

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 us know if they occur.

By the end of your initial evaluation, we 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 us. 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 our procedures, we should discuss them whenever they arise. If your doubts persist, we 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 we will be responsible for your medication management. If this is the case, we will coordinate your medical care and medication goals with your therapist. If we are 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, we will discuss with you the nature of your illness, the reason for the medication, the likelihood of improving with and without medication. We 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 our 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. We will look at all of these areas through the course of our treatment and decide which interventions are right for you.

SESSIONS:

Our normal practice is to conduct a thorough evaluation in the initial interview. This comprehensive assessment is necessary whether we will provide you with therapy, medication management, or both, as it will allow us to better understand your history, your symptoms, and your reasons for seeking treatment. Before the end of the first visit, your clinician 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, your clinician will ask to schedule additional time (30-90 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 we are the best practice to provide the services that you need. If psychotherapy is initiated, we will usually schedule one fifty-sixty minute session per week at a mutually agreed time. We may agree to vary session length and frequency. Please note, that if you transfer your care for any reason from one provider to another, or are referred from one clinician in our group to another for any reason (including medication evaluations) you will be required to complete at least one sixty minute consultation appointment, in order for the new clinician to adequately complete transfer of care, and to conduct a thorough evaluation to initiate or continue treatment.

PSYCHIATRIST FEES for Dr. Qureshi and Dr. Ames:

- \$750.00 for a 90 minute initial consultation, regardless of whether it is for medications, psychotherapy or both
- \$500.00 for 50-60 minute psychotherapy sessions, with or without medications
- \$250.00 for 25-30 minute medication-only, follow-up visits

PSYCHIATRIST FEES for Dr. Arey, M.D:

- \$900.00 for a 90 minute initial consultation, regardless of whether it is for medications, psychotherapy or both
- \$600.00 for 50-60 minute psychotherapy sessions with or without medications
- \$300.00 for 25-30 minute medication-only, follow-up visits

If the initial evaluation is for a adolescent, 90 minute evaluations are mandatory, to allow time for the child and adolescent psychiatrist to meet with the patient, as well as the family members, to formulate a comprehensive diagnosis and treatment plan, and to discuss this with the child/adolescent as well as the family. If it is a complicated presentation, or there are multiple family members, this process of obtaining accurate history and collateral and formulating a comprehensive biopsychosocial treatment plan for a child or adolescent, which can be shared with the child/adolescent and their family, may span several appointments. Our child and adolescent psychiatrist also offers 90 minute follow-up appointments if he and/or the child/adolescent/family believe that longer follow up visits are important for more in depth treatment and would facilitate greater progress.

PSYCHOLOGIST FEES (PhD, PsyD):

PhD, PsyD: INITIAL CONSULTATION FEES and SESSION FEES, including REVIEW of TESTING FEES (these are separate from fees for testing)

- \$400 for a 50-60 min psychotherapy, vocational, cognitive behavioral therapy or other consultation or treatment session with a PhD/PsyD, whether child, adolescent or adult.
- \$600 for 90 minute initial evaluation (with parents/family and patient, if under age 18) by a PhD/PsyD for initial consultation, whether child, adolescent or adult
- \$600 for a 90 minute extended psychotherapy, vocational, cognitive behavioral therapy or other consultation or treatment session with a child, adolescent, adult or family.

**If evaluating a patient under the age of 18, a 90 minute initial evaluation with family alone is required.

TESTING FEES:

PSYCHOLOGICAL, PSYCHODIAGNOSTIC, VOCATIONAL, COGNITIVE, or OTHER TESTING FEES:

- A testing proposal will be generated after an initial consultation meeting with the psychologist, including the type(s) of testing proposed, number of hours involved in testing, observation, and report writing, estimate of costs of in office or outside of office testing and/or observation, plus one-time testing materials fee. This proposal must be signed by the patient and the payor (if different from the patient) prior to initiating testing.
Payment for testing is due as follows: 1/2 prior to starting testing, 1/2 at the conclusion of testing, paid in full prior to writing the report.
 - \$600/hour for testing, report writing in office, plus \$450 one-time supply fee for testing materials
 - \$600/hour for testing/observation/IEP or 504 advocacy outside the office (at home, school or office); plus \$450 one-time supply fee for testing materials (if not already paid above)
 - \$850/hour for legal testing, report writing, testimony, deposition; plus \$450 one-time supply fee for testing materials if not already paid above.

- Please note: Another consultation session must be scheduled (see fees for consultation above for each clinician involved) to review the results of the testing and the results/interpretation in detail with the psychologist, along with the primary consulting physician, if indicated.

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 clinician. Because of this, we require that you employ independent forensic psychiatric or psychological services should this type of evaluation or testimony be required. If for any reason, any of our clinicians is deposed or subpoenaed on your behalf and required to testify or appear in court, you will be responsible for our court fees, which are \$2250 per half day (4 hours or less), and \$4500 for a full day (4-8 hours).

OTHER PROFESSIONAL SERVICES:

Any other professional services that require longer than 10 minutes such as:

- report writing, telephone conversations, email reading or writing, text conversations, preparation of treatment summaries, communication or coordination of care with family members, or other providers, or time spent performing any other services on your behalf will be charged \$84.00 per 10 minute increments.

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 includes initial evaluations, follow up appointments. *Business hours are considered the weekdays between Monday and Friday, during the hours of 9 am and 5 pm, and do not include evenings, weekends or holidays when the office is closed.* 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 canceled late.



BILLING AND PAYMENTS:

You are expected to pay for each session at the time of each session. Credit cards and cash are accepted.

****Please note: there is a \$50.00 administrative fee assessed for any returned check and for each incident of a declined credit card.** We strongly encourage you to keep an accurate and active credit card on file to charge for your sessions. If your account has payment overdue for over 60 days, we have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases, the only information we would be providing would be your name, nature of services provided, and amount due.

A 5% remaining balance monthly fee will be added to your balance automatically with a 30 day grace period.

INSURANCE REIMBURSEMENT:

We do not take insurance, and are considered an “out of network provider” for insurance plans. If you have a health benefits policy, especially a PPO, it will usually provide some mental health coverage. However, you, not your insurance company, are responsible for full payment of the session fees. *We will not bill your insurance directly.* If you plan to use your insurance benefits, we will provide you with a standard receipt (a Superbill) 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 portion of our fees back from your insurance company, depending on your specific plan. We recommend you contact your insurance provider to inquire about your “out-of-network Behavioral Health benefits” if your 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. We are required to submit this information on your behalf if you choose to obtain insurance reimbursement.

SUMMARY OF MEDICARE ACCEPTANCE POLICY:

South Coast Psychiatry, Inc. does not participate in Medicare. By law, Medicare-eligible patients are required to enter into a private contract with South Coast Psychiatry, Inc. and we deliver medical care on a fee-for-service basis, which is NOT reimbursable by Medicare. By accepting the treatment contract with South Coast Psychiatry, you agree that you shall not submit a claim or ask South Coast Psychiatry, Inc. 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 South Coast Psychiatry, Inc. to bill Medicare, for services rendered by our personnel. Please note, the private contract is with South Coast Psychiatry, Inc. and applies only to our practitioners. You are not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other clinicians or healthcare practitioners. This means that Medicare-covered services and payments are still available to you from other clinicians or practitioners who have not opted out of Medicare, and therefore you may, if you so choose, use the services of those clinicians or practitioners even when you enter into this private contract with South Coast Psychiatry, Inc



CONTACTING US:

Our staff is available to help you during normal business hours at (714) 556-5004. If our staff is busy when you call, or it is after hours, our voicemail at (714) 556-5004 will answer, so you can leave a message. We monitor our voicemail frequently and will return your call as soon as we can. Please be aware that all correspondence (voicemails and emails) will be transcribed by staff as part of your permanent record. We 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 us know if the call is urgent). When you call, please leave the time you called and phone numbers where you can best be reached. If you consider the call an emergency, and it is outside business hours, please call the doctors cell. If it is a true medical emergency, you can call your family clinician, the Emergency Room at the nearest hospital, or 911 and describe your circumstances. You can also go to any Emergency Room at any hospital. If we will be unavailable for an extended period of time, we will provide you with the name of a trusted colleague whom you can contact if necessary. With respect to e-mail, please be aware that while all of our clinicians are available via email, cell phone and text, none of these are completely confidential means of communication. Furthermore, we cannot ensure that these types of electronic messages will be received or responded to in a timely fashion as we check them on an irregular basis. E-mail and text are not an appropriate way to communicate confidential information or emergency issues. Furthermore, please be aware that voicemails, emails and texts may be shared with administrative staff to transcribe or print out to incorporate into your permanent record.

PROFESSIONAL RECORDS:

Both law and the standards of our profession require that we keep appropriate treatment records. You are entitled to review a copy of the records; unless we believe seeing them would be emotionally damaging, in which case, we will be happy to provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted or upsetting. We 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 the summary review.

Please note: If you request copies of your psychiatric medical records, you will be responsible for a \$0.25/per page charge for all pages of your chart, an administrative fee for time spent copying or sending records, as well as any costs incurred from mailing records certified. These fees will need to be collected prior to the release of records, and only after a signed consent for release form has been completed by you on South Coast Psychiatry's Consent for Release form. Further, psychiatric records are among the most highly protected records in medicine, and South Coast Psychiatry's policy is to release these records only upon signed consent for release by our patients, and then only to mental health providers who will be continuing your care, or to whom you are transitioning your treatment.

CONFIDENTIALITY:

Confidentiality is the cornerstone of mental health treatment and is protected by the law. We 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 a threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
- If there is a threat to harm yourself, we are 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, we 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 testimony.
- If due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs.

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

PRACTICE STATUS:

South Coast Psychiatry is a practice with multiple providers, who are responsible for the care and treatment of their own patients. While we collaborate with one another for case collaboration, and work together to ensure the highest quality care possible, if you are referred to another member of our team, while you will be staying within South Coast Psychiatry's group practice, you acknowledge the fees differ among the providers, and agree to the amounts charged by each clinician you see at South Coast Psychiatry (outlined in the Fees Section, above). If several providers at South Coast Psychiatry are seeing one patient, each of the providers will have access to the patient's chart for continuity of care and collaboration purposes. However, if a provider at South Coast Psychiatry is not involved in a patient's care, they will not have access to a patient's chart, without a signed consent for release. Please also note that while the administrative staff has access to the patient's chart, for contact, prescription, transcription, documentation and administrative purposes, they are not privileged to the clinical content therein. Our professional records are separately maintained and will not be shared with anyone outside of South Coast Psychiatry, or even within South Coast Psychiatry, who is not a part of your treatment team, without your specific, written permission.



Also, we have a network of colleagues (primary care clinicians, other therapists, etc) that we often refer patients to as part of a treatment team approach. If a referral to another professional is indicated, we will work with them to collaborate and coordinate your care, and will request your permission to discuss your case with them.

While we do our best to select extremely high quality professionals with standards of care similar to our own to which to refer, we take no responsibility for the treatment they provide. It is up to you to determine if a professional we have referred you to is right for you, and the referred professional alone is responsible for the care they provide.

NOTICE TO PATIENTS:

Physicians and child, adolescent and adult psychiatrists (MDs) are licensed and regulated by the Medical Board of California. For more information, call (800) 633-2322, or go to <http://www.mbc.ca.gov>.

Psychologists (PhDs, PsyDs) are regulated by the American Psychological Association <http://www.apa.org/> and the California Board of Psychology <http://www.psychology.ca.gov/> and the Board of Behavioral Sciences <http://www.bbs.ca.gov/>

TREATMENT CONSENT FORM:

Your signature below indicates that you have read the entire South Coast Psychiatry Treatment Consent Form, which contains information on clinical services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting us, professional records, confidentiality, and practice status, and you agree to abide by its terms throughout our professional relationship.

Name of patient (print): _____ Date: _____

Signature of patient: _____

Name of clinician at South Coast Psychiatry (print): _____ Date: _____

Signature of clinician at South Coast Psychiatry: _____