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Child, Adolescent, and Adult Psychiatry

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CONSENT FOR EVALUATION AND TREATMENT

This document contains important information about my professional services and financial and business policies that I am advised to have you review before we begin. Please read it carefully and ask for clarification as needed. When you sign this document, it will represent an agreement between us. It will reflect your consent to participate in an initial evaluation and to allow appropriate treatment to be provided by me if you elect this. You may withdraw your consent at any time by telephone, in person, or in writing.

Professional Background

I am a New York licensed Psychiatrist and am Board certified in General Psychiatry. I earned my medical degree (M.D.) in 1988 from the University of Utah School of Medicine. I completed 5 years of internship and residency in 1993 in adult, child and adolescent psychiatry through the University of Rochester Medical Center. I have training in the diagnosis and treatment of psychological, emotional, behavioral, physical/medical, and interpersonal problems with children, adolescents, and adults. In addition to conventional psychiatric medications, I also have experience in applying holistic Integrative Psychiatry in the form of nutrition choices, supplements and herbs, and lifestyle treatments, and I can make referrals to other alternative/ complementary therapies.

Outpatient Services Contract

Description of Psychotherapy and other Services: Psychotherapy is one of the services I may offer and it is not easily described in general statements. It varies depending on the personalities of the therapist and patient and the particular concerns and goals brought forth in therapy. As a psychiatrist with an integrative approach I may employ a range of modalities as we address your concerns, including psychodynamic, interpersonal, cognitive behavioral, and family systems methods, as well as individual, and at times some couple, or family therapy sessions. Therefore, specific treatment modalities will vary based on the individual needs and goals of each patient.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Although the aim of psychotherapy is to ultimately feel and function better than the state that led you to seek services, you may experience a worsening of symptoms and/or functioning after an individual session or may experience an initial decline from current functioning levels. Change may be difficult and uncomfortable at times. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to solutions to specific problems, better relationships, and significant reductions in feelings of distress. Psychotherapy involves a commitment of time, money, and energy and calls for an active effort on your part. If therapy looks like it will be long-term, I will help you in finding a therapist who is able to do this since my practice will involve mostly shorter-term therapy interventions. In order for the therapy to be most successful, you will need to work on things both in our sessions and at home. Although there is no guarantee that treatment goals will be met, I will apply my resources in good faith to help you reach them.

Our initial sessions will involve an evaluation of your needs and treatment goals. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you feel that our sessions have not been as helpful as you had

hoped, it is important that we develop a plan to better meet your needs. Please be frank and open about your assessments of your changes. You have the right to choose any therapist. If, at any time, you feel there is some incompatibility between you and me, please mention the problem and see if it can be resolved. You will be given a list of other qualified therapists on request. If our work together reveals problems that are not within my area of expertise, I will refer you to an appropriate specialist.

Termination of Services: You have the right to end consultation or therapy at any time. Termination generally occurs when we mutually agree that goals have been reached or there is some other reason to terminate. I recommend that you discuss this important issue with me at least one session before you leave treatment. Under ordinary circumstances, it is advisable to plan your final session with me in advance.

Medication: As a psychiatrist, I do understand well the medications involved with psychiatric treatments and also know of medical/physical conditions that may need further evaluation or testing to see if these are the basis of your psychiatric symptoms. I am also prescribing medications in my practice if they are appropriate and if you agree to this option. I can also consult to Primary Care Physicians who can then choose to follow the recommended medication choices. I have experience in collaborative care and would be committed to coordinating your care with your other providers to give you the best care possible. It is your responsibility to inform me of any and all prescribed medications and physical conditions. This includes all over the counter medicines, herbs, supplements, vitamins, and even other therapies like acupuncture, chiropractic, and other modes of complementary care. Additionally, I may recommend that you have a complete physical examination to rule out any potential medical or physical problems that may be contributing to any symptoms you are experiencing.

Refill requests of medications outside of your visits are at No Charge if done Monday 9am through Thursday 5pm. Refills requested from Thursdays 5pm through Monday 9am will be charged 95.00 to process the medication.

Supplements are available for reduced cost through my account at Fullscript. That discount is set at 10% off of retail pricing.

Meetings: I conduct an initial evaluation that typically will last from 1.5 – 2.5 hours or may take more sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45-60 minute session (the typical duration of an hour therapy appointment) weekly, biweekly, monthly, or at a time we agree on, although some sessions may be more or less frequent. If you do not keep an appointment hour once it is scheduled, you will be expected to pay for a missed appointment fee of \$150 unless you provide 48 hours advanced notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). Phone and cancellation fees are your sole responsibility and are never covered by insurance companies.

Professional Fees: My fees for service represent what is usual and customary for psychiatrists in the Rochester area for Integrative Psychiatry. My standard fees are \$650 for the initial 120 minute evaluation, and \$375 for subsequent 60 min appointments that cover evaluation, professional or therapy services that you may need. For 30 min therapy visits I charge \$225, but these are for established and stabilized patients. A more gradual assessment is available with shorter visits that will need more visits to complete. Please speak with me if you are interested in this option.

Other services with fees include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Phone calls are 35.00 for 10-14 min, 100.00 for 15-30 min, 200.00 for 30-45.00, 300.00 for 45-60min.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Due to the difficulty of legal involvement, I charge \$850 per hour for preparation and attendance at any legal proceeding.

Billing and Payment: You will be expected to pay for each session in full with cash (exact amount please) or personal check at the time of your appointment. I also accept credit cards (MasterCard, VISA, American Express, and Discover) as well as FSA and HSA cards for tax deferred medical savings accounts. I can provide you with a statement/receipt upon request that you can send to your insurance company for out-of-network coverage, or for FSA and HSA. Timely payment of your bill is considered part of your treatment. Returned checks will result in an additional \$25 charge to cover bank and accounting fees. .

Please speak with me if you are having difficulty paying for your treatment. If your account with me is overdue and we have not arranged a payment plan, I reserve the right to hire a collection agency or use legal means to collect the outstanding balance. In the unfortunate event that this should happen, you will be responsible to pay not only the balance of the bill, but any fees associated with the hiring of the collection agency. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due.

Cancellation Policy: If you need to cancel or reschedule an appointment, please leave a message as soon as possible at (585)394-6656, or you may also call or text me on my cell phone at 585-727-1517 or send an email to cheryl.tisler@gmail.com. Please notify me of cancellations at least 48 hours before the appointment. Your appointment time has been reserved for you; therefore, you will be billed a \$150 fee for late cancellations or missed appointments not due to illness or emergency. Late cancellations/missed appointments are not covered by health insurance.

Professional Records: The laws and standards of my profession require that I keep treatment records, including written notes of all sessions. Records of any services you receive by me are maintained in password-protected computer files and/or in a paper file within a locked entity. Computerized treatment records are erased and paper treatment records are shredded approximately ten years after we end our psychiatrist-patient relationship contract. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

Health Insurance: I do not submit insurance claims for you since I am not on provider panels, but I could provide you with a statement that you may submit to your insurance company for direct payment to you. If you plan to utilize health insurance, it would be considered "out of network coverage" and it is very important to familiarize yourself with your policy's requirements, limitations, and benefits. I strongly recommend that you obtain information regarding the coverage for outpatient psychiatric care for an out-of-network provider, your deductible, and what percent of their standard allowance is covered by your policy. There may even be a specific number of Behavioral Health visits per year covered under your policy, and whether there are any limitations on the types of services covered. It is ultimately your responsibility to have accurate information regarding your insurance coverage. I will provide you with a receipt with information that your insurance may expect, and provide you with whatever assistance I can in helping you to receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. You are responsible for submitting paper work for your own reimbursement, for keeping accurate records regarding the extent of your own coverage, and for knowing the terms of your policy. Many insurance companies require a referral from your primary care physician or authorization from the company itself prior to initiating psychotherapy to be eligible

for insurance coverage of mental health services. If a referral is required from your primary care physician, even for out-of-network providers, please call to arrange this **prior** to your first appointment with me. If you have not obtained the required pre-authorization, your insurance may not pay you under the out-of-network benefits that you may have. Please note that some psychiatric services are not covered by certain insurance carriers.

I am not a member of HMO and PPO provider panels (e.g. Excellus, Aetna, etc.). Each insurance company sets their own specific rates or charges and these will differ from the fees noted in the *Professional Fees* section above. Any portion of the psychiatric treatment fees not covered by the insurance company, such as a deductible, is your responsibility.

Please be aware that if they are paying for services, your health insurance company requires that I provide them with information relevant to the services that I provide to you and they have the right to access your record. I am always required to provide a clinical diagnosis and the dates of service provided. I am occasionally required to provide additional clinical information, such as a description of the problem, treatment plans, treatment summaries, or copies of your entire record. If you have specific questions regarding the type of information your insurer requires, or the manner in which they protect such information, I encourage you to contact their customer service department directly. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the information and thus cannot guarantee the privacy of your information once it leaves my office. Signing this form authorizes me to exchange with your insurance company whatever information they require to reimburse you for services. Additionally, some insurance plans require me to communicate with your primary care physician (e.g., submit a yearly treatment plan and/or summary with current diagnosis). Your signature on this form gives me permission to release information to your primary care physician as required by your insurance carrier, as applicable.

Confidentiality: In general, the privacy of all communications between a patient and a psychiatrist are protected by law, and I can only release information about your treatment to others with your written permission. But there are a few exceptions.

As described above, many insurance carriers require periodic updates about your progress in treatment. When I am required to share information, I will provide the minimum necessary information in order to ensure safety and proper treatment.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony and/or written records if s/he determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. By signing this document, you waive confidentiality with regard to matters stated in the above three paragraphs under the "confidentiality" heading.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to

our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice but formal legal advice may be needed because the laws governing confidentiality are quite complex and I am not an attorney.

Contacting Me: I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends or holidays. It is often helpful to inform me of some times that you will be available, particularly if it is difficult to reach you due to schedules, work situations, etc.

In emergencies and urgent matters, you can contact me by cell phone at (585) 727-1517. My voicemail may also list this number as my emergency number.

If I am unavailable to provide coverage for emergencies, a professional clinician will be covering for me. My voicemail will have the information for who is covering my practice and how to reach that person in the event that I am not available. Your signature on this form provides me with permission to share necessary information about you with the person on call for me.

If you are unable to reach me or feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist or PAO (Psychiatric admission officer) on call. The phone number for emergency psychiatric services at Strong Memorial Hospital is (585) 275-4501. Another resource is Lifeline at (585) 275-5151 and they have many resources and can talk to you regarding suicidality.

If at any time you feel that you cannot safely wait for a response or are faced with a situation that requires emergency medical attention, call 911 or go to the nearest hospital Emergency Department. In the event of an emergency, you can also reach the mobile crisis unit at (585) 275-5151 (through Lifeline) who may be able to come to you.

Please see the last page for signature.

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Consent to Evaluation and Treatment Form

If you have any questions about any of the earlier information or policies, please discuss them with me.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Your signature indicates that you agree to sharing information with your Primary Care physician (PCP) is indicated. This also relates to sharing information with your insurance if needed so you can be reimbursed, with disability companies, and agreeing to the policies regarding late cancellations, payment of services, how to reach me in emergencies, as well as your rights and how we can proceed in this professional relationship.

Patient:

Print Name

Sign Name

Date

Psychiatrist:

Cheryl L. Tisler, M.D.

Print Name

Sign Name

Date