Psychiatric Evaluation and Assessment **Patient:_____**

Jeffrey Becker, MD, Inc.

Treatment Contract - Policies and Limitations

INITIAL INTAKE APPOINTMENT: Our first meeting is a consultation and does not constitute an agreement on the doctor's part to ongoing treatment. After coming to understand your case, we can proceed to treatment planning if appropriate. If I do not feel that my services and treatment expertise match your needs, you will not be charged for the intake session.

IN OFFICE FOLLOW UP SESSIONS: In order to manage your treatment, follow-up sessions generally occur every 30 to 60 days until your condition improves. The first two follow-up sessions will be 50 minutes unless otherwise arranged. Over the long-term, I see patients at least every six months, although occasional exceptions are made. Phone sessions or video sessions for medication management and/or psychotherapy may be arranged as appropriate. The length of time for follow-up sessions is determined by the complexity of your case.

CONFIDENTIALITY: I keep records of our meetings and the content of our sessions. They are kept locked within my office and any information you disclose will be held in the strictest of confidence unless you specifically authorize its release or unless the law or professional standards of practice require disclosure. Specifically, your right to confidentiality may not be maintained if there is reasonable concern of: 1) abuse or neglect of a child, dependent or elder adult, 2) danger of harm to yourself or to others, 3) grave disability (i.e., inability to care for yourself), or 4) pursuant to legal proceedings. If other health professionals are involved in your care I may ask you to sign a release to coordinate.

PAYMENT and BILLING: Payment is expected at the time of service with **check, cash or credit (Visa or Mastercard)**. You will be asked to have a credit card on file with our office, however you may pay for your sessions by check or cash if you wish. At your request, we will attempt to charge a Health Savings Account (HSA) credit card first. However, we require a secondary card to be on file given the erratic nature of HSA funding and the potential for insufficient funds. While I do not bill insurance companies directly I will provide a receipt, or "Super-Bill," that may be submitted to your insurance provider for potential reimbursement. Reimbursement rates differ substantially between different insurance companies, and between the different illness and CPT codes used to signify your condition and the treatments delivered. You are responsible for payment regardless of the status of your claim. Additionally, labs are also reimbursed by insurance at variable rates. If this is a concern, please contact your insurance carrier to get an estimate of costs before proceeding. Billing a third party for treatment can be arranged as is appropriate. If a check is returned for non-sufficient funds your credit card will be charged for the session as well as a $35 charge for returned checks.

FEE STRUCTURE: Fees 1-5 below indicate your payment for direct time spent in the office, on the phone or in the office coordinating with me. Routine record keeping, lab review and non-clinical phone contact is not charged for. Case-coordination with other health professionals or family members is billed at an hourly rate and your account is charged when 30 minutes or more have accrued. My fee structure is as follows:

Treatment or Service and Time Involved		CPT Code	Fee
1	Interactive Diagnostic Interview Examination – 80 minutes	90792	$600
2	E/M Established Patient (outpatient) - 80 Min	99215	$600
3	E/M Established Patient (outpatient) - 50 Min	99215	$400
4	E/M Established Patient (outpatient) - 25 Min	99214	$250
5	Brief Medication Management – 10 min (e.g., Short Phone Appointment)	99212	$125
6	eMail Contact – clinically related	--------	$50
7	Emergency Schedule II Prescription – Mail or Leave for Pickup	--------	$75
8	Emergency Prescription Renewal – Call in	--------	$30
9	Prior Authorization Paperwork	--------	$75
10	Report Preparation / Chart Preparation and Scanning / Case Coordination – per hour	--------	$400/hr
11	Missed Appointment (cancel <48 hours)	--------	As per fee

CANCELLATION POLICY: Should you need to cancel, please do so **at least 48 hours** in advance. Because I set time aside for our work together I must charge for missed sessions.

PHILOSOPHY / APPROACH: As your physician, I will strive to provide effective psychiatric care that meets your individual needs. I look forward to your active participation in treatment planning and encourage discussion of any concerns, questions or suggestions which you feel may enhance your care. I will attempt to provide you with adequate information as to the rationale for treatment recommendations, as well as the potential side effects, risks and benefits associated. Non-pharmaceutical options such as acupuncture, massage, vitamins, herbs and nutrients may be discussed as well. Please feel free to bring any questions regarding side effects, risks and benefits, new treatments, nutritional options and/or other medical treatment options to my attention if you wish to discuss.

CASE-COORDINATION: I will strive to coordinate your care with your therapist and/or your primary physician(s). You may give or withhold consent to contact others in order to share details of your care. In the event that your care requires significant time spent in case-coordination billing will occur at the rates outlined above.

CONTACT and FOLLOW-UP: Please phone me for all contact. I will return messages in a timely fashion, usually within 24 hours excepting Fridays from noon through weekends and holidays. General questions regarding scheduling, medication effects and other matters should be

left on my voice mail. Texting is acceptable on a limited basis and only for simple issues such as medication refills and scheduling. If your condition is deteriorating, or you need to be seen before the next scheduled appointment for any reason, it is your responsibility to contact me. If we do not make an appointment at the end of a session, it is your responsibility to contact me within an agreed upon time frame. Because patients in psychiatry will sometimes return to their internists for baseline psychiatric care, if I contact you and I do not hear back from you for 30 days I will assume you are getting your care elsewhere.

REFILLS / VITAMINS and NUTRIENTS: Medication refills generally occur during sessions with written scripts or by fax. If we have agreed to meet in 6 months, please call me for an appointment when you get your last refill. If you need a refill before your next session, **please allow me two business days** and have your pharmacy fax me a request. Refills on an emergency basis over weekends and holidays or requiring a paper Rx through the mail are associated with fees as outlined above. Because some nutrients and vitamins should not be taken without continued monitoring, and new research is occurring in this field everyday, nutrients and vitamin recommendations during our work together shall expire 12 months from the initial recommendation unless otherwise discussed.

EMERGENCIES and PAGING: ***Please call 911 or go to the nearest emergency room in the event of a life-threatening medical or psychiatric emergency.*** Call my main number and page me to inform me of your status as soon as is convenient, but do not wait for my return call in life-threatening emergencies. For non-life threatening emergencies that require immediate attention you may page me using the instructions on my voicemail greeting which may change depending on my circumstances. Please leave a message on my main line and follow the instructions to page me or a trusted colleague afterward. I am occasionally out of contact for approximately 2-4 hours due to unforeseen circumstances, so please page me again if I do not return your call within 3 hours. I will generally leave instructions to reach a trusted colleague when I am away from clinical practice. If you are unable to reach me, or a covering colleague for some reason regarding an urgent (but not life-threatening) issue, you may also consider calling your internist or family physician.

TEXTING and eMAIL (eComm): As per a patient's preferences and appropriateness of these modes I can communicate by e-mail and text. However, transmitting confidential health information by e-mail and text has a number of risks, both general and specific including but not limited to: eComm can be immediately broadcast worldwide to unintended recipients; recipients can forward eComm without the sender's permission or knowledge; users can easily misaddress eComm; eComm is easy to falsify; backup copies of e-mail may exist even after the sender or the recipient has deleted a copy; eComm may contain information pertaining to diagnosis and/or treatment; individuals with access to your chart will have access to the eComm; patients who send or receive eComm from their place of employment risk having their employer read their eComm. We use reasonable means to protect the security and confidentiality of eComm, but because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of eComm or internet communication and are not liable for improper disclosure of confidential information not caused by gross negligence or wanton misconduct, or breaches of confidentiality caused by the patient. While I endeavor to read eComm promptly I can provide no assurance that a particular eComm will read; thus, eComm must not be used in a medical emergency, nor should it be used for communications of particularly sensitive information regarding diagnosis or treatment. Your signature below signifies your acceptance of these terms.

RESEARCH: Details regarding your case might be included in research reporting through case reports, case series, studies, letters and/or discussions with colleagues. Only pertinent details regarding your medical history, presenting circumstances and range of response is used in these cases. Under no circumstances would specific identifying information be included in such communication. Your signature on this form acknowledges your understanding of this policy and your consent to use information related to your case in any ongoing or future research.

LIMITS OF SERVICE: I do not provide insurance, disability or worker's comp evaluations without prior arrangement and as per the fee structure above. I do not testify in court or as an expert witness without arrangement. Written evaluations require time billed at the rates outlined above. I am happy to provide psychiatric referrals upon request. If I do not hear from you within one month of contacting you for follow up I will assume that you are receiving adequate psychiatric care elsewhere, that you no longer require or expect my services, and that you are dismissing me as your physician. However, we may arrange your return to this psychiatric practice at a future date as is appropriate and as per my availability .

CONSENT: Your signature below confirms you have read and understand the foregoing and consent to evaluation and treatment.

_____ _____

Signature Date

CONTACT INFORMATION

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