

Colorado Neurogeriatrics
Andrew Schechterman PhD LLC
Centennial, Colorado 80112
Hello@AndrewSchechterman.com
303-242-3510

Date:

Dear _____, welcome!

We know healthcare is a personal commitment and we're glad to help you. Please read the Patient Rights and Practice Policies as well as other items that are enclosed.

_____ Before you can be seen, please call Cindy at our billing office (303-280-6262) so she may take your insurance information. If you are unable to use your insurance for services, we would be happy to discuss fee discount options, etc.

_____ The attached or enclosed documents require your careful reading and then signatures. Please sign all of them and bring them with you to your initial consult.

An initial consultation, 90 to 120 minutes, includes clarification of your doctor's referral and your current concerns. A relevant health history and selected labs may be obtained at this visit or on at follow-up visits. Please note that one or more appointments may be needed to address all relevant issues.

We're always happy to answer questions . . . no question is too large or small. Call us at 303-242-3510 or email us at Hello@AndrewSchechterman.com. We look forward to seeing you!

Best regards,

Heather, Cindy, Mallory and Team

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Patient Rights and Practice Policies

Appointments and Availability: Self-referral and Provider-initiated referral are accepted; no third-party authorization is required to obtain services. If referred by a Provider, written permission will be requested so as to communicate with that Provider. Office hours are subject to change but typically include weekdays (Monday, Tuesday, Wednesday, Thursday and/or Friday). Saturday AM appointments may be available on request. Before, during and after office hours, messages may be left for return on the following business weekday.

Electronic Communications: Electronic communications may put your privacy at risk and can be inconsistent with the law and standards of healthcare. The appropriate use of email, cloud services, telephone, voicemail and other forms of electronic or digital communications is possible but cannot be guaranteed secure or confidential. We will make every effort to protect your privacy but assume no responsibility for any communications which violate the Electronic Communications Privacy Act.

- **Email:** Email communication is for administrative purposes only. No email is used to communicate about confidentially protected healthcare information.
- **Text Messaging, Instant Messaging or Similar:** We do not send or respond to text messaging, instant messaging or similar communications.
- **Social Media:** The practice does not professionally communicate via any social media platforms such as Twitter, LinkedIn or Facebook. We do not establish or accept online relationships with Patients. In the digital era, both Patients and Providers (as non-professionals) may have an online presence. There is the possibility they may encounter one another online; if this occurs, usual and customary conduct is expected.
- **Website:** The practice has a website that is Public access and for professional use only. You may sign up for a newsletter or similar public communications. Any website feature, function or interaction that is private (e.g., paying your bill) is secure. As a member of the Public you are welcome to access, review and use the information on the Website at your own risk. All Public access websites come with risk and as a member of the Public (or as a potential or actual Patient), you are advised to take reasonable precautions to operate in a safe and secure manner. Though this website changes on a regular basis, this Addendum remains consistent.
- **Rating and Reputation Websites:** There are websites that provide opportunity for the public to comment and rate a healthcare practice and/or provider (e.g., office environment, bedside manner, quality of care). These websites may or may not provide you helpful information. If you encounter such websites and wish to participate, please be aware that as a Provider, State and Federal laws prohibit us from acknowledging, commenting, or responding in any digital manner. In contrast, if you have a comment or rating you would like to share in person or by letter (etc.), we always

- welcome your feedback and are committed to opportunities to better serve you.
- **Web Searches:** You may search for or encounter information about the Practice on the Web. If you have any concerns regarding such publicly accessible information, please let us know.

Limits to Confidentiality: Information shared between healthcare Patient and Provider is legally protected in most circumstances. Exceptions, as listed in Colorado Statutes (C.R.S. 12-43-218) include:

- Legal action against the Provider.
- Quality of service complaints.
- Disciplinary proceedings.
- Reviews of professional conduct.
- Reporting any concern per any suspected abuse or neglect.
- Duty to warn where a Patient has communicated to the Provider a threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity. As such, the Provider must make reasonable and timely effort to notify the person or persons, or the person or persons responsible for the specific location or entity that is specifically threatened.
- Additional limits to confidentiality include but are not limited to insurance reimbursement, collections, communications with third-party payers, and legally-mandated clinical services.
- Best practices often require consultation with other healthcare professionals; during such consultations, all Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPAA statement) and Authorizations to Release/Request will be in effect unless withdrawn.
- Control of information once released to an authorized third-party cannot be controlled.

Emergency and Suicide: In the event of any emergency, please call 911 or proceed immediately to your nearest Emergency Room. If suicidal, you may also call the National Suicide Hotline at 800-273-TALK (8255), or the Colorado Suicide Hotline (Metro Crisis Services, <http://www.metrocrisiservices.org>) at 844.493.TALK (8255).

Fees: Fees are subject to change. Payment is required at time of service. As neurogeriatric care is provided (1) in person face to face (e.g., a doctor using a stethoscope to listen to your breathing) and (2) non face to face (e.g., a radiologist reviewing your x-rays), please note the following:

- Your insurance plan is a legal agreement between you and that company (private or public or other). As such, we are unable to influence or enforce policies that have been agreed between you and that company.
- Fees incurred include in person, other persons, phone or other types of communications (signed authorization usually required), reviews of records, screening, assessment or test selection, administration, analysis of data, synthesis of data, interpretation and review with Patient and/or Collateral, documentation and report generation, planning, consultation with other healthcare-related providers (signed authorization is usually required), consultation, advocacy and/or coordination with legal, financial or other non-healthcare professionals (signed authorization usually

- required), among other services.
- Fees incurred will always include procedure codes based on the services provided and almost always include multiple codes per date and time of service. We are unable to change coding (or other documentation) at a later date to cause an insurance company to pay for the services and procedure codes they do not cover. In such circumstances, you will be responsible for remaining fees.
- Cancellations with less than twenty-four (24) hours notice or missed consults are billed at 100% of the scheduled service fee and are due prior to any continued care.
- Services may be terminated for returned checks and/or for accounts (for example primary or secondary insurance, fee discounts) that are delinquent more than 30 days.
- Any authorized party involved in this consultation (usually patient, provider or legal guardian) may terminate this service at any time without fault or penalty. Fees for services rendered will still be due, but none others.

License and Regulation of Practice: Issued to Andrew Schechterman by the State of Colorado, license #2871, dated August 15, 2005. Andrew Schechterman has been continually licensed to practice since 1990. The practice is registered with the Health Section of the Division of Registrations. This State office can be reached at 1560 Broadway, Suite 1350, Denver, Colorado, 80202, (303) 894-7800. The practice adheres to all regulations including receiving common information about the methods of diagnosis, assessment and/or treatment proposed or received, and usual and customary fee structures. You may seek a second opinion from another professional at any time. Healthcare is not an exact science and outcomes cannot be guaranteed.

I, _____ have read and agree to the above. I understand my Patient Rights and the Practice Policies, and choose freely to enter into these services with Andrew Schechterman PhD LLC, Colorado Neurogeriatrics. Any authorized party involved in this consultation (usually patient, provider or legal guardian) may terminate this service at any time without fault or penalty. Fees for services rendered will still be due, but none others. I hereby give my fully informed consent for consultation and/or assessment and/or treatment and for all fees incurred.

Signature of Patient _____

Printed name _____

Date signed _____