



The Fort Christian Psychiatric Center

Shaw Wendi Fortuchang, MD, FAPA

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DISCLAIMER: A doctor-patient, provider-patient, or therapist-patient relationship is NOT established until the decision is made to create such a relationship at the conclusion of your initial psychiatric diagnostic appointment. Therefore, you will NOT be considered a patient of Shaw Wendi Fortuchang, M.D., PC / The Fort Christian Psychiatric Center or its associates until then.

Insurance

The Fort Christian Psychiatric Center is not contracted with any insurance companies. This means that we do not accept insurance and we do not submit any billing claims to insurance companies. We are considered an “out-of-network” provider. If you wish to be reimbursed by your insurance company, you will be responsible for filing the claim on your own. You will be given a receipt containing all the codes needed by your insurance company. We reserve the right to charge additional administrative fees related to insurance claims, when appropriate. X_____

Appointments

Our office hours (summer and regular) follow the Fayette County School calendar. When Fayette County schools are closed due to inclement weather, we will also be closed.

HOURS: 7am-7pm on Mon-Thu.

We are closed on Fridays and weekends.

Appointments are scheduled as frequently as necessary considering the patient’s clinical condition, and the need for supervision and changes in the medication regimen to properly provide safe medical care. Patients are expected to arrive on time for their appointments. Please note that arriving 10 minutes after your appointment time is considered late. As a courtesy, we will allow late arrivals to be seen **up to 15 minutes** after the scheduled appointment time, and the remainder of the time may be used. ***Once 15 minutes have elapsed, the appointment will be automatically cancelled. Payment for the full fee of the cancelled session will be expected prior to rescheduling the appointment.** X_____

Appointment Reminders for Established Patients

It is always the responsibility of the patient to remember the date and time of their appointment. However, as a courtesy, and only after you have provided consent to receive them, an appointment reminder will be sent via email from our encrypted electronic medical record system (TherapyNotes, LLC). These reminder emails are typically sent about 2 days prior to the appointment. If, for any reason, the email does not get sent, is sent to your spam folder, or is sent with incorrect information resulting in a late arrival or a missed appointment, TFCPC will **not** be held responsible. Dr. Fortuchang will never change an appointment date or time without notifying you first. Please always adhere to the appointment date and time that you and Dr. Fortuchang schedule together at the end of your session. **Therefore, if the system sends a reminder email with incorrect information and you are late to or miss your appointment as a result, then you will be held solely responsible and will be charged the full amount for that session.** X_____

Payment Options

We operate on a fee-for-service basis. We accept American Express, Discover, MasterCard and Visa credit cards, cash, checks and debit cards. Full payment is expected at the time services are rendered. **A \$35 fee will be assessed for any returned checks. Writing more than 1 bad check will result in revocation of all check-writing privileges at The Fort Christian Psychiatric Center.** X_____

Initial Diagnostic Evaluations & Consultations

Initial Diagnostic Evaluations and Consultations are ONLY conducted on Wednesday and Thursday mornings. If you choose to cancel your appointment, then you must do so at least 1 week prior to the exact date and time of the appointment in order to avoid being charged. **A cancellation made up to 48 hours to the exact date and time of the appointment will be charged half the fee for the missed session. A cancellation made after 48 hours to the exact date and time of the appointment will be charged the full fee for the missed session. All no-shows are charged the full fee for the session.** The Initial Diagnostic Evaluation is always considered a consultation. The decision of whether or not subsequent appointments are scheduled, and whether or not a patient-doctor relationship will be established, is made completely by Dr. Fortuchang and The Fort Christian Psychiatric Center. In the event that the initial evaluation is solely a consultation, a consultation report may be made available to you upon request. The individual or their designated guarantor will be fully responsible for all fees incurred at the time of the consultation. X_____

Cancellations and No-Shows for Established Patients

Your appointment time is reserved specifically for you. Therefore, The Fort Christian Psychiatric Center adheres to a strict cancellation and no-show policy. **Missed appointments not cancelled within 24 hours to the exact date and time of the scheduled appointment will be charged the full rate for the session.** No-shows occur when a patient does not call to cancel their appointment and does not show up for it. **No-shows are ALWAYS charged the full fee for the missed session.** Please note that insurance companies DO NOT reimburse these fees.

To cancel an appointment, you may call and speak with a representative of TFCPC or leave a voice message. To reschedule an appointment, you must speak directly with a representative of TFCPC. Patients with outstanding balances may NOT schedule a follow-up appointment until after the balance is paid in full. When possible, patients are asked to please cancel appointments during business hours. X_____

Telephone Policy

To provide quality care to her patients, Dr. Fortuchang prefers to personally return calls to her patients. Messages left between the hours of 7am and 2pm on Monday through Thursday will be returned within 24 hours. All messages left after 2pm on Thursday will be returned on the next business day (Monday). **If you are experiencing a life-threatening emergency, do not call the office first. Please call 911 or go to the emergency room.** X_____

Extensive Phone Call Policy

For more extensive phone calls please schedule a phone appointment with Dr. Fortuchang. There will be a routine charge for these phone sessions based on the time spent per call. (Please see fee schedule outlined above). This includes phone calls lasting longer than 10 minutes.

*Please note that most insurance companies **will not** reimburse for phone consultation fees. X_____

After Hours, Urgencies and Emergencies

An urgent matter is anything requiring Dr. Fortuchang's attention, which can be fully addressed in the office or via telephone (needing a prescription, having questions about your medication, a recent non-life-threatening stressor, etc.). In other words, it is NOT an emergency. An emergency is anything that is life-threatening which requires immediate attention and cannot be fully addressed in the office or via telephone. Typically, emergencies require you to call 911 or to go to your nearest emergency room.

During normal business hours, please call the office for any urgent matters. For urgent matters occurring outside normal business hours that cannot wait until the next business day to be addressed, please call our after-hours line (our fax line). Your call will be routed directly to Dr. Fortuchang's private voicemail. Please leave a message including your name, the patient's name (if different), the best contact number where you can be reached, and the issues concerning you/the patient. Dr. Fortuchang will be notified and your call will be returned as soon as possible.

For emergent matters, please call 911 or go to the nearest emergency room. Also available to you is the Georgia Crisis and Access Line 1-800-715-4225, and the National Suicide Prevention Lifeline at 800-273-8255.

**Patients are expected to call our office to schedule an appointment following any and all emergencies. X_____

Medication Refill Policy

Part of providing quality care is safe monitoring of medication. We make every effort during your appointment to provide enough medication refills to last until your next appointment. Once you have requested your last refill from your pharmacy, we require you to schedule a follow-up appointment before the next refill.

**We charge \$25 for ALL medication refill requests made between appointments.

**Prescriptions are only "called in" for current patients of The Fort Christian Psychiatric Center who maintain their regularly scheduled appointments. Refills for controlled substances with always require an appointment with Dr. Fortuchang.

WE WILL NOT HONOR MEDICATION REFILL REQUESTS FAXED TO US FROM YOUR PHARMACY. PATIENTS MUST CALL OUR OFFICE DURING NORMAL BUSINESS HOURS TO REQUEST MEDICATION REFILLS.

Medication refills will not be called in after hours, over the weekend, or on holidays.

Therefore, we urge you to pay close attention to your medication supply. We encourage you to make prescription requests during your appointment in order to avoid being assessed a \$25 fee. X_____

Photocopies

I agree that photocopies and electronic copies of this form are as valid as the original. X_____

Email Policy

*Please note that Dr. Fortuchang prefers to communicate via telephone and no longer engages in email communication with patients or their representatives. However, as a courtesy, she agrees to receive brief emails simply to cancel appointments ONLY. Emails sent with any other information is strictly prohibited and goes directly against our office policy. **Emails are not checked after hours or on weekends. Again, if you are experiencing an urgent matter, then call our office. If you are experiencing an emergency, then call 911 or go to your nearest emergency room. **URGENT AND/OR EMERGENT MATTERS SHOULD NEVER BE BROUGHT TO DR. FORTUCHANG'S ATTENTION VIA EMAIL**** Doing so is in direct violation of our office policies and may result in revocation of email privileges. Again, emails sent to TFCPC may only be in reference to an appointment cancellation. Be aware that emails will typically not receive a reply. All other concerns may only be addressed by calling our office. X_____

Note: By choosing to communicate via Email or Internet, you are assuming a certain degree of risk of breach of privacy. The Fort Christian Psychiatric Center cannot ensure the confidentiality of our electronic communications against purposeful or accidental network interception. Due to this inherent vulnerability, we would caution you against emailing anything of a very private nature. Additionally, your doctor will save email correspondence with you and these communications should be considered part of the medical record; therefore, you should consider that our electronic communications may not be confidential and will be included in your medical chart. X_____

Policy for Termination of Treatment

Patients are under no obligation to continue services should they choose to terminate their treatment. However, we strongly suggest that the doctor be notified regarding this decision in order to properly begin the termination process. Similarly, The Fort Christian Psychiatric Center reserves the right, under any circumstances, to terminate the doctor-patient relationship at the discretion of Dr. Fortuchang. The decision to do so would be fully discussed with the patient, and a referral to another psychiatrist would be provided upon request. Patients with inactive charts for 3 months and longer are subject to termination. **We charge \$25 for medical records to be forwarded.**

Once treatment is terminated, it is our policy NOT to re-establish the doctor-patient relationship—regardless of how the termination process was initiated. ****PLEASE** note that patients are fully responsible for any and all outstanding balances at the time of termination. X_____

Policy Changes

The Fort Christian Psychiatric Center reserves the right to change/modify/amend/update our office policies at any time. You will be notified of any changes. The updated version will always be available on our website and at our front desk for your review. X_____

Outside Food & Beverages

Because this is a physician's office, it is the policy of The Fort Christian Psychiatric Center to refuse to allow consumption of outside food and beverages (not including water) within our office. X_____

Prior-Authorization, Records, Forms and Other Fees

Requests for prior-authorization: \$15/request.

Requests for medical records: \$25/request.

Requests for completion of forms (school, work, jury duty, insurance companies, etc): \$15/form.

Requests for medication refills made between appointments: \$25/refill.

Use of the credit card form on file for payment of services will result in a surcharge of \$2/use. X_____

Consent for Treatment

I have read and initialed the office policies of The Fort Christian Psychiatric Center. I understand them and I agree to adhere to them. I understand that The Fort Christian Psychiatric Center is a Christian, Bible-based practice. I understand that The Bible, Scripture and prayer are used as the foundation for the treatment—as is dictated by The Holy Spirit. I hereby consent to be treated by physicians and/or mental health professionals associated with The Fort Christian Psychiatric Center and Shaw Wendi Fortuchang, M.D., P.C. I understand this consent does not constitute a guarantee about the results of my treatment. I understand that I can terminate this consent for treatment at any time. I also understand that my doctor, prescribing provider, therapist or counselor may terminate consent for treatment at any time, and will discuss the reasons with me if this should occur. Potential reasons include misuse of prescribed medications or mental health services, failure to reimburse for services rendered, failure to keep appointments or repeated cancellations of appointments, etc. I agree that I am personally responsible for ensuring that all charges for services rendered are paid by me, at the time services are rendered. All balances 30 days past due will be deemed delinquent and may carry a late fee equivalent to 1.5% per month of the outstanding balance. Outstanding balances over 90 days may be referred to a collection agency. Delinquent accounts must be paid in full before any future services will be provided. X_____

Statement of Confidentiality: Under Georgia law communications between patients and psychiatrists are confidential, and under ordinary circumstances, only the patient may waive this privilege. However, there are three clear exceptions in which a psychiatrist is legally and ethically bound to break confidentiality: (1) the patient is imminently dangerous to him or herself, (2) the patient is imminently dangerous to others and/or has made specific threats to harm an identifiable third person, (3) actual or suspected incidents of child abuse. Although legally and ethically bound to break confidentiality under the aforementioned circumstances, we will not do so without attempting to discuss it with you first. X_____

I authorize The Fort Christian Psychiatric Center to provide information concerning my treatment to any physician or therapist who referred me to The Fort Christian Psychiatric Center, as well as to my primary care physician for the sole purpose of collaborating my psychiatric care. X_____

ACCEPTANCE OF THE OFFICE POLICIES OF TFCPC

Dr. Fortuchang is committed to providing professional services of the highest quality and standards, and she considers it an honor to serve you. In order to provide her patients with the most efficient and responsible care, Dr. Fortuchang requires agreements be made as to the policies stated above. Patients are encouraged to ask questions before signing.

The invalidity of any provision of this agreement will not affect the validity of any other provision.

I have read, initialed and been given a copy of each of the office policies of The Fort Christian Psychiatric Center (TFCPC) in their entirety. I understand them, I agree with them, and I will adhere to them. X_____

I have read, signed and been given a copy of the Pearls of Wisdom of The Fort Christian Psychiatric Center (TFCPC) in their entirety. I understand them, I agree with them, and I will adhere to them. X_____

Signature of Patient/Parent/Guardian: _____

*This must be the signature of the person signing. It is illegal in the state of Georgia to sign another person's name without Power of Attorney.

Printed Name of Patient/Parent/Guardian: _____

POA Signature: _____ Date: _____