***Shobhit Negi, MD***

***3881 Ten Oaks Road***

***Suite 2A***

***Glenelg, MD 21737***

***Ph:410-489-4550***

***Cell:313-445-5382***

***Fax: 410-489-4475***

**Professional Services Agreement**

This document contains important information about professional services and business policies. Please read it carefully and note any questions you have so that you can discuss them with me. When you sign this document, it will represent an agreement between the two of us.

**Appointments**

Patients are seen by appointment only

Questions and concerns should be addressed by calling me at 313-445-5382. If I am unable to answer, please leave a message. Your call is important to me. You will receive a call by the end of the following business day.

I understand that as part of my healthcare, Shobhit Negi, MD, originates and maintains paper and or/ electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

**Appointment Cancellations**

Patients are expected to notify the office of cancellation at least one full business day (24 hours) before the scheduled appointment. Once an appointment is scheduled, you are expected to pay for it unless you provide 24 hours’ notice of your need to cancel or reschedule. Insurance will not pay for missed appointments. If you miss three appointments without giving notice, you may lose eligibility for services. Patients arriving more than 10 minutes past their scheduled appointment time may be asked to reschedule and assessed a fee for a missed appointment. Please speak with me if you have questions about this policy.

**Emergencies/After Hours**

You can try reaching me at 313-445-5382; however, I may not be immediately available. If you feel you cannot wait for me to return your call, call 911 or go to the nearest emergency room and ask for the psychiatrist on call.

**Medication Policy**

Abruptly discontinuing or skipping doses of your medication is not advised, and may cause unpleasant or dangerous symptoms. It is your responsibility to monitor the amount of medication remaining and the number of refills you have remaining. Lost or stolen medications may not be replaced. If you take more medication than prescribed, you may not be able to receive early refills. Please allow one week to obtain refills at your local pharmacy and two weeks to obtain refills via mail-order pharmacies.

**Payment Policy**

Payment is due at the time of service by personal check or cash. I do not submit claims to health insurance carriers. If you wish to submit your own claim, please ask me for an invoice with the needed codes. If you pay by check and it is returned due to insufficient funds, you will be charged an additional $60.

**Confidentiality**

In general, the law protects the privacy of all communication between a patient and a mental health professional. I can only release information about your treatment with written permission, with the following exceptions:

● In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

● There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about your treatment. For example, if I believe a child, elderly, or disabled person is being abused, I must file a report with the appropriate state agency.

● If you threaten to harm yourself or another person, I am obligated to seek hospitalization for you and/or inform the person you intend harming and your family/important others who can help provide protection.

Name: Signature:

Date: