Anita Red, MD
Adult, Adolescent, & Child Psychiatrists

The Office of Dr. Anita Red and Dr. Mustafa Rehmani

HIPAA Acknowledgment and Notice of Privacy Practices

I acknowledge that I have received and reviewed the Notice of Privacy Practices for this provider. I understand how my medical information may be used and disclosed, and my rights regarding my health information.

Patient Signature: _____ Date: _____
Witness/Staff Signature: _____ Date: _____

4. Office Policies & Financial Agreement

A. Appointments & Cancellations

- Appointments must be canceled with at least 48 hours' notice.
- Late cancellations or missed appointments may result in a fee.

B. Communication Policy

- Voicemail and secure messaging are preferred for non-urgent issues.
- Providers do not offer crisis services. Emergencies require 911.

C. Fees & Billing

- I understand the practice's rates for evaluation, follow-up visits, forms, letters, and documentation.
- Expedited paperwork may incur additional fees.

D. Controlled Substances

If prescribed, I agree to comply with medication monitoring requirements and understand that refills may require specific policies.

E. Consent

I acknowledge and agree to the above policies.

Patient Signature: _____ Date: _____
Provider/Staff Signature: _____ Date: _____