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Policies

Privacy

As a physician and psychotherapist, your privacy is of the utmost importance to me. Our communications (and even the fact that you have come to see me) are confidential. My policy is to release your information only:

- to you, or as explicitly authorized by you
- as necessary for your treatment (e.g., calling a prescription to a pharmacy, or managing an emergency)
- as necessary for reimbursement by any insurance you are using
- in rare instances, as otherwise required by law (e.g., as a mandated reporter of child abuse)

If it is important to you that I communicate with you in particular ways (e.g., not to leave a message at your work number), please be sure to let me know.

With some of my patients, I make video recordings of sessions, but only with prior discussion and written consent.

My privacy policy is available on my web site (www.natkuhn.com/privacy), and I will provide you with a printed copy on request. If you have any questions or issues about privacy, confidentiality, or how I manage your information, please speak to me or contact me.

Signed: _____

Date: _____

E-mail and Phone Calls

I am available by email, but email contact with me is not completely reliable. If you email me and don't hear back within a few days, please contact me again, either by phone or email. In the event of an emergency or anything requiring a rapid response, call me in addition to emailing.

Because email is not encrypted, it is not possible to absolutely guarantee its privacy. By emailing me, you are consenting to me sending you email communication that may contain protected information.

When I return calls on evenings or weekends, my number shows up as "blocked" on caller ID. If your phone does not accept calls from blocked numbers, I will only be able to call you during business hours. In recent years, telemarketers no longer call from blocked numbers, so if you are expecting me to call you back and get a call from a blocked number, it is more likely to be me than a telemarketer.

Signed: _____

Date: _____

<p>Cancellation and Lateness</p>	<p>If you're unable to keep your appointment, please give me as much advance notice (in person or by telephone) as you're able to. If the notice is less than 24 hours, you will be responsible for the full appointment charge; insurance does not cover the cost of missed or canceled appointments. If the advance notice is less than 24 hours, I am sometimes able to reschedule an appointment and waive the charge.</p> <p>I can only bill insurance for the amount of time I actually see you. If you are late enough that I cannot bill your insurance for a full-length appointment, you will be responsible for the difference between any partial insurance payment and the expected payment for the scheduled appointment.</p>
	<p>Signed: _____ Date: _____</p>
<p>Payment and Outstanding Balances</p>	<p>For patients who are paying out of pocket, payment is due at the time of service. For patients using insurance, co-pays can be paid at each appointment, or I can prepare a statement at the beginning of each month. I accept cash, checks, credit cards, and various forms of electronic payment.</p> <p>In order to focus on clinical work rather than collecting fees, I ask all patients to leave a credit or debit card on file with my billing system. Unless we make other arrangements, unpaid balances will be charged to the credit card. For payments due at the time of service, this charge will occur shortly after the appointment. Outstanding balances on monthly statements will be charged just before preparing the next month's statement. Significantly overdue balances may be subject to additional charges, such as interest, collection fees, etc.</p> <p>I am committed to being transparent with my billing practices. If you have any questions or feel that I have made an error—as sometimes happens—please contact me. Any erroneous charges will be refunded to you or applied as a credit toward future charges, according to your preference.</p>
	<p>Signed: _____ Date: _____</p>
<p>Pharmacy Renewals</p>	<p>Because pharmacies often generate renewal requests automatically, I no longer accept requests from pharmacies to renew prescriptions. If you need additional medication and have no refills on your current prescription, please contact me directly to renew the prescription.</p> <p>I came to this policy reluctantly, and for a number of reasons. Automated renewal requests can promote medical errors. For example, I have received automated requests that are incorrect because they do not reflect dose changes or are for discontinued medications. Automated renewals also increase health care costs. Pharmacies do not allow physicians to opt out, and often do not comply with patients' requests to opt out.</p>
	<p>Signed: _____ Date: _____</p>
<p>Other</p>	<p>Incidental Contact: I sometimes run into patients by chance, for example, on the street or at a movie theater. Because of confidentiality, I do my best to leave it up to you whether to acknowledge these encounters or not. It's OK with me when patients greet me, and it's OK with me when patients choose to ignore me in these situations.</p> <p>Ancillary Work: In the great majority of cases, ancillary work such as dealing with insurers is relatively quick, and I do not charge for it. If a task is particularly time-consuming, I will charge for my time at my clinical rate, and do my best to inform you beforehand.</p>
	<p>Signed: _____ Date: _____</p>