



*Optimizing Developmental Outcomes  
While Embracing Neurodiversity*  
SAMANTHA COHEN MD, INC.

### **Notice of Practice Policies**

This notice outlines the Practice Policies of Dr. Samantha Cohen, Developmental Behavioral Pediatrician and CEO of Samantha Cohen, MD, Inc. (the “Practice”). As the authorized individual acting on behalf of your child, or as the undersigned patient (the “Patient”), please review these policies carefully and acknowledge your understanding and acceptance of these policies by signing below.

- 1. Appointments:** We strive to accommodate our Patients' needs and schedules. Appointments can be made by contacting our office during regular business hours. Once the Patient has established care, the ability to re-schedule and/or self-schedule appointments through the patient portal will become available. If an appointment needs to be canceled and/or rescheduled, please notify us at least 48 hours in advance to avoid a cancellation fee.
- 2. Emergencies:** In case of a medical emergency, please call 911 right away and/or go to your nearest emergency department. Messages left on our voicemail are retrieved regularly and calls will be returned as soon as possible. If you need more rapid attention for yourself or someone else’s health or safety, do not delay care while waiting for us to return your call/respond to your message. All medication refills, appointments, and non-urgent matters should be addressed during regular business hours. Please note our office hours vary daily, based on our doctor and patient schedule. We are closed on all Federal Holidays.
- 3. Prescription Refills:** For prescription refills, please contact our office or request a refill through your pharmacy at least a week before the Patient’s medication runs out. Planning ahead helps to avoid running out of medication by allowing time for the medication to be ordered and available for you to fill. If you have questions or concerns about the Patient’s medication, please contact Dr. Cohen to discuss your concerns and to adjust the medication if needed.
- 4. Confidentiality:** We are committed to maintaining the privacy of our Patient’s protected health information. We will not disclose our Patient’s information without your written consent, except as required by law or in the case of a medical emergency (see our Privacy Policies document for additional information).
- 5. Financial Policy:** Payment is due at the time of service. Your debit or credit card on file will be billed automatically at the time services are rendered. If you do not have a card on file or if the charge to that card does not go through, you will have an opportunity to update and/or add a card on file to be charged for services. Keeping a card on file is preferred, but we will also accept payments via cash, check, Zelle or Venmo. If payment is not received a bill will be sent to you for the services rendered.
- 6. Changes to Practice Policies:** We reserve the right to change our practice policies. Any changes will be posted in the office and on our website.

By signing below, I acknowledge that I have read, understand, and agree to these practice policies:

Patient Name: \_\_\_\_\_ Parent Name & Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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