**Practice Information and Privacy Disclosure Statement**

This document explains the policies and conditions of my practice. Please read it carefully and keep a copy for your records. Please discuss any questions or concerns with me prior to signing the document. Effective Date: July 15, 2013.

**Description of Practice**

I am a psychiatrist, which means that I completed medical school and a four-year psychiatric residency at an accredited hospital. I provide psychotherapy and medication treatment for adults. My approach to psychotherapy is integrative and largely draws upon psychodynamic, cognitive behavioral, and humanistic schools of thought. Many patients find it advantageous to see the same individual for both psychotherapy and medications. Other clients see me for only medication management while continuing to work with a separate psychotherapist. Either plan can work well. Over one to a few initial meetings, I will collaborate with you to determine a course and duration of treatment that is tailored to your needs.

**Ongoing Sessions:**

If you will be seeing me primarily for medication management, we will usually meet for 20-30 minute sessions (after the evaluation phase). These meetings occur as often as weekly (during initial medication trials, at times of particular medication problems, or during periods of stress) or as infrequently as four times per year (if you are feeling well and your medications are stable.)

If you will be seeing me for psychotherapy, we will generally meet for a 45-55 minute session anywhere from twice weekly to twice monthly. The exact frequency depends on your needs and preferences.

**Education, Training and Licensure**

I have completed the following degrees/training: Bachelor of Science in Neuroscience, University of Pittsburgh; Medical Degree, University of Pittsburgh; Psychiatric Residency, University of Washington. My Washington Medical License number is MD60082491.

**Information for In-Network Clients: Premera (Blue Cross), Regence (Blue Shield), First Choice, and Medicare Plans**

I am a preferred provider for the above insurance plans, but will work with other insurance companies as an out-of-network provider. Only your health insurance plan can describe your benefits to you or verify provider eligibility. NW Clinical Billing, (Phone: 1-800-831-3322, Fax: 360-491-8007, Email: david@nwclinical.com), will help you obtain this information from your health insurance plan, but you are ultimately responsible for understanding your health insurance plan benefits.

Your co-pay and other outstanding balances are due upon receipt of your monthly statement. Per your request, I will submit claims on your behalf using NW Clinical Billing. Submission of claims to your insurance company does not guarantee payment. Certain services provided in this practice may not be covered by your insurance plan. You may also have an unmet deductible that results in higher than anticipated statement balances. You are responsible for any statement balance that is not paid by your insurance plan. You are responsible for understanding the specifics of your insurance plan.

**Information for Out-of-Network and Self-Pay Clients**

Payment is due in full at the end of each visit for the first month, then monthly thereafter. Per your preference, I will submit insurance claims on your behalf. Your plan will likely directly reimburse you for a portion of the statement charges. In the event that your insurance company pays me directly, I will provide you with a refund. Please be aware that most insurance plans only provide partial reimbursement for out-of-network services. Some plans will not cover out-of-network services until a very high deductible has been met, or will significantly limit the quantity and type of reimbursable services. You are responsible for any statement balance that is not paid by your insurance. You are responsible for understanding the specifics of your insurance plan.

**Fee Schedule (applies to all non-Medicare Clients unless sliding scale is arranged)**

Initial Consultation *(60 minutes*) $300

Psychotherapy with Minimal or No Psychiatric Evaluation/Management *(45 minutes / 55 minutes)* $140 / $190

Psychotherapy with More Involved Psychiatric Evaluation/Management *(variable)* $200-$290

Medication Management Visit without Psychotherapy *(25 minutes / 45 minutes)* $150 / $200

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[ ]  A sliding scale fee has been arranged in this situation. Instead of the above fee schedule, I agree to pay \_\_\_\_\_\_\_\_\_ for each visit.

Services provided outside of the usual appointment time, including telephone conversations lasting longer than 10 minutes, preparation of documents, preparation for/attendance at legal proceedings, or extensive interactions with insurance companies will be billed at a pro-rate of $240 per hour. Payment may be made with cash or check. There will be a $35 charge for returned checks. Accounts past due over 90 days will be referred to a collection agency. I do not accept pre-payments.

**Missed Appointment Policy**

When you make an appointment with me, it is time that I reserve exclusively for you. Because of this, please provide me with as much notice as possible should you need to cancel or change an appointment, by calling my office phone at 774-2763. Inability to attend appointments on a regular basis will constitute grounds for termination of treatment. There is no fee for appointments canceled by myself.

**My cancellation policy for non-Medicare patients is as follows:**

Cancellation 24 hours or more before appointment: No charge

Cancellation less than 24 hours before appointment: 50% of visit fee

Cancellation without notice (no-show): 75% of visit fee

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**Confidentiality**

Your confidentiality as a patient is protected by state and federal law and by the ethics code of the medical profession. I will not release information about you or your treatment without your written permission. Under the following circumstances, the law authorizes and/or requires disclosure of protected health information: suspected abuse of a child, developmentally disabled person, elder or other dependent adult; imminent or planned harm to yourself or others; as otherwise required by a court of law (*see HIPAA disclosure document*). If you choose to use your insurance for our visits, it will be required to disclose information regarding your diagnosis and treatment plan to the insurance company. If you would like me to submit insurance claims on your behalf, I will also need to disclose information about your diagnosis to my third party biller

If you are seeing a psychotherapist in addition to me, I will generally request your permission to remain in touch with that person. I may also ask your permission to allow contact with your primary care physician or others whose care may interact critically with our work. It is of course your choice whether to permit such contact or not.

**Communication and Emergencies:**

I manage all scheduling via both e-mail and phone calls, but request patients communicate about most other matter by leaving a message on my office voice mail (206-774-2763). If e-mail is used for a clinical matter, please keep in mind that even with reasonable security measures, it cannot be guaranteed as entirely private and confidential. Emails about clinical matters will be included as part of a patient’s medical chart.

I will try to return to all calls left on my office voicemail within one business day. For urgent matters, my office voicemail will provide an alternate contact number on which a message can be left. Such messages will be responded to within the same business day.

If there is a life threatening emergency or you are unable to wait for my return call, please call 911 or go to your nearest emergency room. You may also call the King County Crisis Line at (206) 461-3222. When I am not available, another psychiatrist may be covering for me. In this event, my voicemail will provide instructions for contacting the covering psychiatrist.

**Risks Associated with Treatment**

Please be aware that there can be risks associated with both psychiatric medications and psychotherapy. It is my goal to protect your safety and well-being at all times. However, in many situations progress cannot be made without assuming some risk of adverse effects.

**Risks Associated with Medications**

All medications can have side-effects, some of which may be quite serious. Prior to starting any new medications, it is my responsibility to discuss with you the most common and most serious potential side-effects, and to help you weigh these risks against the potential benefits. I will answer any questions you may have about the medications I recommend. Please be aware, however, that I cannot practically inform you of every possible side effect of each medication.

Your responsibility lies in keeping me informed of any serious side-effects you experience, changes in your medical conditions, and new medications prescribed by other providers.

**Risks associated with psychotherapy**

Many forms of psychotherapy carry risks of short-term emotional discomfort or anxiety in the process of achieving long-term improvement. For example, our work may at times cause you to experience distressing or painful memories, to expose yourself to situations or sensations that are anxiety-provoking, or to practice challenging new ways of thinking or behaving. However, these ‘side-effects’ of therapy should not become intolerable or hazardous to you. If you feel that they are so, please let me know immediately.

**Medication Prescription Policy:**

It is our shared responsibility to ensure that you do not run out of your medications between appointments. It is safest and most efficient for me to write you new prescriptions when you are at the office in person. If you running low on medication between visits, please contact me at least five days before you run out. This ensures that I will have time to access your file, call in your prescription, and sort out any problems that arise. I may not provide prescriptions for controlled substances such as sleep, anti-anxiety, or ADHD medication outside of scheduled appointments. I do make use of the Washington State Prescription Drug Monitoring Program to track patients’ use of controlled substances.

**Clients’ Rights**

You have the right to be an active participant in decisions regarding your evaluation and treatment. You have the right to refuse evaluation or treatment, the right to choose the mental health provider and practice modality that best suites your needs, and the right to receive a referral from me to another mental health provider. If you have any questions or concerns about your treatment, please discuss them with me. In addition, you may contact your health insurance plan or behavioral health benefit manager. Finally, if you find the problem is serious and/or you have not reached resolution through the aforementioned mean, you have the right to contact the Washington Department of Health at the below address to register a complaint.

Washington State Department of Health

Health Professions Quality Assurance P.O. Box 47865

Olympia, WA 98504-7865

(360 236-4700)

**Authorization:**

By signing below, you attest to the following:

*I,* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *acknowledge that I have received a written report of the above office policies and notice of privacy practices. I understand and agree to the above policies and procedures. I acknowledge that I am responsible for all balances on my account. I have also received or declined a copy of the HIPAA disclosure document (separate).*

Client Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_