

Anne A. Lawrence, M.D., Ph.D.

General Information and Office Policy Statement

Scope of Practice: My practice is limited to the treatment of sex and gender problems, provided on an outpatient basis. If you develop a condition that requires admission to a hospital, you will need to be admitted by your primary physician, or go to a hospital emergency room to arrange admission.

Appointments and Cancellations: New patient appointments and counseling sessions typically last 50 minutes. Follow-up medical appointments are typically scheduled for 25 minutes. Your appointment times are scheduled exclusively for you. If you are unable to keep an appointment, please cancel by phone at least 24 hours in advance. Otherwise, you will be charged for the time.

Fees and Payments: My standard charges are \$120 for a 50 minute appointment and \$60 for a 25 minute appointment. Separate charges are made for laboratory studies, some medications, extended phone consultations, and letters on your behalf. Full payment, either by cash or check, is requested at the time of your appointment. You are responsible for submitting any insurance claims. Unfortunately, most insurance policies specifically exclude treatment for sex or gender problems. I can provide monthly statements that you may submit to your insurance carrier. I try to use legitimate diagnostic codes to facilitate insurance coverage wherever possible.

Contacting Me: Calls to my office are answered by an answering machine. Leaving a message is usually the only way to reach me. On evenings and weekends I check messages infrequently. If you need immediate help, call 911 for medical emergencies, or the Crisis Clinic at 206-461-3222. You may also contact your primary physician or go to the nearest hospital emergency room.

Confidentiality: Any information you provide to me is confidential and with only a few exceptions cannot be disclosed to others without your consent. My policies for protecting the confidentiality of your personal health care information are outlined in my Notice of Privacy Practices, which is provided to you as a separate document.

Consent to Treatment

I have read Dr. Anne Lawrence's information and office policy statement, agree with its terms, and give my consent for care. I have received a copy of this statement for my records. I have also separately received a copy of Dr. Lawrence's Notice of Privacy Practices. If I have questions at any time, I understand that I should feel free to ask them.

Patient Signature

Date