

TREATMENT CONSENT FORM

PSYCHOTHERAPY

Psychotherapy may have benefits such as significant reduction in distress, improved social relationships, resolution of specific problems, and clearer understanding of yourself, your values, and your goals. However, there are no guarantees about what will happen in therapy. For therapy to be most successful, you will have to be able to talk openly and honestly, address any difficulties that arise, and put forth active effort outside our sessions.

Psychotherapy may also require revealing unpleasant aspects of your history and current life. Therefore, in the initial stages of treatment, psychotherapy may lead to uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness and could impact your relationship with others. While unpleasant experiences are usually temporary, please let me know if they occur.

By the end of your initial evaluation, I will offer you some initial impressions and an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to offer referrals for you to secure an appropriate consultation with another mental health professional.

MEDICATIONS

Medications are often used as adjuncts to psychotherapy. Sometimes, you will be seeing someone else for therapy, and I will be responsible for your medication management. If this is the case, I will coordinate your medical care and medication goals with your therapist. If I am doing both your medication management and psychotherapy, we will work together to find the optimal combination of medication (if warranted) and therapy that help to fulfill your personal goals.

If a medication is indicated, I will discuss with you the nature of your illness, the reason for the medication, the likelihood of improving with and without medication. I will also explain any reasonable alternative treatment other than medications which have not been tried and an explanation why they should not be tried first. Further, you will understand the type(s) of medication being recommended; dosage and frequency of administration including a discussion of the initial dose, the maintenance dose and the dose range; probable side effect known commonly to occur and any side effects likely to occur in particular cases, as determined by your medical and psychiatric history or known medical conditions; and any possible long term effects which may occur after taking the medication for long periods or terminating the medication, including tardive dyskinesia or withdrawal. Finally, we will discuss the effect of sudden withdrawal of the drug against medical advice.

As many psychiatric conditions have an underlying biological basis, medications can be an important component of treating certain illnesses. It is my belief that a bio-psycho-social model to treatment -- incorporating biological aspects, psychological factors and social components -- provides most patients the best chances of improving. I will look at all of these areas through the course of treatment and decide which interventions are right for you.

SESSIONS

My normal practice is to conduct a thorough evaluation in the initial interview. This comprehensive assessment is necessary whether I will provide you with therapy, medication management, or both, as it will allow me to better understand your history, your symptoms, and your reasons for seeking treatment. The initial evaluation will be an hour and twenty minutes. Before the end of the first or second visit, I will determine whether or not you will benefit from further evaluation or begin treatment. **In some cases, an additional visit may be necessary to complete the initial evaluation (e.g. for someone with an extensive psychiatric history or complicated presentation)** as extra time may be needed to gather information from you, speak to your family or loved ones, review past medical records or order any necessary lab work. If this is the case, I will ask to schedule additional time (30-60 minutes) with you at a future date in order to complete your initial evaluation. During this time, as well as in the next 1 to 2 sessions,

we can both decide whether I am the best doctor to provide the services that you need. If psychotherapy is initiated, I will usually schedule one fifty minute session per week at a mutually agreed time. We may agree to vary session length and frequency.

PSYCHIATRIST FEES:

\$ 400 for 80 minute initial consultation, whether it is for medications, therapy or both

\$ 230 for 50 minute therapy sessions, with or without medications

\$170 for 20 minute medication-only, follow-up visits

Any other professional services that require longer than 10 minutes such as report writing, telephone conversations, preparation of treatment summaries, communication or coordination of care with family or other providers, or time spent performing any other services on your behalf will be charged \$50 for each 10-minute increment, similar to the fee for office visits.

Fees are due at the time of service (Please see BILLING AND PAYMENTS section.)

LEGAL TESTIMONY

It is often unforeseen, but legal matters requiring the testimony of a mental health professional can and do arise. Legal testimony can often be damaging to the relationship between a patient and his/her doctor. Because of this, I require that you employ independent forensic psychiatric or psychological services should this type of evaluation or testimony be required. If for any reason, I am deposed or subpoenaed on your behalf and required to testify or appear in court, you will be responsible for my court fees, which are \$ 1000 per half day (4 hours or less), and \$ 2000 for a full day (4-8 hours).

CANCELLATIONS AND NO-SHOW POLICY

Once your appointment is scheduled, you will be expected to pay for it unless you provide at least **48 business hours** advance notice of cancellation. This applies to initial evaluations as well. A deposit of \$200 will be required at the time of scheduling and can be used towards your first visit. Business hours are considered the weekdays between Monday and Friday, during the hours of 9 am and 4 pm. This means that if you have an appointment on Monday January 7th at 4 pm, you must cancel by 4 pm Thursday January 3rd to avoid being charged. If you do not provide at least 48 business hours' notice, or fail to show for a scheduled appointment, you will be responsible for the **full** cost of the session. Please note, insurance companies will often not reimburse for missed sessions or sessions that are cancelled late.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time of each session. Credit cards, personal checks and cash are accepted. ****Please note, there is a \$25 fee for any returned check or declined credit card.** If your account has payment overdue for over 60 days, I have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases, the only information I would be providing would be your name, nature of services provided, and amount due.

INSURANCE REIMBURSEMENT

I do not take insurance, and am considered an "out of network provider" for PPO plans. If you have a health benefits policy, it may provide some mental health coverage. However, you, not your insurance company, are responsible for full payment of the session fees. *I will not bill your insurance directly.* If you plan to use your insurance benefits, I will provide you with a standard receipt and form that can be submitted to your insurance company. Many PPO plans do provide some reimbursement for mental health provided by an out of network provider, so you may get a substantial portion of my fees back from your insurance company, depending on your specific plan. I recommend you contact your insurance provider to inquire about your out of network benefits if insurance reimbursement is an important issue.

Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plan or summary, or in rare cases, a copy of the entire record. I am required to submit this information on your behalf if you choose to obtain insurance reimbursement.

SUMMARY OF MEDICARE ACCEPTANCE POLICY

I do not participate in Medicare in connection with my private practice. You agree that you shall not submit a claim or ask me to submit a claim for payment under Medicare for services rendered, even if such items and services would otherwise be covered by Medicare. This means that you agree not to bill Medicare or ask me to bill Medicare, for services rendered by me. Please note that Medicare-covered services and payments are still available to you from other physicians or practitioners who have not opted out of Medicare, and therefore you may, if you so choose, use the services of those physicians or practitioners even when you enter into this private contract with me.

CONTACT

I am usually available to help you during normal business hours at (207) 536-8511. I do not accept or communicate through text message. If I am unavailable or busy when you call, or it is after hours, my voicemail at (207) 536-8511 will answer so you can leave a message. I monitor voicemail during working hours and will return your call as soon as I can. Please be aware that I will make every effort to return your call on the same day you make it with the exception of after hours, weekends and holidays (please let me know if the call is urgent). When you call, please leave times and phone numbers where you can best be reached. If you consider the call an emergency, and it is outside business hours, there are instructions on my voicemail to call 911, the help line at 800-464-5767, call your family physician or go to the Emergency Room at the nearest hospital. You can also go to any Emergency Room at any hospital. If I will be unavailable for an extended period of time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

With respect to electronic mail (e-mail), please be aware that while I have an email address, email is not a confidential means of communication nor the way to reach me in a clinical matter or time sensitive matter. Furthermore, I cannot ensure that email messages will be received or responded to in a timely fashion as I check my email on an irregular basis. Email is not the appropriate way to communicate confidential information, clinical conversations or emergency issues.

With respect to telepsychiatry sessions, please note that many methods of tele communication like video chatting are not confidential and that I cannot guarantee privacy on the end of the companies that offer those services. I can assure you that the information that I obtain will be kept in compliance with my other records.

PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to review a copy of the records; unless I believe seeing them would be emotionally damaging, in which case, I may choose to require your review to be supervised, or I may provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted or upsetting, so I recommend that we review them together so that we can discuss what they contain. I can also prepare an appropriate summary for review. Clients will be charged an appropriate fee for any preparation time that is required to comply with an information request.

CONFIDENTIALITY

Confidentiality is the cornerstone of mental health treatment and is protected by the law. I can only release information about our work to others with your written permission. Some basic information about diagnosis and treatment may be required as a condition of your insurance coverage.

Exceptions to confidentiality where disclosure is required by law:

- if there is threat of serious bodily harm to others, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization
- if there is threat to harm yourself, I am required to seek hospitalization for the client, or to contact family members or others who can help provide protection
- if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, I must file a report with the appropriate state agency
- if you are involved in judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require my testimony
- if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, I may have to disclose information in order to access services to provide for your basic needs

These situations have rarely arisen in my clinical practice, but should such situation occur, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult with other professionals. In these circumstances, I will make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

PRACTICE STATUS

I work in an office with other independent mental health professionals. While I share an office space, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no one can have access to them without your specific, written permission.

Also, I have a network of colleagues (primary care doctors, other therapists, etc.) that I often refer patients to as part of a treatment team approach. If a referral to another professional is indicated, I will work with them to collaborate and coordinate your care, and will request your permission to discuss your case with them. While I do my best to select extremely high quality professionals with standards of care similar to my own to which to refer, I take no responsibility for the treatment they provide. It is up to you to determine if a professional I have referred you to is right for you, and the referred professional alone is responsible for the care they provide.

NOTICE TO PATIENTS

Medical doctors are licensed and regulated by the Medical Board of Maine.

TREATMENT CONSENT FORM

Your signature below indicates that you have read the treatment consent form, which contains information on psychiatric services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting me, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.

Name of patient (print): _____ Date: _____

Signature of patient: _____