DIMITRY FRANCOIS MD 600 Mamaroneck Avenue, Suites 403 & 404 Harrison, NY, 10528 T 914-301-9465 F 914-468-0801 dimitryfrancoismd@gmail.com

## **OFFICE POLICIES**

## EMERGENCIES

In the event of a medical emergency, please go to the nearest hospital emergency room or call 911. It may not be possible for us to respond immediately, and it is important that treatment not be delayed in cases of emergency.

## PRESCRIPTION RENEWAL

We send prescriptions electronically to your pharmacy of choice. We request that you schedule an appointment at least once every three months to continue receiving prescriptions for your psychiatric medications. Controlled substance medications require the patient to visit with their provider monthly.

## NOTICE OF PRIVACY PRACTICES

There are unusual circumstances in which the law may require a health professional to release information about you without your authorization. These situations are infrequent, and we will work relentlessly to avoid them. Such situations include: (1) If we have reason to believe that you pose a direct threat of imminent harm to any individual (including yourself), (2) If we have reason to believe that abuse or neglect of a child, elder, dependent or disabled person is taking place, and (3) if we are required or ordered to do so in the course of a legal proceeding.

Printed name \_\_\_\_\_

Date \_\_\_\_\_