PETER PELLIONISZ, M.D. PH.D.
PSYCHIATRY

PATIENT POLICIES
Effective January 1, 2026

Payment Policies

- As a general rule, professional time reserved or used is charged.
- Appointments are charged for the time of the full scheduled visit, irrespective of whether the entire time was used. If additional time is used beyond the amount scheduled, the full time used will be charged at one-half hour intervals.
- Unscheduled appointments, such as extended phone and electronic consultations, will be charged at one-half hour intervals.
- Payment for services is due at the time of service.
- New patient evaluations are $2,500, which includes 2-hour evaluation and treatment plan.
- The current 2026 fee is $900 per hour, billed for the scheduled visit with one-half hour intervals.
- Please expect a yearly 3-6% fee increase, timed for January of each year.
- If a check is returned from the bank, you will be charged an additional fee of $50.
- Unless arrangements are made for a payment plan, LATE PAYMENTS MAY INCUR A CHARGE OF 1.5% PER MONTH (BEGINNING AT THE MONTH AFTER THE APPOINTMENT DATE), and IN EXCEPTIONAL CASES care may be terminated pending referral to an appropriate provider.

Insurance Policies

- Dr. Pellionisz does not participate in any insurance networks at this private practice.
- "Out-of-network" fees may be reimbursed by your insurance, but it is your responsibility to clarify with your own insurance.
- The billing invoice will include all the relevant information necessary for your billing claim submission. Summary billing statements may be issued upon request.
- Patients with or who are eligible for Medicare Part B cannot be seen in this clinic, however, we can refer you to appropriate resources, who may be of assistance.

Appointment Cancellations

- As a general rule, there will be a charge for professional time reserved.
- Appointments canceled with at least 48 hours notice will not result in a fee.
- Cancellations within 48 hours of the scheduled appointment will result in a fee for the full scheduled visit, and telephone visits will not be substituted.
- Exceptions will be dealt with on a case by case basis, at the discretion of the physician.

After hours, urgent issues, and emergencies

- For life-threatening emergency psychiatric care, please call 911 or proceed to the nearest emergency room; then leave a message at the clinic number (650-200-0674).
- In the event of an urgent issue, call the clinic number (650-200-0674), then:

2995 WOODSIDE ROAD, SUITE 350
WOODSIDE, CA 94062
PHONE: (650) 200-0674
FAX: (415) 907-9678

1. Leave a confidential voice mail. Please state your name, contact phone number twice, and a brief description of the situation.
2. Text page with the message "URGENT" to 650-200-0674.
3. Urgent calls will be returned within four hours of the phone call.

- During normal business hours (Monday to Friday, 8AM to 5PM), calls will be returned by the end of the day.
- Email communication should never be used in the case of an emergency or for urgent requests for information.

Prescription Requests

Please use one of the following options for refill requests (listed in order of preference):

1. Please request refills at the beginning of return visits.
2. Have your pharmacy fax a request to: (415) 907-9678. Allow up to 3 business days.
3. Have your pharmacy call a request to: (650) 200-0674. Allow up to 3 business days.
4. Please call yourself with the name and dosage of the medication(s) requested, pharmacy direct MD telephone (not fax) number, and your call back number. Allow up to 3 business days.

PLEASE REMEMBER THAT PRESCRIPTION REQUESTS SHOULD BE ROUTINE (NOT URGENT OR EMERGENT) CLINICAL ISSUES. URGENT REQUESTS TO OBTAIN PRESCRIPTION REFILLS MAY RESULT IN A CHARGE.

Medical Records and other Forms Requests

1. Please provide a written request at the beginning of a scheduled visit.
2. I will provide you a copy of the requested history for your use.
3. If you wish to have a copy forwarded to another provider, please either provide a fax number or current address.

Confidentiality

1. Your confidentiality will be maintained fully.
2. If you wish for any information to be transferred or discussed with anyone, including family members, then a signed Release of Medical Information is always required.
3. If you wish for a discussion with anyone, except another medical or mental health care provider directly involved with your care, then a signed Release of Medical Information is required.
4. The Health Information Portability and Accountability Act (1996) allows for the exchange of protected health care information for the sole purpose of treatment activities between health care providers who have had a treatment relationship with you. Therefore, a signed Release of Medical Information is NOT required in these situations, but you are welcome to sign one if you wish.
5. Electronic mail, or email, communications between us are may not be encrypted and therefore are not secure communications. If you elect to communicate from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may

become a part of your patient medical record. Incoming email communications will be reviewed and answered as soon as possible. If you have not heard from your provider's office with a response and are concerned that your message was not received, please call the office during regular business hours. Using email communication with me assumes that you have read, understand, and agree to the inherent risk of using email for communication. There is always the option of contacting me in writing, phone, or secure email.

6. Please refer to the Notice of Privacy Practices for Protected Health Information.

Telephone calls

- Telephone calls involving urgent matters, including but not limited to urgent clinical updates, medication reactions, clarifying treatment recommendations, prescription refills, or schedule changes, are not charged.
- Issues that have been discussed during appointments should be reserved for future appointments, or will be subject to regular hourly rates billed at half-hour increments.
- Significant medication adjustments should be reserved for future appointments, or will be subject to regular hourly rates billed at half-hour increments.

Email communication

- Generally electronic mail, or email, communications are not encrypted and therefore are not secure communications.
- Secure and HIPAA-compliant electronic mail is available upon request, and is the preferred option for electronic communication.
- If you wish to communicate with email, then please read and sign the Email Confidentiality and Disclosure Release attached below.
- Using email communication with me assumes that you have read, understand, and agree to the inherent risk of using email for communication. The most secure and confidential option of communication with me is in person, by writing, or by phone.
- Please be aware that if you elect to communicate from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us.
- Email communications may become a part of your patient medical record.
- Email should not be used for urgent or emergent clinical matters. Critical issues should be addressed via telephone or scheduled appointments.
- Email should be used only for non-sensitive and non-urgent matters. Appropriate use of email communication may include, but is not limited to, prescription refill requests and appointment scheduling.
- Email is read daily and most messages are replied to within 24 workday hours. If you have not received a reply after greater than 48 workday hours, please consider that I may not have received your email so contact me directly by telephone.

Text Messaging

- Text messaging is a convenient method of communication, however, it can be intrusive to my time, such as when I am with another patient.

- Please refrain from using text messaging for routine matters or in lieu of direct conversations or voice mail messages.
- Text messaging is discouraged, except in the special circumstance of an urgent situation as outlined above in the "after hours, urgent issues, and emergencies" section.

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PETER PELLIONISZ, M.D. PH.D.
PSYCHIATRY

CONFIDENTIALITY RELEASE FORM FOR PATIENTS

I, _____ authorize _____
(Patient's Name) *(Keeper of Psychiatric Records)*

to release my PSYCHIATRIC medical records solely to:

Peter Pellionisz, M.D. Ph.D.
2995 Woodside Road, Suite 350
Woodside, CA 94062

(Name and Address of Party to Whom the Records Are to be Released)

- § This authorization is valid for SIX MONTHS (unless otherwise indicated with initialed changes), beginning from the date of signature noted below.
- § This authorization is strictly for the purpose of Psychiatric Evaluation/ Consultation/ Treatment.
- § You have the right to withdraw or revoke this authorization in writing at any time, except to the extent that release of Protected Health Information has already occurred. Please submit your request in writing to the Keeper of Psychiatric Records.
- § You have a right to receive a copy of this authorization.
- § Your health information that will be released as a result of you signing this authorization could be re-disclosed by the recipient. If this occurs, your re-disclosed health information may no longer be protected by state or federal privacy law.

_____ _____
Patient's or Guardian's Signature for Release of Psychiatric Information. *Date*

_____ _____
Witness's Signature (not required) *Date*

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(Patient's Name)

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(Keeper of Psychiatric Records)

to release my PSYCHIATRIC medical records solely to:

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