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## WELCOME LETTER

Welcome to my practice. It's great that you are thinking about, or have decided, to meet with me to discuss our working together. To help you feel more at ease about meeting with me, I want you to know a little about my office and myself.

### Philosophy

I purposely limit the size of my practice to only a few children, adults and families so that I can offer you the highest quality of service. Working together, we focus on your strengths and other resources, such as friends, families, school and family, to address issues that are causing you concerns or distress. Although I am trained as a medical doctor and use medications in my practice whenever appropriate, I focus on using behavior change and talk therapies as my preferred method to help you understand whatever has brought you to my office.

### Background and Professional Interests

I am board certified in Child and Adolescent Psychiatry and general psychiatry. I use my extensive psychiatric training to help you or your child address psychological and medical conditions which are causing difficulties in the home or academic settings or in relationships. I spent over 30 years in the military in medical and senior administrative positions and, following retirement from the military, have dedicated my life to working with children, families, couples and individuals who need professional assistance. I specialize in working with children and families who are struggling with issues of weight and self-esteem. My latest book, *Solving the Weight Loss Puzzle*, was published by Ivy Hill Designs Publishing in 2007. My next book on fathers and sons and issues of weight will be published by Ivy Hill Designs Publishing in 2008.

# **Office Policies**

The following guidelines help define our professional and business relationship. I have tried to answer all of your questions now so that we can minimize confusion and misunderstanding about our working together.

## **Clinical Services**

I provide clinical services to help adults, adolescents and children (with their families) who are having difficulties in home, school or with others. Outpatient services include, but are not limited to: initial evaluation and diagnosis; individual and family psychotherapy; medication assessment and management; referrals for psychological testing and laboratory blood work. As I've said before, I specialize in the evaluating and working with children and adolescents with issues of weight and interpersonal relationships. In very rare instances, it might be necessary for me to recommend a brief inpatient hospitalization for proper evaluation and treatment and can help facilitate this service although because of legal issues, I am not able to be your physician while you are in the hospital.

## **Appointments, Cancellations and No-Shows**

I see my clients by appointment only. Your appointment time is specifically reserved for you and is a commitment for us to meet and work together. To maximize the benefits from the time we spend together, it is important to attend your appointments as scheduled. If you need to cancel or reschedule an appointment, please call at least 24 hours in advance.

If you do not show-up or cancel an appointment with less than 12 hours notice, you will be charged the full fee for your scheduled appointment.

If I am given 12-24 hours notice, I charge one-half fee for your scheduled visit.

When cancellations are received with greater than 24-hour notice, you will not be charged.

Please don't hesitate to speak with me or call me regarding cancellations or having to miss an appointment because of an emergency. I use a Voice Mail system (24 hours a day, 7 days a week) that will record your calling to cancel our appointment and mark the time that you called.

I also might have an emergency that will force me to cancel our meeting. In this case, I will try to give you notice as far in advance as possible so that you are minimally inconvenienced by my cancellation.

## **Availability and Telephone Calls**

You may call me at (301) 434-2424 or send me an email at [larry.grubb@docgrubb.com](mailto:larry.grubb@docgrubb.com). If I am meeting with someone I will not answer the phone and you can leave me a voice mail. I check my telephone messages and emails several times a day and try to answer calls or inquiries on the same business day and no later than the following business day. Unfortunately, because of the limited time I have available in my office, I reserve the right to charge my posted clinical rates for extended phone calls. If I have an extended absence from the office for meetings or training, I will update my voice mail answer to let you know when I will be returning to the office.

## **Emergencies**

In case of an emergency, immediately call 911 or go to the nearest emergency room.

## **Confidentiality**

Your appointments, telephone call, correspondence and medical records are confidential and I will not share this information with anyone with the following exceptions:

- 1) If there is evidence of possible child or elder abuse, I will need to contact the social services agency as required by law.
- 2) If I believe that you are a danger to yourself or others, I will need to take action and involve others in your care to ensure safety as required by law.
- 3) If there is a Court Order that requires that I appear in court or to produce copies of your personal treatment records.
- 4) You may request release of all or part of your medical records by signing a release of information form, but in most cases, the full treatment record is not required. In that case, as stated below, I will supply a summary of my evaluation and treatment.
- 5) If requested in writing and with a release of information from you, we will supply the therapist or physician who referred you to us with a summary of our evaluation, treatment recommendations, and if appropriate, summary of the treatment.

## **Medical Records**

I will retain your medical records for a minimum of 7 years, as required by law. Copies of your records can be sent to other health care providers upon receipt of a signed release of information form.

### **Medication Refills**

Please call your pharmacy at least 5 days before you run out of medication. The pharmacy will usually directly contact me and I will be able to call in the refill to your pharmacy.

I can not call in refills for psychostimulant medications such as Ritalin, Dexedrine, Concerta and Adderall. These are federally controlled substances and prescription refills for these medications must be mailed to or picked up by you. If you run out and need to call after hours or on weekends for refills, there may be a charge associated with this. It vital that you monitor your medication supply and that you take the medications as prescribed so that you can receive the maximum benefit from the medication.

### **Medication Reactions**

If you have a reaction to any medication that I prescribe, please call me immediately or go to your local emergency department. When I first prescribe you a medication, I will always give you a handout and/or other pieces of information that clearly list the use of the medication as well as the risks and benefits associated with the medication. Some medicines may have troubling side-effects if you stop them abruptly so it is very important that you discuss with me any difficulties that you are having with your medications.

### **Ongoing Treatment and Follow-Up Appointments**

Once you are stable on your current treatment plan and require medication refills only, I may refer you back to your primary care physician so that they may follow you as part of your general medical treatment plan. Usually, I still need to meet with you at least every six months to be sure that you are on the most effective medication and that there are not any other issues that we might want to discuss. I will always be available to meet with you again if there are problems that you wish to discuss. Many families and children prefer that we meet periodically so that issues of growth and development that might affect the family, school or relationships discussed and addressed before they become problems.

### **Schools, Attorneys, Court Appearances**

I need adequate notice to rearrange my schedule if you want or need me to participate in school conferences, give a legal deposition or testify in court. Because of the time required in these appearances, I am forced to charge a higher fee. We can discuss these fees as the needs arise to schedule appearances.

## **Billing and Payment**

Payment is expected at the time I provide your service. Although I do not accept insurance, I will provide you with summary of my charges that you can submit to your insurance company for reimbursement. You are responsible for checking into your insurance coverage and benefits. If payment becomes a hardship, please speak with me as soon as you identify that this is a problem.

### **FEES**

Evaluation (50-60 minutes) \$240.00  
Psychotherapy (45 minutes) \$180.00  
Psychotherapy (20-30 minutes) \$ 95.00  
Follow-up check (20-30 minutes) \$ 95.00  
                                (15 minutes) \$ 65.00  
Report, extensive \$200.00/hr  
Report, brief, or letter \$ 35.00

Fees will be reviewed every January 1<sup>st</sup>.

**We accept Visa, MasterCard, Discover, check, or cash.**

I acknowledge receipt of HIPPA information.

I acknowledge receipt of this information and agree to the terms stated in the handout.

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Therapist**

\_\_\_\_\_  
**Date**