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I'd like to update all of my patients on some changes to my practice. Some of these changes are new, and others have been in place for over a year.

**No surprises and 21<sup>st</sup> Century Cures act**

There are some new medical practice mandates from the federal government. These include the "No surprises" mandate, and the *21<sup>st</sup> Century Cures Act* (Interoperability and Information Blocking) mandate.

The recent mandate of the *21<sup>st</sup> Century Cures Act* (Interoperability and Information Blocking) seeks to ensure patient access to most medical records, such as progress notes, but not to psychotherapy notes. Under HIPAA, patients already had the right to inspect or request their medical records within a certain time frame. Now eight exceptions to this right are defined, including

- Preventing harm exceptions,
- Privacy exceptions,
- Security exceptions,
- Unfeasibility exceptions,
- Health/IT performance exceptions,
- Content and manner exceptions,
- Fees exceptions, and
- Licensing exceptions.

For further information see

- [Psychiatry.org: APA Comments on HHS Proposed Rule "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program"](#),
- [HealthIT.gov: 21<sup>st</sup> Century Cures Act \(Interoperability and Information Blocking\)](#), or
- [CMS.gov: Policies and Technology for Interoperability and Burden Reduction](#)

Patients are always encouraged to ask questions and notify us of any problems in utilization of these mandates.

In summary, patients can request a copy of their office progress notes/chart or simply ask for information from their office progress notes/chart at any time. The information will be provided in a timely fashion. We will still be requiring patients to sign a written release of information for any release or disclosure of records, and any information disclosed to the patient must be documented in our HIPAA log. Patients are encouraged (if interested) to contact Office Ally, our electronic healthcare record (EHR) provider, for details on establishing a patient portal therein.

The "No Surprises Act" was recently mandated to provide for patient financial protections about unexpected medical expenses. We strongly believe that we have not had significant medical cost surprises for patients in our practice because:

1. We have not raised our fees in years.
2. We use a small number of CPT (Current Procedural Terminology) codes, and patients are informed at the end of each appointment what kind of appointment needs to be scheduled next.
3. In part to avoid needless complexities and uncertainties, we do not accept patients with Medicare, Medicaid, out of network insurance, or no insurance.

This mandated act requires that a "good faith estimate" be given to patients about the cost of the service to be provided in three categories of patients:

1. Patients who do not have health insurance of any kind, (e.g., commercial insurance, HMOs, union or government health plans). In our practice, this mainly applies to patients that have “aged into” Medicare by virtue of reaching age 65, where the patient pays the standard fee for that service, or a negotiated fee based on financial need. In either case, these charges have remained unchanged, predictable, and not be a surprise to the patient.
2. Patients who do have health insurance that would pay for all or part of their treatment, but who decline to use their insurance for the cost of their treatment.
3. Patients who are “shopping for care.”

It is our intention that patients will generally be provided the same kind of treatment each time (i.e., short “med check” appointments or psychotherapy) but based on their clinical needs so that patients will know what their next appointment consists of and what the cost for the service is. On request, we will tell you verbally and/or in writing our “good faith estimate” for you each time you are scheduled. Obviously, the total cost of your treatment cannot be guaranteed, because of potentially changing patient goals, unexpectedly rapid or slow treatment progress, emergencies, or treatment complications, but we will do our best. If you have any further questions, please ask Dr. Dillon or Martha.

We apologize for the complexity and confusion from these above new federal mandates. While they are well-intentioned, this represents the new reality for both providers and patients going forward. Working together, we can hopefully benefit from all this.

### **Telepsychiatry**

Since the start of the pandemic, we have been conducting appointments via a web video system. We have changed our telehealth provider from Doxy.me to Zoom for these appointments. Prior to each appointment, patients should receive an email with instructions on how to log onto the Zoom system. Patients must be in the State of Washington to use telehealth. Just prior to the scheduled appointment time, click on the link in the email, which should connect you to Dr. Dillon’s virtual waiting room. If you are unable or unwilling to use Zoom, please contact us.

Because of external circumstances we have been working remotely (away from the office). This approach may continue indefinitely. Accordingly, the best way to contact us is to call or text 509-943-8558 and/or email us at [tldillonmd@gmail.com](mailto:tldillonmd@gmail.com). We will respond to you as quickly as possible. Please use the phrase “Martha or Tim” at the beginning of your text or email so that we can more quickly identify you as a patient.

### **In an emergency**

In an emergency, call Crisis Response at 509-792-1747, or go to the closest hospital emergency room. If you cannot reach us as above after giving us reasonable time to respond, psychologist Maui Garza, Psy.D. and his nurse practitioners will provide backup call for us at 509-735-6616. They will obviously know nothing about you or your situation but can still provide emergency assistance to tide you over until we can be reached. This should be your last resort.

Please contact us with any questions or concerns you may have.

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