

Central Ohio Behavioral Medicine
Informed Consent to Treatment
Psychiatrist-Patient Services Agreement

Welcome

Welcome to our office, Central Ohio Behavior Medicine (COBM). The following information and agreement is between COBM and all of its providers and you. It contains important information about COBM, the services we offer, and the policies and procedures of our practice. Please read it carefully and keep this copy for your records. We will answer any questions you have during your first appointment.

Initial Psychiatric Evaluation

Your initial evaluation will last approximately forty-five to fifty minutes. It will cover your current and past mental health issues, current and past mental health treatment, and your medical history. We will determine if there is a psychiatric diagnosis, establish treatment goals, and make recommendations for treatment. Treatment may include medication, psychotherapy or both. We will schedule follow-up sessions at a time and frequency that we agree upon based on your treatment needs.

Follow-up Psychiatric Care

Working with a psychiatrist is different than what you may have experienced in a primary care setting. More time is scheduled for treatment, which often involves a combination of medication and psychotherapy. This allows for discussion of both medication issues as well as personal and therapeutic issues.

Cancellation/Missed Appointment Policy

Once an appointment is scheduled you will be expected to pay for it unless you provide twenty-four hours advanced notice of cancellation (unless we both agree that you are unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for missed sessions. We reserve the right to bill you for the entire cost of the session if you do not provide twenty-four hour notice. We reserve appointment times for you and it is often difficult to fill cancelled appointments on short notice.

Coordination with Other Professionals

From time to time your provider may feel that it would be beneficial to consult with other psychiatrists within COBM. In the event that we find that advisable, we will limit our information to the minimum necessary information for the consult. By signing this agreement you are providing consent for these consults. If we need information from sources outside of COBM, such as your physician, psychotherapist, or prior treating professionals, we will obtain a separate release of information.

Medications

Our psychiatrists may prescribe medications as a part of your treatment. Many medications have side effects and/or risks involved with taking them. Your psychiatrist will provide you with general information about the medications you are prescribed. When you fill your prescription, please carefully review the insert that is provided with the medication to learn any and all possible side effects and/or limitations associated with the medications. You can ask your pharmacist about concerns you have and your COBM provider is always available to answer questions that you have regarding medication. Please make sure that you advise COBM about all of the other medications that you are taking and let us know if any changes are made. Please obtain all medication refills during your regularly scheduled appointment. If refills are needed between scheduled appointments, we require 24-48 hours to call the prescription in to the pharmacy. Please note that medication refills cannot be provided outside of regular business hours.

Termination of Treatment

Termination is a valuable part of the treatment process. Stopping treatment should not be done casually, although either we or you may decide to end treatment if either of us believes it is in your best interest. If you wish to stop treatment at any time, we ask that you agree to meet for at least one additional session to review the work done up to that point. We will review the treatment goals, progress, and any further treatment that is recommended.

Contacting Us

During Business Hours: Our phone number is: 614-538-8300. Telephone calls are answered from 9 a.m. to 5 p.m. Monday through Friday. When our staff are unavailable, our telephone is answered by a confidential voicemail system. We will monitor this voicemail through the day and will make every effort to return your call within that day. If your call is urgent, please press 0 on the voicemail prompt for immediate assistance. If this is a life threatening emergency, you will need to call 911 or go to your nearest emergency room. This voicemail is not intended for emergency phone calls in life threatening situations.

After Hours: COBM has a psychiatrist on call for urgent psychiatric needs. By calling 614-538-8300, you will be connected to our answering service. The answering service will forward your message to the psychiatrist on call. If you are having an emergency that cannot wait several hours for a return call from the psychiatrist on call, you will need to call 911 or go to your nearest emergency room. The answering service is not intended for emergency phone calls in life threatening situations. Medication refills cannot be provided after hours.

Contacting You

When time permits, we will call your home phone or phone number you have provided to us to remind you of your appointment and we will send other information, including billing information, to the address you have provided to us. You have the right to ask that we contact you or send your information to an alternative address or by alternative means. We will agree to your request as long as it is reasonable for us to do so. If you do not wish to be contacted at your current address, please notify us by providing us with an alternative address or method which we may contact you.

Email

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 places severe limitations and restrictions on the electronic transfer of client information and records. We would prefer that we use face to face or phone contact only. Communication by email is at the discretion of each psychiatrist at COBM. You understand and agree that the use of email is not the most secure way of communication and that there is no guarantee of confidentiality when using the internet. Knowing this risk, if you decide to send email and COBM responds to that email, you are agreeing to accept the risk involved in these communications. Except for responding to these emails, COBM will not otherwise communicate with you through the use of email.

Professional Boundaries and Social Media

Your relationship with us is a professional and therapeutic one. In order to preserve this relationship, it is important that we not have any other type of relationship with you during, or after completion of treatment. Personal and/or business relationships can undermine the effectiveness of the therapeutic relationship and cause professional judgments to be compromised. Our licensing board and professional organizations advise that the patient and psychiatrist should not be "friends" on various social networking sites (Facebook, Twitter, etc.) and we want to abide by that advice. By signing below you understand this and will not attempt to "friend" anyone in this practice.

Professional Fees

We will gladly discuss our fees on request. Our business office is also available to answer your questions about charges. All fees will be adjusted according to your insurance and the provider's relationship with your insurance carrier. We will bill your insurance carrier but it is important for you to know that you are ultimately responsible for payment of all fees connected to your care.

Phone calls at your request lasting more than five minutes such as: crisis calls, consult with other professionals or family members, may be charged at the normal rate for a clinical hour, prorated in fifteen minute increments. This same rate will also be applied for time involved in the preparing and writing of requested treatment summaries, letters, or other requests. Insurance companies do not typically pay for these services. If you have questions regarding this rate please clarify it with your psychiatrist at the time of your request.

Copies of records – If you are requesting copies of records to be sent to other professionals you will be billed a copying fee of fifty cents per page for the first fifty pages, then twenty five cents per page thereafter plus postage. This fee may update from time to time to conform to Ohio law.

Participation in legal proceedings – Being a witness or expert in legal proceedings can have many risks to the therapeutic relationship. It is our policy to avoid being involved in legal proceedings if at all possible to protect the integrity and confidentiality of the doctor/patient relationship and to avoid dual roles. If you become involved in a divorce or custody dispute, we will not provide evaluation or expert testimony regarding child custody issues in court as we will in a treating role with you. You will need to hire an independent mental health professional for any evaluation or testimony required. If we become involved in legal proceedings that require our participation as a result of our treatment of you, whether or not you or another person involves one or more of us, you agree to pay for our professional time at our hourly rate from the time we leave the office until the time we return to the practice. You will also be billed for any related travel expenses. In addition, you agree to pay any legal fees we may incur with our practice attorney in conjunction with our participation.

Billing/Payments and Insurance Reimbursement

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. If you have insurance co-pays or need to meet your deductible it is required that you pay this at each session. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that your contract with your health insurance company requires that we provide them with information on the services that we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will likely be stored in their computer. It is important to note that we have no control over what they do with this information once it is in their hands and it may be released to a national insurance databank and become available to other insurance companies in the future.

Full payment is due for each session at the time it is held unless we agree otherwise or unless we are a provider for your insurance coverage in which case you will likely have a co-pay. You may pay by cash, check or credit card. If your check does not clear, you will be responsible for any additional fee the bank charges, and will need to pay for further sessions in cash. If your account has not been paid for more than ninety days, and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment and you consent to our doing that. This may involve a collection service. In the event that a collection service becomes involved, we will only release the minimum amount of information necessary to collect what you owe us.

If you are having financial problems, please do not delay in discussing this with us so that can avoid any of the above mentioned problems. We are willing to discuss payment plans or other options that may be in your best interest in order to balance the need for treatment and your financial ability. By signing this consent, you agree that insurance information may be released to your insurance company for payment purposes. However, a new option under federal law allows you to stop information from going to your insurance company. If you ask that no information go to your insurance company, this must be done on a session by session basis and you must pay for that session at the time you make this request. Unless this is done for all sessions, the insurance company will have information from the sessions where this option was not selected.

Information for Parents who are Divorced or Separated

If your child is under eighteen years of age, we will need to have copy of court documents or custody papers that prove you are the legal guardian. If there is a shared parenting agreement in your custody agreement, we will also need a copy of this so that we will have full understanding of what the legal agreement is regarding your child's mental health services. If both parents are involved in parenting the child, it is most beneficial for both parents to be involved in treatment in some capacity. Decisions will always be based upon what is in the best interest for the child. Billing statements will only be sent to one guardian. It is the responsibility of the guardian to work out how treatment is being paid for. (For example: if parents are divorced and equally responsible for one half of the bill, it is not our responsibility to make sure that both parents are paying.) The bill will be sent to the guardian who has signed this treatment agreement and it is their responsibility to work out any problems with the other responsible party.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. Before giving parents any information, we will discuss the matter with you, if possible, and we'll do our best to handle any objections you may have and provide you with whatever options may be available.

Confidentiality

We will respect your right to confidentiality, we will not reveal confidential information that you or your child shares to outside individuals or agencies without written consent. There are, however, several exceptions to confidentiality: we are obligated by law to report suspected child abuse (sexual, physical, or emotional) and neglect to the proper authorities, we are obligated by law to report suspected elder abuse to the proper authorities, we are obligated to take appropriate action if you or your child presents a threat of harm to self or others and we will take any appropriate actions to prevent such harm from occurring in accordance with what the law allows or requires us to do. Lastly, if you or your child is involved in court proceedings, records may be subpoenaed at any time during or after treatment. We will make every effort to protect your confidentiality, and we will not release the record without the appropriate consent or court order to do so.

In the Event of Incapacity or Death

In the event that your psychiatrist becomes incapacitated or dies, it will become necessary for another psychiatrist to take possession of your file and records. By signing this informed consent to treatment form, you are giving your consent to allow another psychiatrist in this practice to take possession of your file and records and to provide you with copies upon request.

Important

Please sign the **Informed Consent – HIPAA Notice of Privacy Practices Signature Page** indicating that you have received this document and agree to abide by its terms. Bring this signature page with you to your first session.