

PHYSICIAN-PATIENT AGREEMENT

This agreement serves to inform Dr. Imig's patients regarding office policies, physician policies, and the physician-patient relationship. Please read this agreement in its entirety and sign where indicated to acknowledge your understanding of this agreement and to abide by the policies contained therein.

ATTENDANCE POLICY: Dr. Imig requires that all patients taking medications be seen on a regular basis, as determined by the individual needs of each patient. Follow up appointments will be discussed at the time of the appointment. Patients taking controlled medications (CII) like stimulant medications need to be seen at least every 3 months. Patients must call in advance of these dates. Failure to maintain a regular attendance schedule may affect your ability to receive refills in a timely manner and/or to continue being seen in the practice.

PRESCRIPTION POLICY: Please leave prescription requests on either voicemail or email. For paper ("hard copy") prescriptions, please allow AT LEAST 48 hours for processing. For non-paper (electronically-prescribed) medications/prescriptions, please allow 24-48 hours for processing as well. ***Please make sure you allow sufficient time for processing on all prescriptions, especially on weekends, so that you do not run out of your psychotropic medication(s).

CONFIDENTIALITY POLICY: Please see attached "Notice of Privacy Practices"

RE: THE MEDICAL INFORMATION BUREAU: Health insurance policies sometimes require patients to release all encounter information for any service rendered that is claimed against the health care plan. The diagnosis and treatment information required on the claim form is often then forwarded to the Medical Information Bureau (MIB), where it becomes available to other insurance companies without the patient's knowledge or consent. For this reason, Dr. Imig cautions all patients that the release of any information through the claims filing process may present a potential risk that could be personally damaging to unknowing patients should a third party gain access to the MIB national database.

MEDICARE PART B ENTITLEMENT POLICY: While Dr. Imig will gladly treat patients who are Medicare eligible, he does not participate in Medicare Part B program. Unfortunately, this means that Medicare eligible patients are not allowed to seek Medicare reimbursement for Dr. Imig's services and are required by law to sign a "waiver of Medicare Part B Entitlement" acknowledging the same. A waiver will need to be signed prior to receiving services.

PATIENT/PHYSICIAN RESPONSIBILITIES: Each patient is responsible for providing accurate contact and billing information. If a patient's telephone number, email, or address changes it is the duty of the patient to inform Dr. Imig's office immediately to avoid disruption of communication.

Examination and treatment provided by Dr. Imig is limited to outpatient psychiatric services. The patient should be aware that this does not necessarily constitute total or definitive psychiatric care, and that further evaluation and treatment may be required in some cases. It is the patient's responsibility to obtain follow up medical care for general health as needed or where advised to do so by Dr. Imig. The patient further acknowledges that psychiatry is a specialty within the field of medicine and is not meant to be a substitution for primary medical care.

TERMINATION POLICY: Dr. Imig reserves the right to terminate any patient who violates treatment protocol, is generally non-compliant (with respect to treatment directives or office policies), does not follow up with appointments as recommended, or willfully disregards treatment objectives that are

designed to obtain positive clinical outcomes. He will continue to treat the terminated patient on an emergency basis only for 30 days after termination.

STORAGE, TRANSFER & ACCESS TO PATIENT RECORDS ON TERMINATION OF THE PRACTICE: In the event of the termination of Dr. Imig's practice, the doctor or his designee will advise all active clients (by letter or direct verbal communication) where and how they may contact the doctor for purposes of interim/transfer care or to request a transfer of their records to the next physician. Patients will be provided either a phone number to contact the doctor directly or with numbers for the Arizona State Medical Board, who will be able to properly direct requests (the doctor will maintain current contact with the association during the required period for records retention). The doctor will maintain a professional telephone contact number for a period of three to six months, depending on circumstances surrounding the closure of the practice.

To protect personal privacy, the doctor or his designee will only provide direct access numbers to active or recent (6 months inactive) patients. Inactive patients will be able to direct records requests to the Arizona State Psychiatric Association or the Arizona State Medical Board. The doctor will maintain records at:

11020 N. Tatum Blvd. Suite 100, Phoenix, AZ 85028

The doctor or his designee will respond in a timely manner to patient requests for transfer of their medical records. Unless prohibited by illness, temporary travel unavailability, or death, the doctor will respond within 30 days or other legally or ethically mandated timeframe. The doctor or his designee will dispose of unclaimed records after the legally specified time for retention by destroying said records such no confidential information remains in useable form.

In the event that circumstances require, the doctor or his designee will forward access and responsibility to another professional who will respond to records requests in accordance with legal and professional standards as set forth by the Arizona State Psychiatric Association and the Arizona State Medical Board.

FEES:

Initial intake: 90 minute \$600, 60 minute \$400

50 minute follow-up: \$300

25 minute follow-up: \$200

Fees must be paid at the time of service, unless arranged otherwise with Dr. Imig. Only cash and checks are accepted.

I have read, understand, and accept the provisions of this Physician-Patient Agreement, and have no questions about the policies outlined herein. I understand that if I violate any provisions of this agreement, my treatment may be terminated. I understand that this agreement is binding in the state of Arizona and that the provisions herein are for my protection and the protection of Dr. Imig. The original, signed agreement will become part of my private medical record and I am entitled to a copy at my request.

Patient Signature and Date