

TOMMY J. MORGAN, M.D.

GENERAL POLICIES AND PROCEDURES

The purpose of this form is to outline various aspects of your care with me at A New Start Counseling Center. Please read the details of this form before signing below.

Scheduling: I meet with patients and families by appointment only. For an urgent situation with short notice, I will try to schedule an earlier time but may not always be able to do so.

Hours of Operation: Unless I am out of the office, I will generally be present:

Mondays	8:30 AM through 7:30 PM	Thursdays	8:30 AM through 7:30 PM
Tuesdays	8:30 AM through 7:30 PM	Fridays	8:30 AM through 1:00 PM
Wednesdays	8:30 AM through 5:00 PM		

Contact During Regular Hours: During the hours I am present at A New Start Counseling Center, you may reach me at (770) 461-9944 with questions about medications, labwork, scheduling, or other issues. You may also contact me about urgent situation, but I advise you to call 911 or report to the nearest hospital emergency room if you cannot wait for a return call or are facing a life-threatening emergency.

Contact After Hours: After hours, you may reach an on-call Psychiatrist at (770) 461-9944 for an urgent situation. I will usually be the on-call Psychiatrist for my patients and families. On occasion, I may have another Psychiatrist filling in for me to answer my calls. Either way, I would advise you to call 911 or report to the nearest hospital emergency room if you cannot wait for a return call or are facing a life-threatening emergency.

Fees: The rates for each session depends upon the service performed and time spent. Most sessions will fall into one of the following four categories. The current rates are as follows:

Initial Intake Evaluation	45-60 minutes	\$250
45 Minute Follow-up	45 minutes	\$200
25 Minute Follow-up	25 minutes	\$150
Medication Check	15 minutes	\$100

Rates may be adjusted from time to time. If changes occur, the new rates will be posted at the sign-in desk. Fees for forensic and other services are listed separately and available upon request.

Cancellations: **Cancellations for appointments must be made at least 24-hours in advance in order to avoid a full charge for the cancelled session.** This policy is meant to improve availability of appointments and to maintain a schedule that is free of overbooked appointments.

Payment: Payment to include insurance co-payments and deductibles are required in full at the time of service. For returned checks, a service fee of \$30 will be charged.

Please keep in mind that some insurance companies require prior authorization before they will approve paying for my services. Please check with your insurance company before we meet in order to gain an understanding of your mental health benefits and any preauthorizations you may need. My office staff will be glad to help you with the preauthorization process, however, you are ultimate responsibility for obtaining proper preauthorization if needed.

A New Start Counseling Center will normally bill your insurance carrier(s) after our treatment sessions. You may, however, choose for us not to file a claim on your behalf for your own personal reasons. In either case, the ultimate responsibility for payment remains with you.

Account balances that are overdue will be billed directly to you. Please resolve any overdue notices with my office staff. I regret that that overdue balances may be referred to a collections agency or an attorney to seek payment. In these situations, the collections agency or attorney fees would be added to the original overdue balance.

Affiliations: Tommy J. Morgan, M.D. is a solo-practioner and has no clinical affiliation with other treatment providers at A New Start Counseling Center or elsewhere.

Treatment Satisfaction: Please be open with me with your thoughts about our treatment together and whether or not we are making progress.

Termination of Care: You may, of course, end our therapeutic relationship at any time. If you do so, I hope that you will let me or a staff member know so that we can obtain feedback, offer assistance in finding another provider, and close your file. Patients sometimes end a therapeutic relationship without notifying their treatment provider. For this reason, I will assume that you have ended our therapeutic relationship and will close your file if we have gone 90 days without communication and have no future visits scheduled.

As your treatment provider, I may also end our therapeutic relationship in certain circumstances to include non-compliance with treatment recommendations and abuse of medications.

Right to Revise: I reserve the right to modify the General Policies and Procedures in the future. If changes occur, you will be presented with the latest version which will take precedent over previous versions. You may have a copy of the General Policies and Procedures at any time.

A photocopy of this form is considered as valid as an original.

I have reviewed and accepted the policies and procedures listed on this form and agree to the terms described. Furthermore, I give Tommy J. Morgan, M.D. consent to diagnose psychiatric, substance abuse, and/or mental health conditions and to provide care as deemed necessary for these conditions.

Signature of Patient or Guardian

Printed Name of Patient or Guardian

Date Signed

Signature of Witness

Printed Name of Witness

Date Signed