

Frederick Psychiatry, LLC - Patient Handbook

Welcome to Frederick Psychiatry, LLC

This handbook is intended to help you understand your rights and responsibilities and make the most of your treatment. If you have any questions, our team is here to help. Thank you for choosing Frederick Psychiatry.

Non-Discrimination Policy

We are committed to providing care in a respectful, inclusive environment. We do not discriminate based on race, color, age, sex, national origin, marital status, disability, sexual orientation, religion, economic status, or political views. This applies to all aspects of care, employment, and participation in our services.

About Our Practice

Frederick Psychiatry provides personalized mental health care in a private, supportive setting in Westview Village, Frederick, MD. We focus primarily on medication management for chronic mental health conditions, while preserving the integrity of the provider-patient relationship without unnecessary digital distractions.

Appointments

Visits to Frederick Psychiatry are by appointment only. We are not a walk in service. If you have an emergency or urgent requirement please call 911 or go to your nearest emergency room.

Appointments can be made online, by phone, or in person. If you need to cancel, please give at least 24 business hours' notice to avoid a no-show fee.

Treatment Services

Medication Management: Meet with a psychiatrist or nurse practitioner to discuss and manage medications tailored to your needs.

Therapy & Coaching: Supportive, goal-oriented therapy and coaching may be offered alongside medication when appropriate.

Alternative Methods: We support evidence-based approaches such as meditation, journaling, and other wellness practices.

Maximizing Your Treatment

To get the most from your care:

- Attend scheduled appointments
- Communicate openly with your provider
- Take medications as prescribed without missing doses
- Complete lab tests and monitor for side effects

While some conditions may not be curable, consistent care can greatly improve quality of life.

Fees and Missed Appointments

Payment is due at or before each visit. We charge for missed appointments not canceled with at least 24 hours'

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notice during business hours.

Patient Rights and Responsibilities

At Frederick Psychiatry, LLC, we are committed to providing care in a respectful, inclusive, and supportive environment.

Your Rights as a Patient

You have the right to:

- Be treated with dignity and respect in a safe, non-discriminatory environment regardless of age, race, ethnicity, culture, language, gender identity, sexual orientation, religion, veteran status, disability, or ability to pay.
- Receive care that is sensitive to your cultural and spiritual values.
- Be fully informed of your rights as a patient.
- Participate in your care and discharge planning, including:
 - Knowing the names of your providers
 - Understanding your diagnosis, prognosis, medications, and treatment options
 - Being informed of the risks, benefits, and alternatives of recommended care
- Ask questions and stay informed about your progress in treatment.
- Discuss medications openly with your doctor, including how they work, how they make you feel, potential side effects, and the right to refuse medications.
- Be informed in advance of the cost of care and have access to billing information.
- Have your privacy and the confidentiality of your medical records protected.
- Discontinue treatment if you choose.
- Be free from physical, emotional, verbal, or sexual abuse.
- File a complaint or grievance, and receive a response within 7 business days.

Your Responsibilities as a Patient

You are expected to:

- Treat all staff, patients, and visitors with respect and courtesy.
- Provide complete and honest information about your health history.
- Work toward your treatment goals, including taking medications as prescribed.
- Share feedback with your provider about how medications are affecting you.
- Follow your treatment plan and discuss any concerns or difficulties with your provider.
- Keep your demographic and employment information updated with the administrative staff.
- Pay your fees at or before the time of your appointment. If you have payment concerns, discuss them with staff or your provider.
- Arrive on time for your appointments. If you are late, your session time may be shortened.
- Notify the office at least 24 business hours in advance if you need to cancel or reschedule. Missed appointments without adequate notice may result in a fee.

If you have any questions or concerns about your rights or responsibilities, please speak with your provider or a member of our administrative staff.

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Purpose of This Notice

This notice explains how we may use or share your Protected Health Information (PHI) for treatment, payment, healthcare operations, and other purposes allowed or required by law. It also outlines your rights regarding your PHI.

Frederick Psychiatry, LLC is legally required to:

- Keep your PHI private.
- Provide this Notice detailing our privacy practices.
- Follow the terms of the current Notice.
- Notify you of any breach of unsecured PHI.

Any use or disclosure not listed in this Notice will require your written authorization, which you may revoke at any time.

Key Definitions

- PHI: Any identifiable health information related to your care, including demographics.
- You/Your/Patient: The individual receiving care, or their authorized representative.
- Treating Clinician: The provider responsible for your mental health services.
- Medical Record: Includes clinical service documentation; psychotherapy notes are kept separate and are more restricted in use.

Who Follows This Notice

All staff, providers, and authorized personnel at Frederick Psychiatry, LLC who have access to your medical records.

How We May Use or Share Your PHI

1. For Treatment

We may use or share PHI to provide, coordinate, or manage your care, including:

- Communicating with your other providers (inside or outside our clinic).
- Coordinating services like lab work or prescriptions.
- Referring you to other facilities or aftercare providers.

2. For Healthcare Operations

We may use PHI for internal operations, such as audits, licensing, and quality improvement.

3. Appointment Reminders & Benefits

We may contact you about appointments, treatment options, or health-related services.

4. Involvement in Your Care

With your permission, we may share PHI with a family member or person involved in your care or payment.

In emergencies or disasters, we may share your status and location when necessary.

5. As Required by Law

We may disclose PHI to comply with legal requirements, including:

- Public health reporting
- Abuse or neglect reporting
- Law enforcement or court orders
- Preventing serious health threats

6. Military & National Security

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Under specific conditions, we may share PHI with authorized federal or military officials.

Your Rights Regarding PHI

1. Right to Access

You may view or request a copy of your medical/billing records. Reasonable copying fees may apply. Some requests may be denied, but you may request a review of that decision.

2. Right to Amend

You may request an amendment to your PHI if you believe it is incomplete or incorrect. Requests must be in writing with a reason. We may deny changes in certain cases, such as if we did not create the information.

3. Right to an Accounting of Disclosures

You may request a list of who accessed your PHI in the last 6 years (excluding treatment, payment, and operations). The first request in a 12-month period is free; additional requests may incur a fee.

4. Right to Request Restrictions

You may request limits on how we use or share your PHI. We are not required to agree unless you pay in full out-of-pocket for a service and request that it not be shared with your insurer.

5. Right to Confidential Communication

You may request that we contact you in a specific way (e.g., only by mail or phone). Requests must be in writing.

6. Right to a Paper Copy

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. It is also available at frederickpsychiatry.org.

7. Right to Revoke Authorization

You may revoke your written authorization at any time by submitting a written request. Past disclosures made with your authorization cannot be undone.

Changes to This Notice

We may update this Notice at any time. Updates apply to all PHI we currently have and any we may collect in the future. The current version will always be available in our office and online.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with:

Frederick Psychiatry, LLC

5100 Buckeystown Pike, Suite 250

Frederick, MD 21704

Phone: (240) 415-6100

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

For questions about this Notice or your rights, call 240-415-6100.