MindHealth

Erika Giraldo, DNP, ARNP Leif Benjestorf, MN, ARNP
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19109 36th Ave W Suite#209 Lynnwood, WA 98036
Fax: (425) 673-7586

TREATMENT CONSENT FORM

Please read carefully, initial each page, sign and date on the last page.

We aim to provide the highest quality of care and service. Our policies support you in the best way possible and keep our clinic running smoothly for the benefit of every patient.

SCOPE OF SERVICES

At your initial visit, we will conduct a thorough review of your current concerns and of your background. By the end of the initial visit we will discuss preliminary impressions and your treatment options. Sometimes, psychotherapy alone will suffice. Often times, however, a combination of psychotherapy and medication management is optimal. The initial visit is also your opportunity to determine for yourself if our services are well matched to your needs. If you determine it is not a good match we can provide you referrals to other mental health professionals.

APPOINTMENT FREQUENCY AND DURATION OF VISITS

At your initial visit, we will decide together the structure of your therapy. If medications are prescribed, or changed, we prefer to conduct a 25-minute follow-up visit in two weeks. This is necessary to ensure proper administration, and minimize any side effects you may experience. If your symptoms improve, follow-up visits can be spaced out at monthly intervals. For clients on maintenance therapy, follow-up visits can be held at three-month intervals.

FEES

- Initial Evaluation: Allow 60-90 minutes for this office visit: $275
- Follow up medication management only: 20-30 minutes: $150
- Follow up therapy and/or medication management: 50 minutes $180 - $250
    - Rates vary depending on medical complexity
- Follow up medication management 10-15minutes: $80
- Ancillary services (filling out forms etc., calling in prescriptions without appointment; non-emergent telephone calls) $25 per 15 minutes

CANCELLATIONS AND NO-SHOWS

We respect your time and trust that you respect ours. We require a *minimum of 24 hours notice* when canceling or rescheduling appointments. . If you are unable to provide us with this notice, you will incur a missed appointment/ late cancellation fee as follows:

- $50 for a 30-minute appointment
- $100 for a 50-60 minute appointment

Insurance does NOT cover this fee. Please understand that this policy is in place as a means of respecting the time and efforts of your provider, as well as other patients who would have benefited from a visit during this time.

Initials_____

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PHONE CONSULTATIONS

If you are unable to come to our office, follow-up visits via telephone/Skype are available after an initial in-person visit. Most insurances do not cover telephone/Skype visits. These are billed at the regular in-office rate and payment is due via credit card at the end of each call.

CONTACT INFORMATION

Psychiatric treatments are individualized and often require multiple changes. As such, we do not offer extensive consultations via email or by texting on the phone. You may email your provider with short, concise questions that should be no more that 3-5 lines long and pertain to your current treatment plan. Email or text is not a substitute for an office visit.

To report acute symptoms not requiring emergency care, please call your provider. In an emergency, **do not** email or call us. **Call 911**, call the Suicide Crisis Line 1 (800) 273-8255 or proceed to the ER.

Please note that email and text are not considered to be secure forms of communication and you are accepting the risk that your message may be intercepted or otherwise seen by an unauthorized third party.

INSURANCE & PAYMENT

Please provide full insurance information and your insurance card upon your initial visit. It is your responsibility to determine eligibility of benefits, understand your coverage, and obtain authorization from your insurance provider when necessary prior to your first visit. If the visit is not covered, then you will be responsible for the bill.If you have a change in insurance, please let us know as soon as possible, so we can ensure payment. Many insurances have deductibles and it is your responsibility to pay your balance with us if you have not met your deductible.

It is your responsibility to pay for the copay at the time of the visit. Cash is preferred but we also accept checks and all major credit cards. Bounced checks incur a $25 processing fee.

We reserve the right to bill our standard fees for case coordination, clinical and legal write-ups, and phone consultations exceeding 5 minutes per week.

MEDICATION REFILLS

YOU ARE RESPONSIBLE TO MAKE AN APPOINTMENT BEFORE YOUR MEDICATION RUNS OUT.

*We will **not** renew ADHD medications outside of appointment times.* Schedule II medications are tightly regulated and we take these medications seriously for the safety of your health. We monitor your vital signs and assess side effects and your health while taking these medications.

If the medication is not a controlled substance, you can call your pharmacy to fax a refill request to our clinic. Please allow up to 5 days for medication refills as we are not in the clinic daily. Please do not call or email.

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You will be given refills for your prescriptions during your medication management appointments. If you cancel this appointment, but need a refill, you will be responsible to provide us with 7 days notice prior to you running out of your current prescription, and will need to be seen by your provider for further refills. If we notice a pattern of repeated cancellations and refill requests over the phone, this will be addressed, and a service charge of $50 for phone refill requests will be charged for each occurrence.

CONFIDENTIALITY

Information discussed during the course of therapy is confidential. By law, information concerning treatment may be released only with the written consent of the person treated (or the person's guardian if applicable). In the event where there is suspected child or elder abuse or an imminent danger of harm to one's self or others, the law requires the release of confidential information. In these instances we are required to make a report to the appropriate authorities. In addition, the courts may subpoena treatment records in certain circumstances. Any type of release of confidential information will be discussed with you. However, your insurance company may request records at any time.

We are compliant with the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to personal health care information (PHI). HIPAA requires that we provide you with a Notice of Privacy Practices. This Notice, which is attached to this agreement, explains HIPAA in detail and its application to your personal health care information. An electronic copy can be found on our website.

AGE OF CONSENT

In accordance with RCW 71.34.530: Any minor thirteen years or older may request and receive outpatient mental health treatment without the consent of the minor's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen.

TREATMENT CONSENT

By signing below, you certify that you have read and understand the terms stated in the Treatment Consent Form. You indicate that you understand the scope of services, session structure, fees, cancellation/no-show policies, payment policy, insurance reimbursement, confidentiality, the nature of my practice, and my contact information, and that you agree to abide by the terms stated above during the course of our therapeutic relationship.

Client name (please print): _____ Date: _____

Client's signature: _____

Initials_____