

# VALERIE T. RELACION, M.D., PC

ADULT, CHILD, AND ADOLESCENT  
PSYCHIATRIST

## **Practice Policies and Procedures**

Welcome to my new practice, and thank you for entrusting me with the care of you and/or your child. I would like to outline the following practice policies and procedures. Your understanding and agreement to these terms are necessary for the provision of professional services. If you have any questions or concerns about these policies, please do not hesitate to discuss them with me.

## **Clinical services**

As a new patient, you hereby provide consent for yourself/your child to undergo a comprehensive diagnostic assessment. Following the evaluation, which may span two sessions, we will collaboratively determine the course of treatment moving forward.

In situations where there is a risk of physical harm to you, your child, or others, it is imperative that you immediately call 911 or proceed to the nearest emergency room. For urgent matters outside of regular business hours, kindly follow the instructions provided in my after-hours message.

I want to inform you that I do not hold admitting privileges at any hospital and am not affiliated with any hospital staff. If a higher level of care is deemed necessary, I will facilitate appropriate care arrangements. However, I cannot directly provide such care nor guarantee the quality of care provided by others.

In accordance with legal and professional standards, all communication and clinical treatment will be documented in the patient chart. Upon request, you are entitled to receive a copy of these records. If there are concerns that viewing the records might be emotionally distressing, alternative arrangements can be made.

## **Medication Management:**

If you/your child are under my care for medication management alone, please note the following:

- In the case of an emergency or crisis, excluding medication-related issues, please contact your/your child's therapist first.
- If you/your child are considering discontinuing therapy or have already done so, please inform me promptly.
- Follow-up appointments for medication management will be required in person at least every three months unless otherwise determined by me.

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P: (301) 396-7698 | F: (301) 238-7920  
11810 Grand Park Ave, Suite 500  
North Bethesda, MD 20852



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## **Procedure for Prescription Refills:**

You understand that prescription refills will be submitted on the date of your scheduled appointment. When requesting subsequent prescription refills, you agree to provide the exact submission date to the pharmacy to ensure a smooth and timely refill process.

## **Risks and Benefits of Psychotherapy:**

Psychotherapy may involve the experience of uncomfortable feelings and the recall of unpleasant events. You acknowledge the potential benefits of psychotherapy, including a reduction in distress, improved relationships, enhanced problem-solving, and coping skills, and the resolution of specific problems. You recognize that psychotherapy is an inexact science, and no guarantees can be made regarding the outcome.

## **Confidentiality:**

You acknowledge that while psychotherapy is confidential, there are exceptions, including but not limited to:

- Imminent danger of harm to self or others
- Suspected child or elderly abuse or neglect
- Court-ordered release of information
- Initiation of a malpractice lawsuit or billing dispute
- Insurance company review of case
- Credit card payment statements
- Sending balance-due statements to collections
- Consultation with administrative staff or colleagues

I confirm that I have reviewed the HIPAA privacy practices provided to me.

**(initial here):** \_\_\_\_\_

## **Professional Fees:**

You agree to pay the following professional fees for services provided by Dr. Valerie Relacion:

- Initial Adult Evaluation (75 minutes): \$625
- Initial Adult Evaluation With Parents Present (90 minutes): \$750
- Initial Child and Adolescent Evaluation (90 minutes): \$750
- Follow-Up appointments (25-30 minutes): \$250
- Follow-Up appointments (45 minutes): \$375
- Follow-Up appointments (10-15 minutes): \$200

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**Appointment Duration:**

Please be aware that your second appointment may require a longer duration of 45-60 minutes. This is to ensure that we have ample time to address your needs thoroughly.

**Payment Terms:**

Payment is due at the time of service. Charges are subject to change. Please note that we do not accept check payments.

**Credit Card Details in Patient Portal:**

For your convenience, we request that you store your credit card information securely in your patient portal. Keeping your credit card details up to date ensures that we can process your payment accurately and promptly.

**Authorization for Credit Card Use:**

By receiving care from our practice, you affirm that you are an authorized user of the credit card whose number and expiration date are supplied, and you authorize its use for all fees incurred as outlined in these policies.

**Balances and Collections:**

Unpaid balances exceeding 30 days may be subject to a \$50 fee, and outstanding balances, along with any associated collection fees, may be submitted to collections.

**Insurance Coverage:**

Dr. Relacion does not have a direct contractual agreement with any insurance company to accept their rates for services. As an out-of-network provider, you have the option to receive services from Dr. Relacion, but it is important to understand that insurance coverage and benefits may differ. It is recommended that you contact your insurance provider to inquire about reimbursement rates and procedures.

**Billing and Statements:**

After each visit, you will receive an itemized billing statement detailing the services provided and corresponding charges. This statement will be delivered to your patient portal and can be used for insurance claims, reimbursement, or tax purposes.

**Payment for Additional Services:**

By receiving care from our practice, you agree to be responsible for payment for any time spent outside of scheduled session time, as outlined below. It is important to note that insurance companies typically do not reimburse for these additional services.

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Examples of additional services include, but are not limited to:

- Phone calls, messages in the patient portal, voicemails, letters, video sessions, and texts between you, your child, other physicians, therapists, teachers, family members, insurance companies, etc.
- Prescription refills requested outside of session time (charged \$50 per prescription sent). Please ensure accurate medication counts or bring medications to the appointment (virtual or in-person).
- Time spent obtaining prior authorizations, as necessary.
- Coordination of care for emergencies, hospitalization, intensive outpatient, residential treatment, rehabilitation, etc.
- Completion of forms (insurance, worker's compensation, school, employer; doctor's notes, letters, or reports) and chart reviews not completed during sessions.
- Testimony in court, depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency, or other legal authority.

**Financial Responsibility and Balances:**

You are financially responsible for all charges associated with the above-mentioned additional services, regardless of whether insurance pays for primary treatment services or other charges. This responsibility extends to circumstances such as proceeding with treatment following the initial evaluation and the success of treatment, for which no guarantee can be made.

By signing below, you acknowledge that you have read, understood, and agreed to the above information and policies. You authorize Dr. Relacion to provide psychotherapy and related services in accordance with the terms outlined in this document.

----- Date: -----  
Patient Signature

----- Date: -----  
Parent/Guardian Signature (if applicable):

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