



Acknowledgement of Understanding

PLEASE BRING THIS FORM TO YOUR APPOINTMENT WITH DR. ROSS

_____ (Print Patient Name) _____ (Date)

Elizabeth Ross, M.D. is a board certified psychiatrist providing behavioral health treatment and psychopharmacologic management for children, adolescents, and adults at Colony Care. All patients of Dr. Ross should **review and sign** the following to verify your acknowledgement of understanding. If you have questions regarding any of the following, please inquire with Dr. Ross before agreeing to and signing this understanding.

1. All new, follow-up, canceled, and rescheduled appointments are made **through Paula Joaquin, who can be reached at 508.699.7555.**
2. A face to face office visit is necessary for all prescriptions and refills because medications require monitoring and adjusting. **Prescriptions will not be called in or sent to you for any reason.** Please check your medication supply and schedule your follow-up appointments in a timely manner to avoid running out. It is best to schedule a follow-up appointment immediately after your last visit.
3. Use a hospital emergency room for all urgent or emergent matters. Like most outpatient specialists, Dr. Ross has routine scheduled outpatient access only. If you experience an unexpected or unusual side effect from your medication, stop the medication at once. **If the side effect is of concern to you, seek an evaluation at the nearest emergency room.** After stopping medication, call to schedule a follow-up appointment if you still wish to discuss new medication options as part of your treatment.
4. Please bring all routine questions regarding your care to each office visit appointment. You can reach Dr. Ross through her voicemail at 781.431.1177, Extension x226. However, please note that you may be charged a fee of \$25 for each phone call to pay for her time. **Whether it is an urgent or routine call, it may take up to 1 or 2 additional business days for her to contact you.**
5. Please bring any paperwork you wish completed to your appointment so we can handle these details at the time of your visit. There is no time outside of scheduled office visits for insurance, disability, pharmacy, school, camp or work forms, to be completed. A 15-minute office visit appointment is usually enough time to address your request for paperwork.
6. **Full payment or patient co-payment is expected at the beginning of your visit.** We do not accept credit/debit cards, so please bring the appropriate **cash or check.** **Please make out checks to Colony Care Behavioral Health.** You should be familiar with your medical benefits and if a deductible or additional co-payment may apply. You are responsible for all charges not covered by your insurance and for alerting our office should your insurance change. Please reimburse Colony Care if you receive a bill for services not covered by your insurance.
7. **You agree to give 48 hours' notice if you need to cancel an appointment except in cases of emergency.** If you "no show," without calling to cancel, except in cases of emergency, Dr. Ross reserves the right to terminate your treatment agreement.
8. **If you have a complaint, please inform Dr. Ross immediately.** We wish to resolve your concerns as soon as possible. If she cannot resolve your complaint, you may contact Dr. Dan Jaquette and Dr. Mark Geer for billing and administrative matters.

I, _____, have read, understand and acknowledge these practice policies.

_____ (Signature) _____ (Date)