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**ARMAN TAGHIZADEH M.D., LLC**

**2324 West Joppa Road, Suite 220**

**Lutherville, MD 21093**

**Office (410) 583-2623 Fax (410)583-2949**

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Policies and Procedures

1. Payment of fee and re-scheduling will be handled during each session.
2. Payment of whole fee up-front cash or check is expected each session made to Arman Taghizadeh M.D., LLC (Receipt will be given for insurance or personal purposes on request). Credit/Debit cards are NOT accepted. There will be \$25.00 charge for returned checks and payments recieved after 5 business days.
3. There will be a charge for phone calls not to include scheduling of appointments.
4. There will be a charge for preparation of reports, evaluation of records, or consultation with other professionals.
5. Confidentiality is discussed as part of intake.
6. In case of an emergency: if you cannot reach me, call 911 or go to the nearest emergency room. Please leave a message for me so that I can follow up.
7. In case of inclement weather, I will make every attempt to reach you. There will also be a message on my voice mail so you can check it should there be a question.
8. CHANGES OR CANCELLATION POLICY: To cancel or change appointments, I require at least 48 hours advance notice for follow up appointments or 72 hours for new appointments or the regular fee will be charged.
9. If information regarding you is requested by a third party, I will not disclose anything without a signed release of information. However, if a treatment plan is required by insurance, it is understood that I will be allowed to send this information unless you tell me differently. Treatment plans will be completed during the session when appropriate.

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Guardian/Patient's signature

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Date