



**ANGELA KOKINAKOS**  
**ARNP, DNP-PMHNP**  
board certified  
psychiatric nurse practitioner

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## Office Policies & Service Agreement

Phoenix Psychiatric Services PLLC

Dr. Angela Kokinakos, ARNP, DNP-PMHMP

Thank you for choosing **Phoenix Psychiatric Services PLLC** (the office of Dr. Angela Kokinakos, ARNP, DNP-PMHMP BC) for your mental health care.

I am grateful for the opportunity to provide you with professional services, including psychiatric evaluation, medication management, and brief psychotherapy. At all times, it is important that you have a clear understanding of why you are receiving services, and how I am attempting to assist you in your mental health care. If you are uncertain about the plan of care, office policies, or this service agreement, please ask for clarification.

This **Agreement** explains the office policies, procedures, and practices. Please read it carefully and let me know if you have any questions. At the end of this each page, there is a place to initial, and at the end of the document, you will be asked to sign, indicating that you have read, understand and accept the Office Policies and Service Agreement. It might seem like a lot of information, but it is very important that you understand my guidelines for the provision of services; please feel free to ask any questions for clarification. Patients may revoke this Services Agreement in writing at any time. Dr. Kokinakos will consider your written revocation request as binding except in a few circumstances, such as: (1) if Dr. Kokinakos has taken action in reliance on the agreement and (2) you have not satisfied the financial obligations you have incurred with Dr. Kokinakos.

Dr. Kokinakos reserves the right to change the practices described, or terms of this Services Agreement, at any time. If changed, you may receive the most current Policies & Services Agreement by making a request via phone, text, or email on the contact card (above), or by visiting the office (advance notice required).

## Patient Rights

- You have the right to refuse treatment.
- You have the right to change practitioners or receive a referral to another practitioner.
- You have the right and responsibility to choose a practitioner that best suits your needs.
- You have the right to confidentiality (with exceptions for the reporting of abuse as required by law, danger to yourself or others, or grave disability). See “*Notice of Privacy Practices*”
- You have the right to raise questions about the therapeutic approach or your progress at any time.

## Mental Health Services

Dr. Kokinakos has provided you with information about the Health Insurance Portability and Accountability Act (“HIPAA”) as a part of the “Notice of Privacy Practices (“NPP”).” HIPAA is a federal law that provides you with certain rights and protections for your Protected Health Information (“PHI”). It is important for you to know how your health information can be disclosed or used for the purpose of treatment, payment, and health care operations. The NPP form explains in detail what HIPAA is and how it applies to your health information.

## Payment Policies and Fees

Payment in full is due at the time of service unless other arrangements have been made with Dr. Kokinakos ahead of time. If Dr. Kokinakos is contracted with your insurance company, your copayment or co-insurance is due at the time of service as specified by your plan. If we are not contracted with your insurance company, please pay at time of service and Dr. Kokinakos will provide you with a receipt that you may use to file a claim for reimbursement.

Phoenix Psychiatric Services uses ABH Account Services (“ABHAS”) as our billing service; they can be contacted to answer your billing questions and concerns at (206) 726-1790. ABHAS keeps regular business hours Monday through Friday; you may leave messages on the secure voicemail at any time. You may contact ABHAS to make payments at the above number, or with Dr. Kokinakos in person, or over the phone. ABHAS does not retain credit card information.

## Insurance

Contracting with insurance is a slow process. In the meantime, I can only accept private pay. You may still be able to use your insurance if you have *out of network benefits*. On your initial visit, please bring your insurance card and state issued ID. Any remaining balance for non-covered benefits and deductibles will be the patient’s responsibility. By paying with insurance, you are both authorizing Dr. Kokinakos to release information required to process your insurance claims *and* authorizing your insurance to directly pay Dr. Kokinakos (Phoenix Psychiatric Services PLLC).

Your insurance carrier may reimburse you for payments even though Dr. Kokinakos is considered an "out of network" provider. If you wish to seek reimbursement from your insurance carrier, Dr. Kokinakos can provide you with a signed receipt for services, which contains what would reasonably be expected to be the information necessary for your insurance carrier to process your reimbursement. Patients are responsible for the disclosure of the information contained on such a receipt and for completing any relevant insurance claim form, submitting such claim, and directly seeking reimbursement from their insurance carrier. Dr. Kokinakos is not able to bill Medicare or Medicaid for you.

If Dr. Kokinakos is billing insurance and you are certain you have remaining benefits, only your copayment is due at the time of your appointment. Once insurance claims have been processed, a monthly bill will be sent out that will inform you of any balance due. It can take up to 60 days for insurance claims to be processed. If your account remains delinquent for 120 days or more, Dr. Kokinakos reserves the right to discontinue services until full payment is received and/or refer the account to a collection agency. Insurance reimbursement is a contract between you and your insurance carrier. Dr. Kokinakos cannot accept responsibility for collecting on a disputed insurance claim. For those not utilizing insurance, payment is due at the time of your appointment. You are ultimately responsible for full payment on your account.

#### Fee Schedule 2024

<i>Type of Appointment</i>	<i>Code</i>	<i>Time</i>	<i>Complexity</i>	<i>Fee</i>
Psychiatric Assessment (initial evaluation)	99203	30-44 minutes	Low	\$275
	99204	45-59 minutes	Moderate	\$275
	99205	60-74 minutes	High	\$300
	99417	+15 minutes	Extra Time	\$25
Medication Management (Follow-Up Visits)	99213	20-29 minutes	Low	\$130
	99214	30-39 minutes	Moderate	\$150
	99215	40-54 minutes	High	\$175
	99417	+15 minutes	Extra Time	\$25
Therapy (With Medication Management, in addition to time-based fee above)	90833	16-37 minutes		\$100
Therapy (Without Medication Management)	90834	38-52 minutes		\$150
Returned Check Fee				\$25

Telephone calls in excess of five to ten minutes will be charged on a prorated basis. Insurance companies do not necessarily reimburse for telephone calls.

### **Cancellation/No-Show Policy**

When you make an appointment, I reserve my time for you and prevent others from taking that allocation. If you cancel with less than 24 hours' notice, I cannot offer that time to another patient. Cancellation with less than 24 hours' notice is considered that same as not showing for a scheduled appointment; either incident will result in being charged a fee equal to the full rate for the time reserved. *Insurance companies do not reimburse for missed appointments.* The patient will be responsible for fees accrued due to missed appointments, no-shows, or cancellations with less than 24 hours' notice.

### **Length and Frequency of Appointments**

It is necessary to start and end on time. I will do all that is possible to keep appointments on schedule. In the event that you are late for an appointment, please note that we may not be able to run over your scheduled time, as that will make me late for my next patient. If you have missed any portion of your scheduled time, you will still be charged for the full appointment time. Meetings may be scheduled from one a week to once every three months depending on your individual agreed-upon plan of care and needs. The frequency of these appointments is determined by the individual's response to the medication and the level of symptoms. When an individual is stable on medications, we may meet every four to twelve weeks based on the provider's professional recommendation on a case-by-case basis. Clients will need to be seen at least once every 90 days to maintain prescriptions; refills cannot be provided for clients who have not been seen within at least 90 days.

### **Emergencies**

Emergencies may arise from time to time. Dr. Kokinakos can be reached by text at 206-979-TALK (do not leave a voice mail) or by email at [drkokinakos@gmail.com](mailto:drkokinakos@gmail.com). However, technology is imperfect at times and if for any reason, you do not get a call back, and you need to speak with a professional right away, please call the Crisis Line at 1-866-427-4747. You can also call the mental health hotline at 988. If you are having a medical emergency, call 911 immediately or go to the nearest hospital Emergency Room.

### **Treatment Approach**

The first appointment is an opportunity for us to evaluate if we will continue a working relationship; neither of us is under any obligation to do so. If I feel that we will not be able to work together effectively or if you would prefer not to continue in treatment, I will do my best to refer you to other qualified professionals. Treatment is generally terminated when we mutually agree that sufficient

progress has been made towards your goals. You are under no obligation to continue treatment if you are dissatisfied or do not feel your treatment is effective. If you feel that you would like to work with another provider for any reason, please let me know and I will be glad to refer you to another clinician who can assume care for you. If in the course of treatment, it becomes clear that another clinician would be more professionally suited to treat your specific needs, then I may discontinue treatment and give you referrals to other clinicians. If I conclude I am not able to provide the care an individual needs, I will provide names of other mental health clinicians qualified to provide treatment for you. You have the right to refuse any recommendations or referrals; however, you do not have the right to demand treatment or medication that is not the standard of care or determined to be inappropriate. I may legally find it appropriate to terminate therapy if it appears your refusal of recommendations may endanger your health or that of others. Please feel free to discuss any concerns you have about terminating treatment.

### **Professional Records**

Dr. Kokinakos keeps a record of all mental health care services provided. You may ask to see and copy that record. You may also ask to correct that record. The content of all therapy sessions and your medical records are confidential. Your medical record may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, or other sensitive information. Dr. Kokinakos will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so, per HIPAA guidelines. If patient information is transferred or stored electronically, it will be encrypted to protect privacy. Hard copies of patient records will be kept in a locked filing cabinet when not in use, or in an electronic health record (EHR) system. Dr. Kokinakos meets or exceeds all HIPAA and HHS certification requirements, as well as other state and federal regulations. Dr. Kokinakos is required by law to report any breach of PHI. *What is a Breach?* The HITECH Act added a requirement to HIPAA that medical providers must give notice to patients and to the U.S. Department of Health and Human Services (HHS) if they discover that “unsecured” PHI has been breached. A “breach” is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider; and unauthorized viewing of PHI by an employee of Dr. Kokinakos. PHI is “unsecured” if it is not encrypted to government standards. When/If Dr. Kokinakos becomes aware of or suspects a breach, she will conduct a Risk Assessment. Dr. Kokinakos will keep a written record of that Risk Assessment. Unless Dr. Kokinakos determines that there is a low probability that PHI has been compromised, she will give notice of the breach. After any breach, particularly one that requires notice, Dr. Kokinakos will reassess privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches. Although your health care records in our office are our physical property, the information belongs to you. You may request access to your medical record file, billing records, and other records used to make decisions about your

treatment and payment for your treatment. You can read your records, and if you want a copy we can make one for you (but we may need to charge you for costs related to document preparation, such as copying and/or mailing). Under limited circumstances, Dr. Kokinakos may deny you access to a portion of your records. If you want to access your records, you provide a written record request to the office at 509 Olive Way, Suite 204; Seattle WA 98101. If you request copies, you may be charged for the reasonable cost of the copy and for postage costs, if you request that copies be mailed to you.

### **Internet Confidentiality**

The Internet is not a totally secure medium for purposes of transmitting confidential information. Psychiatric advice will not normally be provided via the Internet, and any inquiry or contact with my office via the Internet should not be considered a substitute for telephonic, written, or in-person communication. Email and text, for example, is not secure nor HIPAA compliant; please do not send sensitive or personal information across email or text. Patient realizes and agrees that they may be compromising confidentiality if they use such means of communication. Patients with psychiatric inquiries are requested to contact my office in person, by telephone, in writing, or secure messaging. If you are a patient, if you have chosen to communicate PHI by email, you are consenting to associated email risks. Again, please note that email is not secure and Dr. Kokinakos cannot guarantee that information transmitted will remain confidential. Please do not send personal or confidential information over email. We understand the importance of privacy in patient care and will continue to strive to make all information as confidential as possible. We will never sell or give away any private information, including your email address.

By signing below, you acknowledge that you have read this consent form and that you understand and will comply with it.

### **Credentials and Licenses**

I completed a Bachelor of Science in Nursing from the University of Washington in 2017, and I completed my Doctor of Nursing Practice in the specialty of Psychiatry/Mental Health from the University of Washington in 2022. I completed a graduate certificate in Palliative Care from the University of Washington in 2023. I am a board-certified psychiatric nurse practitioner and hold license to practice in Washington State; my NPI is 1336786920 and my Washington license is AP61320024. While my office is located at Associates in Behavioral Health, I am an independent practitioner and am solely responsible for the psychiatric services I provide.

**Agreement to Participate in Services**

Disclosure law requires Dr. Kokinakos to obtain the patient’s informed consent (signature) acknowledging that they have been provided with the appropriate and relevant information. Your signature below indicates that you have read or listened to the information in the Service Agreement, Office Policies, Fee Schedule, and Notice of Privacy Policy, that you understand them and agree to abide by the terms described therein during your professional relationship with Dr. Kokinakos. If you have any questions, please feel free to discuss them with me before signing this Agreement. These policies may be updated at any time.

- I hereby authorize Phoenix Psychiatric Services PLLC and Dr. Angela Kokinakos ARNP, DNP-PMHNP to provide mental health services including the evaluation, treatment, and/or provision of consultation to myself, the below-named person.
- I authorize Phoenix Psychiatric Services PLLC and Dr. Angela Kokinakos ARNP, DNP-PMHNP to release any information required to process my insurance claims. I understand that my medical record may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, or other sensitive information. I also authorize my insurance to directly pay Phoenix Psychiatric Services PLLC and Dr. Angela Kokinakos ARNP, DNP-PMHNP.

Your signature indicates you accept responsibility for payment of fees in accordance with these terms and conditions. An electronic copy of this agreement may be substituted for and will be legally binding as the original agreement. This agreement constitutes informed consent without exception.

<b>Client Name</b>	
<b>Client Date of Birth</b>	
<b>Client Signature</b>	
<b>Date Signed</b>	