

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

PROFESSIONAL FEES

DR. AREY'S, DR. GRAFF'S and DR. BEHESHTI'S FEES:

- \$525 for 90 minute initial consultation, whether it is for medications, therapy or both
- \$350 for 60 minute initial evaluation
- \$350 for 50 minute therapy sessions, with or without medications
- \$175 for 25 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, or time spent performing any other services you may request will be charged \$75 for each 10-minute increment, similar to the fee for therapy.

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 psychiatrist. Because of this, we require that you employ independent forensic psychiatric services should this type of evaluation or testimony be required. If for any reason, any of our doctors 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).

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. Business hours are considered the weekdays between Monday and Friday. This means that if you have an appointment on Monday January 10 at 4 pm, you must cancel by Thursday January 6 at 4 pm 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, 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.

INSURANCE REIMBURSEMENT

We do not take insurance, and are considered an “out of network provider” for PPO plans. If you have a health benefits policy, 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 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 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 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. 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 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 physicians. You are not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or healthcare practitioners. This means 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 South Coast Psychiatry, Inc.

CONTACTING US

We are often not immediately available by telephone, although all of the doctors carry a cell phone in case of emergency. Even when we are in the office, our voicemail at (714) 556-5004 will answer all calls. We monitor our voicemail frequently and will return your call as soon as we can. We will make every effort to return your call on the same day you make it with the exception of weekends and holidays (please let me know if the call is urgent). When you call, please leave some times and phone numbers where you can best be reached. If you are calling and consider the call an emergency, there are instructions on our voicemail of how to page us via our cell. If it is a true medical emergency, you can call your family physician, the Emergency Room at the nearest hospital, or 911 and describe your circumstances. You can also walk into any Emergency Room at any hospital and report your situation. 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 electronic mail (e-mail), please be aware that while all of our doctors are available via email, e-mail is not a confidential means of communication. Furthermore, we cannot ensure that e-mail messages will be received or responded to in a timely fashion as we check our e-mail on an irregular basis. E-mail is not the appropriate way to communicate confidential information or emergency issues.

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, so we recommend that we review them together so that we can discuss what they contain. 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 an information request.

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 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 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 my 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 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

We work in an office with other independent mental health professionals. While the members share an office space, we want you to know that we are completely independent in providing you with clinical services and we alone are fully responsible for those services. Our professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

Also, we have a network of colleagues (primary care doctors, 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.

Our doctors also work as consultants and speakers for a number of pharmaceutical and educational companies. We spend time traveling across the country lecturing to other healthcare professionals on the use of medications to treat certain conditions, as well as speaking on certain disease states to professional and public audiences. We are compensated for this work according to the guidelines of Pharmaceutical Research and Manufacturers of America (PhRMA). We choose the medications and companies for whom we speak very carefully, and are only involved in educational and promotional activities for those medications which we believe are safe and effective, and which we use routinely in practice as first line agents based on clinical experience and the weight of scientific data. If you have any questions about our speaking or consulting activities, please feel free to ask -- we would be happy to discuss them further with you and address any questions or concerns you may have.

NOTICE TO PATIENTS

Medical doctors are licensed and regulated by the Medical Board of California. For more information, call (800) 633-2322, or go to www.mbc.ca.gov.

South Coast PSYCHIATRY

Psychotherapy & Medication Management

TREATMENT CONSENT FORM

Your signature below indicates that you have read the treatment consent form, which contains information on psychological 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: _____

Name of psychiatrist (print): _____ Date: _____

Signature of psychiatrist: _____

Initial _____ 6