



Dr. Karim Gokal
3534 Old Milton Parkway
Alpharetta, Georgia 30005
www.ElitePsychiatry.com
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Tel:404-492-6063 Fax:678-710-8307

PERSONAL CONTACT INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Gender: _____ Age: _____

Home Address: _____ City: _____ State: ____ ZIP: _____

Home Tel.: _____ Business Tel.: _____ Fax: _____

Mobile Tel.: _____ Email address: _____

Emergency Contact: Name: _____ Tel.: _____

Relationship: _____

Name and number of primary care physician: _____

Name and number of pharmacy: _____

Which phone number is ok to leave messages on regarding appointments, medications, etc?

: _____

Who were you referred by (please be specific): _____

CURRENT psychiatric medications & doses:

CURRENT NON-psychiatric meds & doses:

RELEASE OF RECORDS:

I authorize Elite Psychiatry to provide information to my insurance carrier regarding my treatment.

Patient’s signature: _____ Date: _____

CONSENT FOR TREATMENT:

I have read and been given a copy of the policies of Elite Psychiatry, LLC. I give my consent for treatment to be provided by Dr. Karim Gokal. I am also aware that I am personally responsible for any fees for services provided. I authorize Dr. Gokal to provide information regarding my evaluation and treatment to my PCP, therapist, or any physician who has referred me to Dr. Gokal.

Patient’s signature: _____ Date: _____

COURT POLICY:

If Dr. Gokal provides services on your behalf in any capacity, in a courtroom or any other legal setting, you will be charged at a rate of \$399 per hour.

Patient’s signature: _____ Date: _____

CREDIT CARD PAYMENTS FOR LATE CANCELLATIONS AND NO-SHOWS :

I authorize Elite Psychiatry to bill my credit card when I do not give advance notice for a late cancellation or no-show, as per the office policies.

_____ Exp. Date _____ CVV Code _____
Credit Card Number

Patient’s signature: _____ Date: _____

OFFICE POLICIES

APPOINTMENTS-Dr. Gokal is currently seeing clients ages 18 years and older on Saturdays between the hours of 9:00am and 5:00pm by Appointment Only. Appointments can be easily made online using the BookNow tab, by calling Dr. Gokal at the phone number provided or by emailing Dr. Gokal directly. Dr. Gokal will provide you a FREE phone consultation prior to your first visit. Every effort will be made to provide the earliest appointment possible and some same day appointments may be available. After the initial evaluation at your first visit, all clients prescribed medications will be asked to return for a 2-week follow visit to monitor treatment response and address any initial concerns.

INSURANCE-Currently, Dr. Gokal is not contracting with any health insurance panels but can easily be seen as an Out-of-Network provider. These days, health Insurance companies are often providing benefits to their clients to see Out-of-Network providers which are as good as the benefits for seeing In-Network providers. It is your responsibility to call your health insurance carrier and confirm Out-of-Network benefits prior to scheduling an appointment with Dr. Gokal. After each visit, you will be provided a Superbill which you can submit to your insurance provider for reimbursement, but only if you should choose to do so. Dr. Gokal wants you to keep in mind that accessing mental health care through your insurance provider often invades your privacy and may even raise the cost of your premiums in the future. Dr. Gokal's model will ensure you the highest level of privacy and discretion. You may also wish to take advantage of substantial tax savings by utilizing your FSA or Flexible Spending Account or HSA or Health Savings Account.

FEES- Dr. Gokal's fees are due at the time of the session.

PAYMENT METHODS-To provide added convenience to his clients, Dr. Gokal accepts cash, credit cards, debit cards, checks, and online bill pay.

CANCELLATIONS-Because Dr. Gokal does not double-book appointments, that means your appointment was booked exclusively for you. You must cancel the appointment by exactly 48 hours prior to the time of your appointment to avoid being charged in full. Please know that most insurance carriers will not reimburse for missed appointments. If, for any reason, Dr. Gokal must cancel an appointment, the client will be advised at the earliest possible time.

PHONE-Dr. Gokal can be reached via the phone number provided at any time day or night for his established clients. If you have a true mental health emergency, please call 911 first and then call Dr. Gokal for any assistance you may need. During vacations, Dr. Gokal may continue to be available via phone for his established clients or he may arrange for a trusted psychiatrist colleague to cover for him.

EMAIL-Email should only be used to communicate with Dr. Gokal regarding appointment scheduling/changes and prescription refills. Confidentiality cannot be guaranteed with this form of communication.

PRESCRIPTIONS-If needed, a prescription will be provided at each visit. Should the need arise, prescription refill requests by established clients who maintain their regularly scheduled appointments, can be called-in to Dr. Gokal directly or emailed. Please provide your first and last name, date of birth, pharmacy phone number and each medication's name, dosage, and how often you take it daily. There is no fee for this service and every effort will be made to honor the refill request the same day.

CONFIDENTIALITY-Dr. Gokal takes your confidentiality very seriously and will never release your private and personal information to anyone without your written permission, unless he is ordered by law to provide such information. A required HIPPA Privacy Notice will be provided to each client with further explanations.

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HIPPA - NOTICE of PRIVACY PRACTICES

Dr. Karim Gokal, MD, treats all PHI "Protected Health Information" as confidential and privileged information. Your medical information will be used for treatment, payment and health care operations.

Examples:

- The physician will use the information to treat you.
- The physician will use the information to bill you and your insurance company.
- The office will use the information for business, purposes such as quality improvement and to send you information.

We will disclose medical information to family members with your permission, to other physicians during emergencies, in case of abuse and neglect, and in legal proceedings.

Your HIPAA rights:

- Right to access your medical records
- Right to request restrictions
- Right to confidential communication
- Right to amend your medical record
- Right to an accounting of disclosures

If you have any questions about HIPAA and the Privacy Rule, please contact Dr. Gokal who is the HIPAA compliance officer for Elite Psychiatry, LLC.

Acknowledgement of receipt of Notice of Privacy Practices-

Client Signature

Date