

# PRA PERAKIS, RESIS, WOODS & ASSOCIATES

Your child has an appointment with Dr. Katherine Godfrey.

Enclosed you will find several questionnaires and forms that we ask you to complete. It is important that we receive these questionnaires and forms at the time of your child's appointment.

- The **Parent Questionnaire** asks questions about your child's health, development and family life.
- **Client Information Form and Consents and Authorization Form** are both carbon forms that gives us demographic information and consent for us to provide treatment. Please press firmly when completing the form. We will need the signature of both parents for "Signature of Responsible Party". All children 12 and older must sign the form where patient is indicated.
- **Medical/Social History Form** – this is a two sided form that needs to be completed and signed on the second page as well.
- **Authorization to Release Information Forms** – Complete this form for anyone you would like Dr. Godfrey to be able to discuss your case with. This can include school, therapist, pediatrician or whomever will need information about treatment and care.
- **Exchange of Information Form** – is a form that communicates brief information to your primary care physician. If you would like us to communicate with your PCP, please complete this form with your physician's information filled in. We will need a fax number so we can fax the form over to your PCP.
- **Please Bring:** Photo ID from parent and Child if child has school ID and your insurance card.

**Please DO NOT date any forms, everything needs to be dated in the office at the time of the appointment.**

In addition to the forms, you will find **Dr. Godfrey's Practice Guidelines**. Please sign the last page and return it with your paperwork. Feel free to discuss any questions or concerns regarding Dr. Godfrey's Practice Guidelines when you have your initial visit.

The following items will also be helpful to have if available:

- A copy of any previous psychiatric records.
- A copy of any previous neuropsychological or psychological evaluations.
- If applicable, a copy of the most recent IEP.
- A copy of physician records outside of routine medical care.

This information is important to gain full understanding of your child's past and current situation and will help to guide the ongoing assessment and treatment of your child. Please contact our office with any questions or concerns.

Sincerely,

*Katherine Godfrey, MD*

[www.prapsych.com](http://www.prapsych.com)

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Welcome to the practice of  
**Dr. Katherine A. Godfrey**  
*Child / Adolescent / Adult Psychiatrist*

The following guidelines have been outlined to help you access treatment and care in the simplest yet clinically appropriate manner. It is important that all patients understand and adhere to these guidelines for continuation of treatment provided by Dr. Godfrey, here at Perakis, Resis, Woods & Associates. Dr. Godfrey wants to give each of her patients that are scheduled for an appointment her full attention, therefore, the following guidelines will help eliminate unnecessary phone calls, voicemails and pages allowing Dr. Godfrey to see her office patients in a timely fashion.

### **Appointments**

It is important that you keep your follow up appointments in order to ensure continuation and timely refills of your medication. Dr. Godfrey's standard of practice requires medication follow up visits occur on a regular basis, not to exceed 3 months. Patients not seen in over 6 months will need to be re-evaluated or have an extended appointment scheduled. Please note: we do not guarantee reminder calls for appointments, it is up to the patient to remember appointments made.

Please be *on time* for your appointments. A late arrival may result in a request for you to reschedule your appointment with Dr. Godfrey. *The full allotment of time for your appointment is necessary* for the doctor to adequately assess the personal and medical issues presented at that time. Dr. Godfrey unfortunately cannot extend the time allotted due to lateness as this would impact other patient's appointment times. This policy is in effect to assure the highest quality of care and comprehensive treatment for everyone scheduled.

In cases of divorce, the parent/guardian not present at appointments or not actively involved in treatment, requesting information on their child's progress or questioning medication decisions, **must schedule an appointment directly with Dr. Godfrey for a consult**. Please note the consult may not be reimbursed by insurance. Phone calls requesting updates or explanation of medications are not possible and will require a **planned appointment**.

### **Phone Calls to Dr. Godfrey**

Our office number is **(815) 356-5050**. For administrative issues, please press "0" to reach our office staff who will assist you. You may contact Dr. Godfrey by calling our office number and entering her extension, which is **330**. **Her direct dial number is (815) 526-5330**. If your message is **urgent** and you need to page Dr. Godfrey, follow the instructions on her voicemail to have her paged. If Dr. Godfrey is off call for the day or weekend, a covering psychiatrist will return your call.

Please note Dr. Godfrey is in the office on **Monday and Wednesdays** and may not return your call until the next day. If you have an *emergency that needs attention* and Dr. Godfrey is not available, leave a message as indicated above on Dr. Godfrey's extension and the covering psychiatrist will return your call.

***If you have PRIVACY MANAGER, please turn it off when expecting a call back from your doctor.  
Failure to do so may result in our physician not being able to reach you.***

When contacting your psychiatrist, please be aware that any calls that are not brief (more than about 5 minutes) usually indicate the need for scheduling an appointment. ***Please note that calls that are not brief will result in a charge that may not be reimbursed by your insurance company.*** This applies to communications with parents, schools, primary care physicians and other professionals involved in your or your child's care.

Emergency calls consist of:

- Psychiatric Emergencies such as dangerous and unsafe behaviors.
- Questions regarding medication dosage, side effects, symptoms or problems with recently prescribed medications, needing immediate attention.

Non-urgent calls consist of:

- Coordination of care issues, communications with outside professionals/schools regarding treatment or care.
- Requests for referrals for therapists in our office for further treatment.

Calls that are not brief (over 5 minutes) indicate a need for scheduling an appointment. If calls are not brief, please note that a charge may be billed to you, which may not be reimbursed by your insurance company.

Please request a 30 minute appointment if your issue will require a long dialogue with Dr. Godfrey. Any calls or updates left on Dr. Godfrey's voicemail that are meant to enhance an upcoming appointment or replace an appointment may result in an office charge.

The office staff can help you with simple requests for letters or consent forms which need to be completed.

### **Prescriptions**

It is important that you follow up regularly with Dr. Godfrey for medication follow up visits in order to ensure continued prescription requests be filled in a timely fashion. You may reach our office staff by dialing or pressing "0" once you enter our voicemail system.

### **Appointments Are Required when the following occur!**

- ✓Phone calls, faxes or letters sent with communications/updates on how you or your child is doing, with callbacks or medication refills requested as a result.
- ✓Medication change requests or discussions must be done in person, with a scheduled appointment.
- ✓Discussions/updates regarding the treatment plan or care of a patient

The following medications are considered **"Controlled Substances"**.

Ritalin	Dexedrine	Concerta	Dextro Stat	Metadate	Vyvanse
Methylin	FocalinAdderall	Dexedrine Spansules	Daytrana Patch	Quillivant	

The above prescriptions are **only good for 90 days from the date written on the prescription**. Prescriptions **cannot** be altered, crossed out or changed. It is a Felony to do so and as a result the prescription becomes void. *Therefore*, it is important that you plan to obtain a prescription in a timely manner and not wait until you have one or none of your medication left.

Patients are responsible for being aware if their prescriptions are running low and scheduling an appointment before they run out. If you are unable to make an appointment before your prescription runs out, a refill can be requested through the **Pharmacy Request Line at (815) 526-5322**. Prescriptions will be processed Monday through Friday between 9:00am and 4:30pm daily

except on holidays. You may still call in after-hours and leave requests on the prescription request line.

*The on-call psychiatrist is available to you to handle problems with medication emergencies and situations, which require immediate attention, and not to provide routine prescription refills. Please be advised that if the on-call doctor is not your regular psychiatrist or you have not followed up with your physician recently, you cannot expect a full month refill to be called in, regardless of your prescription plan.*

In order for a prescription to be called in, you **must** provide **all** of the following information:

- Your name (**PLEASE SPELL**), date of birth & doctor you see
- Your return telephone number with area code (Please turn off privacy manager for return calls)
- The medication(s) you need refilled (include amounts and dosage(s))
- The pharmacy name and telephone number
- If you would like to pick it up a written prescription, please include office location or if you would like it mailed, include preferred address.

If we do not receive all of this information, your prescription will not be called in.

### **Letters, Forms and School Medication Consents**

**Please Note: Any letters, forms and consents will not be completed unless PRA has a signed release from the patient (12 yrs and older). Blank releases can be obtained at the front desk or downloaded from our website at [www.prapsych.com](http://www.prapsych.com).**

To better meet your needs and to ensure a timely response as well for continuity of care for you or your child, please allow at least 72 hour notice to complete any required forms, consents or letters. Please complete all sections of any forms that have demographic information on them i.e. name, address, phone number, etc. Dr. Godfrey will complete the medication and clinical portion only. Ensure we have the correct name, address and/or fax numbers of whom the fax is to go to so we can forward the required paperwork to the necessary party in a timely fashion. Failure to give proper notice for completion of the form may result in a delay in meeting your request or a fee charged if immediate service is required.

### **Payment**

**Co-pays are due at the time of service.** If you are a parent and are unable to accompany the patient to the appointment, please send them with a check or we can put a credit card number on file. If there is a divorce agreement between parents on financial responsibility, **it is between the parents and not Dr. Godfrey.** The parent that accompanies the patient is responsible for making the co-payment at the time of service. Dr. Godfrey or PRA is not responsible for upholding the agreements made between parents in divorce situations.

### **Additional Fees that you may be charged for that may/may not be reimbursed by your insurance company are as follows:**

- Phone calls that are not brief or require more than a brief dialogue to address the issue appropriately.
- Treatment planning, communications with other healthcare, school or medical professionals per patient/outside resource request.
- Review of **extensive records** as part of the initial or follow up sessions.
- Treatment updates/discussions with non-custodian parent or family member.
- Copying of medical records.
- Depositions, court appearances, second opinions, additional services not covered by insurance.
- To rewrite expired prescriptions or for calling prescriptions in over a weekend/holiday.

- Failure to cancel appointments without proper notice (under 24 hours).
- Testing materials or testing services beyond typical evaluations.
- Lengthy or “urgent” letters needed to be sent/faxed to outside agencies.
- Staffing attendance at schools, hospitals or other pre-determined locations.

Our goal is to provide you with the best care we possibly can. Adherence to these guidelines will ensure that all patients’ needs are met in a timely, qualitative and responsive manner. Thank you.

If you should have any questions, concerns or problems related to your treatment at Perakis, Resis, Woods & Associates, you may address your concerns directly with your physician or therapist. In addition, you may contact:

**Paula M. Comm, MA, Practice Administrator (847) 598-8224**

We are looking forward to working with you. Please sign the “Consents and Authorization” forms indicating that you have read, understand and agree to these policies and procedures.

1/1/20

Welcome to the Practice of Dr. Godfrey

I have received a copy of Dr. Godfrey's Practice Guidelines, Policy and Procedures and Notice of Privacy Practices and have read them completely. My signature below indicates my understanding of Dr. Godfrey's practice policies.

\_\_\_\_\_  
*Printed* Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Signature (12 and over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Responsible party/Parent Signature

\_\_\_\_\_  
Date

**Thank you!**