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Treatment Consent for Psychiatric Services

In our INITIAL EVALUATION SESSIONS I will conduct a thorough psychiatric evaluation which is typically scheduled for 50- 60 minutes. This assessment focuses on determining the best treatment plan and is specific to each individual patient.

Additionally, collateral information (i.e., school reports, family reports, etc.) are often necessary for children and adolescents – and helpful for adult patients as well. These issues will be discussed during the initial session. Please remember that a comprehensive assessment is necessary regardless of the treatment modality (i.e., psychotherapy, psychiatric medications, or both) as it allows us to provide the best possible care.

All records are stored using an industry leading electronic health record.

Psychotherapy

Often called talk therapy, can be helpful to individuals, couples, and families. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self in sight. However, therapy is not guaranteed to work for everybody and can be a large financial commitment as well as requiring a significant amount of time and energy. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy

MEDICATION MANAGEMENT

Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. It is important to find the best combination of medications and therapy for each individual case. I will provide an integrated approach as psychiatric nurse practitioners are trained to administer both psychiatric medications and psychotherapy. However, in some situations, it may be appropriate to consider merely managing your psychiatric medications and sharing the psychotherapy with an alternative provider. Often called the ‘split treatment’ model, this should be discussed in order to determine if it would be a viable option for you.

In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, I will always discuss the risks, benefits, side effects, government warnings, and alternative treatments (which always includes not using medications) with you.



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PROFESSIONAL FEES Our current fees for psychiatric services are \$199.00 for an initial 50-minute session focusing on assessment and evaluation. Follow-up sessions are billed at the following rates: \$150.00 for a 50-minute therapy session (with or without medication management) and \$100.00 for a 25-minute medication management only session. Updated rates for individual providers will always be posted on the website.

These follow-up rates apply to all appointments even if the initial evaluation must be extended over several sessions.

BILLING AND PAYMENTS, you are expected to pay for each session at the beginning of each appointment.

We accept, cash, and credit cards (CASH APP, MasterCard, Visa, American Express, H S A , Flex spending or Discover) for all professional services. Super Bill will be printed upon requested.

CANCELLATIONS AND NO-SHOW POLICY Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide at least 48 business hours advance notice of cancellation. Both telephone and email are acceptable ways to alert us of a cancellation. Please remember that business hours are considered weekdays from Monday through Friday and exclude all standard holidays.

We can provide you with a service invoice/receipt (sometimes referred to as a super bill) that you can submit to your insurance company. We do not bill your insurance company directly. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

PROFESSIONAL RECORDS Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.



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CONFIDENTIALITY is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. **Several exceptions to confidentiality do exist that actually require disclosure by law: (1) danger to self – if there is 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; (2) danger to others – if there is 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; (3) grave disability – 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; (4) suspicion of child, elder, or dependent abuse – 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; (5) certain judicial**

However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed, and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

ELECTRONIC MAIL (EMAIL) Always be aware that email is not a confidential means of communication. *Unless from your patient portal* We cannot guarantee that email messages will be received or responded to in a timely fashion. As such, email is not an appropriate way to communicate confidential or urgent information.

LEGAL TESTIMONY Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services. Your signature below indicates that you have read the Treatment



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Name of patient (print):

Name of legal guardian (print):

*(Only if patient is under 18 or a dependent adult) Signature of patient or guardian:

Date: _____

Signature of Psychiatric Nurse Practitioner:
