



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.

Please read each section very carefully before initialing where highlighted.

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, but we cannot guarantee that your insurance company will reimburse for services rendered. 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. X_____

HOURS: Mon-Thu from 7am – 7pm. Appointments are scheduled on Tuesdays, Wednesdays and Thursdays. We are closed on Fridays and weekends. X_____

Scheduling and Punctuality: 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 (This policy does NOT apply to 15-minute sessions). *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_____

Missed Appointments: Missing appointments makes it extremely difficult for us to provide efficient patient care. Patients who cancel 3 or more consecutive appointments are subject to termination. Additionally, if a patient has not been seen in 3 months or longer, they may be subject to termination. Patient safety is our utmost concern at The Fort Christian Psychiatric Center. Making and keeping regularly scheduled appointments is an integral component of this safety process—especially when medication is prescribed. The frequency of which appointments are scheduled is an important medical decision, involving clinical experience and guidance from The Holy Spirit. Close adherence to our office policies and pearls of wisdom covenant agreement is vitally important to us as a Christian-centered medical practice. X_____

Appointment Reminders for Established Patients: It is always your responsibility to remember the date and time of your appointment. However, as a courtesy (and only after you have provided consent to receive them), an unencrypted appointment reminder will be sent via email from our business email address (office@thefortchristian.com). These reminder emails are typically sent about 3-7 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, TFPCPC 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 scheduled at the end of your session. Again, if you receive a reminder with incorrect information and you miss your appointment, or if the reminder goes to junk or spam and you never receive it, you will be held solely responsible and will be charged the full cost 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, debit cards and health savings 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 typically conducted in the morning on Tuesdays, Wednesdays and Thursdays. If you choose to cancel your appointment, then you must do so at least 48 business hours prior to the exact date and time of the appointment in order to avoid being charged. A cancellation made after 48 business hours to the exact date and time of the appointment will be charged the full fee for the missed session. *Tuesday evaluations must be cancelled by the previous Thursday. All no-shows are charged the full fee for the session and are not granted another appointment. X_____

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 becomes a consultation, a brief 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 Only: 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. X_____

To cancel an appointment, you may call and speak with a representative of TFPCPC or leave a voice message. To reschedule an appointment, you must speak directly with a representative of TFPCPC. Patients with outstanding balances may NOT schedule a follow-up appointment until after the balance is paid in full. 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 7pm on Monday through Thursday will be returned within 24 hours. All messages left after 7pm on Thursday will be returned on the next business day (Monday). X_____

**If you are experiencing a life-threatening emergency 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. Phone sessions are charged the same rate as in-office sessions, based on the time spent. (Please see fee schedule on the website). This includes phone calls lasting longer than 10 minutes. X_____

*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 (prescription refill, medication questions, a recent non-life-threatening stressor, etc.). In other words, it is not an emergency. X_____

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. X_____

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 fax line (770-376-6727). 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. If you leave a message, Dr. Fortuchang can be notified and your call will be returned as soon as possible. X_____

For emergencies, please call 911 or go to the nearest emergency room. **Patients are expected to schedule an appointment following any and all emergencies. X_____

**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.

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. X_____

**We charge \$25/medication for all medication refill requests made between appointments. X_____

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

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

**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_____

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_____

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

Email Policy: *Please note that we prefer to communicate via telephone and we do not engage in email communication with patients or their representatives. However, as a courtesy, we agree 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. X_____

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 EMERGENCY MATTERS SHOULD NEVER BE BROUGHT TO OUR 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. We 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, it is required that we be notified, in writing, in order to properly begin the termination process. Similarly, The Fort Christian Psychiatric Center reserves the right, under any circumstances (including failure to adhere to the treatment plan, office policies and pearls of wisdom covenant agreement, etc.) to terminate the doctor-patient relationship at the discretion of Dr. Fortuchang. Patients with inactive charts for 3 months and longer are subject to termination. We charge \$25 for medical records to be forwarded. X_____.

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_____

Prior-Authorization, Records, Forms and Other Fees: Medical records: \$25/request. X_____

Completion of forms (school, work, jury duty, insurance companies, prior auth, etc.): \$35/form. X_____

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

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

Session Fees: Our fees are subject to change to keep pace with inflation, business overhead, and other factors to the discretion of Shaw Wendi Fortuchang, M.D, P.C. / The Fort Christian Psychiatric Center. X_____

Consent for Treatment at a Christian-Centered Medical/Psychiatric Facility: 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. 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 these 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: We are committed to providing professional services of the highest quality and standards, and we consider it an honor to serve you. In order to provide our patients with the most efficient and responsible care, we require agreements be made to the policies stated above. Patients are encouraged to ask questions before signing.

I have read and initialed 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 and signed 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/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 (POA).

Printed Name of Patient/Guardian: _____ Date: _____

(POA Signature (if applicable): _____ Date: _____)