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PRACTICE POLICIES AND PROCEDURES

PLEASE INITIAL AND SIGN:

PRIVACY

Your health records are never released without your consent unless I am required to release information to protect you or someone else from harm.

I use electronic systems to manage my practice. My computer hard drive and back up drives are encrypted as are the wireless communications in my office. I have HIPAA business associate agreements with secure health care websites that allow me to provide you the best possible care.

____ **I understand that Dr. Taylor maintains billing and clinical records at www.psyquel.com and processes prescriptions at www.allscripts.com**

____ **My credit card data will be stored at www.psyquel.com**

COMMUNICATIONS

You may communicate with me via office phone, mobile phone, email (directly or through my website) or text message.

- ✓ Please be brief.
- ✓ Emails can get lost.
- ✓ No form of electronic communication is 100% secure.
- ✓ Text messages are disruptive so please refrain from texting as much as possible.
- ✓ Please consider the time of day and degree of urgency when using mobile or text communications.
- ✓ No social media messaging.

I do not bill for my time in responding to urgent clinical questions and messages.

____ **Lengthy non-urgent telephone discussions or emails may incur a charge at the usual rates.**

APPOINTMENTS

____ **Payment is due at the time of service unless other arrangements have been made.** Statements are mailed monthly for past due balances. Please request a statement to submit for insurance reimbursement. This can be sent via email as a PDF file.

____ **I will provide 24 hours notice of cancellation to avoid being charged for missed appointments.** Monday appointments must be cancelled by close of business on Friday. If you contact me at exactly 24 hours prior please confirm my receipt of your cancellation. If I am able to fill a slot cancelled with insufficient notice you will not be charged. Email appointment reminders are automatically sent 48 hours in advance. Please add donotreply@psyquel.com to your authorized email list.

____ **I authorize a charge on my credit card for missed appointments.** The charge for a missed appointment is the full fee for the scheduled time.

PRESCRIPTIONS

Please make sure that your pharmacy contacts me with at least two days notice to make sure refills are processed in a timely fashion. Prior authorizations are required from time to time and may take several days to complete. Schedule II controlled substances require a hard copy prescription and may not be refilled.

NAME (PRINTED) _____

SIGNATURE _____

DATE ___/___/20___