree to the Notice of privacy Practices ("HIPAA") posted here: <https://tinyurl.com/LI-HIPAA>

I have read Section K: HIPAA Notice of Privacy Practice *

Submission

Your name *

First Name

Last Name

Date of Birth: *

Month Day

Year

Today's Date *

Month Day

Year

