Safiyyah Abdul-Rahman, M.D LLC
2324 West Joppa Road, Suite 420
Lutherville, MD 21093
Tel: 443-621-0391
Fax: 410-321-9537

Patient Information and Policies

Please fill out and bring it with you to your first appointment. A copy of the full HIPAA policy as well as the patient policies are located online and should be reviewed before signing the Notice of Privacy Practices Patient Acknowledgement form. Please feel free to contact me with questions.

Patient Information

Patient's Name (*First, Middle, Last):*_____

Social Security # _____ Date of Birth _____ Age _____ [ ] Male [ ] Female

Address _____

City _____ State _____ Zip _____

Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widowed [ ] Other

How were you referred to this office? _____

Home Phone #_____
May we call you at home? [ ] Yes [ ] No

Business Phone # _____
May we call you at work? [ ] Yes [ ] No

Cell Phone # _____
May we call your cell phone? [ ] Yes [ ] No

Highest grade/level of education achieved _____

Occupation _____How long at this occupation? _____

Employed by_____ How long at present job? _____

In case of Emergency, whom should we contact?
Name_____

Phone # _____

Relationship_____
The following person(s) may be contacted in an emergency, thus disclosing my treatment with Dr. Safiyyah Abdul-Rahman. I understand that in an emergency requiring immediate medical attention, I will be transported to the nearest emergency room.

By signing, you are indicating that you have read and understood the patient policies and agree to abide by them. Your signature is also consent for treatment and that you understand that you are responsible for all fees incurred during treatment.

_____ _____
Signature **Date**

Patient Policies

Confidentiality

Doctor-patient confidentiality is the cornerstone of psychiatric treatment. Nothing you reveal during an appointment will be disclosed without your explicit consent, except when required by law.

All information and communication will be held in the strictest confidence. By knowing this, I hope that this will allow you to speak freely and openly. There are, however, a few situations in which I am obligated to break confidentiality:

- The therapist is ordered by a court to release information
- Child or elder abuse/neglect is suspected
- I become concerned for the patient's safety or the safety of others.

In the latter two cases, I am required by law to inform legal authorities and/or potential victims. On some occasions, I may request to speak with your other physicians or therapists and will only do so with your written permission. If I am only seeing you for medication management and you are in therapy with another therapist, I will require a release of information to communicate with your therapist.

Appointments and Cancellations

Once we agree to work together and to continue with treatment, we will devise a general plan for your care - setting the frequency and length of sessions. Ideally, we will find a regular time and day to meet. Once we have agreed on a scheduled appointment, that time is reserved solely for you. If you have to miss an appointment, please let me know as soon as possible and at least within 48 hours of our appointment. Appointments cancelled with less than a 48-hour notice or missed without notice, will be billed at the regular rate unless I am able to fill the appointment.

Please note that a recurrent pattern of late or missed appointments will likely lead to termination of services.

Chart Closure

Should a period of 6 months or more lapse without presenting for a session your chart will be automatically closed unless advance arrangements are made. If after chart closure you find yourself in need of psychiatric treatment, you would need to contact myself to discuss your clinical needs (or seek emergency services if there are any issues of safety).

Fees and Insurance*

Initial Evaluations $350.00.
Psychotherapy sessions (50 minutes) $185.00
Medication management sessions (15-20 minutes) $110.00

Fees are based on the service provided and include reasonable time for phone calls, record keeping, and communicating with other physicians or your insurance company.

In general, fees are due at the time of service. If we agree to meet more than once per month, the fee is due on the last session of the month.

I do not participate in any insurance companies or managed care networks and therefore will not be able to receive payment from any insurance company, only from you directly. At the end of every visit, I will provide you with an invoice that can be submitted to your insurance company for reimbursement. Most insurance plans offer out-of-network benefits. Please contact your insurance company to determine your benefits and to obtain preauthorization if you plan to seek reimbursement. At times, your insurance company may request that a treatment plan be submitted and I will do so with your permission. Currently, I do not bill for this service but reserve the right to in the future if the paperwork becomes extensive.

*Please understand that these rates may periodically change. When a change is to occur, you will be informed prior to the change. If after beginning treatment, you feel you are unable to meet the expense of treatment, please discuss your circumstances with me as soon as possible.

Messages/Emergencies:

For routine matters, please leave a message on my office phone (443) 621-0391. I will make every effort to return all calls within 24 hours. On rare occasions, I may contact you via email; however, do not use this as a form of ongoing communication. I also ask that you DO NOT send text messages. Given that email and text messaging carries some degree of limitations on confidentiality, I ask that all clinical matters should be addressed in person rather than email or text.

I am available for urgent issues. I will retrieve messages from my voice mail throughout the day and during evenings/weekends and will return urgent calls as soon as possible.

In the event of an emergency, please call 911 or go to your nearest emergency room and have the staff contact me from there.

Coverage

When I am away, I will arrange coverage. If it is necessary to visit another psychiatrist while I am away, his or her own professional fees and policies will apply to that visit. My voice mail will state which doctor is covering in my absence.

Boundaries

The doctor – patient relationship is a very privileged one and ideally this will be a relationship where you can be entirely open with your thoughts and feelings. In order to safeguard this relationship, there is a strict prohibition against any social, sexual, or non-therapeutic relationship between doctor and patient.

Welcome and thank you. I appreciate the opportunity to be of service to you. Please feel free to discuss any of these policies with me and ask any questions that you may have. I look forward to working with you.