



Serenity Oaks, PLLC
5368 Fredericksburg Rd

Building C, Suite 100
San Antonio, TX 78229
(210) 549-43332
(210) 549-4339

PATIENT SERVICES AND CLINIC POLICIES

Welcome to Serenity Oaks. This document provides you with information about our clinic policies, and also contains information about privacy and disclosure of your protected health information (PHI).

OUTPATIENT BUPRENORPHINE SERVICES: Our physician will conduct an initial evaluation, which usually takes about one hour. If treatment continues we schedule follow-up appointments that are usually 15 minutes long. The follow up visits are monthly, but if you are requiring additional care we may schedule visits more frequently.

CANCELLATION: Please provide at least one business day's advance notice of cancellation. For example, an appointment for Monday needs to be cancelled before close of business on the Friday before, in order to avoid a missed appointment charge. A missed appointment fee will be charged for an appointment not cancelled with sufficient notice or for a no-show appointment. You are responsible for scheduling and keeping track of your appointments, but our system will send you email reminders if you will provide us with your email address.

PAYMENTS: We require payment prior to your appointment. We do not accept payment from third party payors, such as insurance, Medicare or Medicaid. If you would like to submit a claim to your carrier we can provide you with a superbill. You will have to communicate with the payor and follow up on your claims without assistance from our office. It is very likely that you will not receive any reimbursement, so you must plan accordingly and be prepared to pay your clinic bills in full before service is rendered.

BEFORE YOUR EVALUATION: It is important that you complete the Serenity Oaks Patient History form with as much detail as possible. Much of the information will be readily available to you, but some of it may require an effort to obtain. The information will not only be of use during your evaluation, it will also help organize your thinking about your psychiatric history. After completing the form, make a copy for yourself and bring the original to the evaluation. If there is a question on the form that you do not wish to answer or cannot answer, leave it blank. Please also become familiar with the Serenity Oaks Buprenorphine Treatment Agreement. This will be required before any treatment may be considered.

CONTACTING THE CLINIC: The office has limited scheduled clinic hours, and the scheduled hours may change. During off hours we do not have staff on site. Our clinical liaison answers and returns calls through the regular workday and for emergencies on weekends. When you call you will need to leave a message and your call will be returned during normal business hours. We do generally check messages and return calls daily, but if you indicate that the matter is not urgent, we may not return your call until the following business day. We do not use regular email or texting for communication because of its lack of security. We may close the office for holidays and vacations from time to time, but we typically schedule our patients appointments around those events.

TELEMEDICINE: Although our patients attend the clinic visit in person, to provide continuity and for monitoring purposes, our physicians are not always on site. We work with technology to provide clinic visits via telemedicine. You should expect to see the same physician with every visit. As we grow, we expect to bring in new doctors, but our goal is to provide continuous care for you in our office, and for you to see your doctor every month.



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LIMITS TO OUR RELATIONSHIP: When we negotiate a treatment plan, we will discuss the nature and scope of our relationship. Please understand that in this clinic setting we are only providing buprenorphine treatment for opioid dependence. We are not providing general psychiatric service, family medicine service, or pain management service. I cannot have other roles in your life, such as friend, romantic partner, or client of your work or services. As we live in a relatively small community, it is entirely possible that we will encounter each other outside of the office setting, for example at a restaurant or theatre. To protect your privacy in such circumstances, it is my policy not to acknowledge you first; please do not misunderstand this as a lack of recognition or caring! If you wish to acknowledge me and exchange a brief greeting, that is perfectly fine.

LIMITS ON CONFIDENTIALITY: In most situations, I can only release information about your treatment to others if you sign a written authorization form. My office staff have been given training about protecting your privacy. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement. If a patient seriously threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

PROFESSIONAL RECORDS: I maintain PHI (Personal Health Information) about you in your clinical record utilizing online medical records through Practice Fusion. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request.

ALCOHOL AND DRUG ABUSE: Federal law protects the privacy of alcohol and drug abuse records and records that contain alcohol and drug abuse information. In most cases we may not share any information outside our office that identifies a patient as an alcoholic or drug abuser. We may share the info if: 1) the patient gives permission in writing or 2) a court order allows us to share the information or 3) we share the information with medical personnel in a medical emergency or 4) we share the information for an approved person for research, audit, or program review.

REQUIRING YOUR WRITTEN AUTHORIZATION: Other uses and disclosures of your Protected Health Information that is not covered by this Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. If you give us written authorization to use or disclose the Protected Health Information about you, you may revoke that authorization, in writing, at any time. Once you revoke your authorization, we will thereafter no longer use or disclose your Protected Health Information for the reasons covered by your authorization. We will be unable to take back any disclosures that we have already made when your authorization was in effect, and we are required to retain our records of the care we have provided you. If we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.



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EMERGENCIES: As a small practice we do not have “crisis management” services. If you anticipate (or have had a history of) needing frequent crisis services, you may be better served by working with an agency that can provide more comprehensive coverage from a variety of practitioners, such as a MHMR facility with social workers and therapists, or a methadone program that provides daily monitoring. This is something we can discuss during your initial visit. Non-life-threatening crisis may be handled in our office and you can contact us during office hours. Please know that having strong thoughts or impulses to harm yourself (or others) *is* a medical emergency; in such a situation it is completely appropriate to contact 911 or seek help at an emergency room. The personnel there will be able to get you help in a crisis.

- 1) For any life threatening emergency call 911
- 2) Go to the nearest hospital emergency room

- 3) Links to additional resources are on the website, serenityoakscenter.com, opiates 101 tab.
- 4) For emergencies please call: National Suicide Prevention Lifeline at 800-273-8255.

I understand and agree to the above:

Print Name

Patient's Signature

Date