

## **Treatment Consent for Psychiatric Services**

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### **INITIAL CONSULTATION**

The first session is a consultation, scheduled for a total of 2-3 hours and is primary a trial of psychotherapy, and secondarily an evaluation for medication. The session establishes whether or not you, the patient, agree with the focus of treatment and would like to begin a treatment relationship with the physician.

It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring completed patient forms to this appointment and make sure to provide information about previous providers, past psychiatric treatment, and medication trials.

### **PRACTICE STATUS**

Darakjian psychiatry is currently a solo practice, with no other physicians or ancillary providers. All records are stored using an industry-leading electronic health record called Practice Fusion. I, Dr. Darakjian, am the only one with access to your records. Please note that it is my policy to always protect this information in accordance with all legal and ethical standards. During times that I may not be available, a colleague may cover for me and have access to your files, only for the duration of the time I am out, and only for the purpose of your psychiatric care should an urgent situation arise. At this time, I see all of my patients weekly for combined medication and psychotherapy services.

### **PSYCHOTHERAPY**

Often called talk therapy, this form of treatment can be helpful to individuals, couples, and families. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-insight. However, therapy is not guaranteed to work for everybody and can be a large financial commitment as well as requiring a significant amount of time and energy. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy. Thus, it is important to let your therapist know if you feel that your goals aren't being met. These issues can be addressed in session. I am always willing to provide alternative referrals, if necessary.

### **MEDICATION MANAGEMENT**

Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. It is important to find the best combination of medications and therapy for you. I am trained to administer both psychiatric medications and psychotherapy. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, I will always discuss the risks, benefits, side effects, government warnings, and alternative treatments (which always includes not using medications) with you.

### **PROFESSIONAL FEES**

My standard fee is **\$150 per hour**, though this is subject to a sliding scale (separate form) based on income relative to the Federal Poverty Level (FPL). If you would like to be considered for the sliding scale, you would need to submit recent bank and credit card statements for my review.

### **BILLING AND PAYMENTS**

You are expected to pay for each session at the beginning of each appointment. I accept checks, cash, and credit

cards (MasterCard, Visa, American Express, or Discover) for all professional services. A \$25 fee is charged for all returned checks.

### **CANCELLATIONS AND NO-SHOW POLICY**

**Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide at least 48 business hours advance notice of cancellation.** Both telephone and email are acceptable ways to alert me of a cancellation. Please remember that business hours are considered weekdays from Monday through Friday and exclude all standard holidays. Also, insurance companies generally do not reimburse for missed sessions or those cancelled too late.

### **INSURANCE REIMBURSEMENT**

I am considered “out of network” for most PPO plans. If you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, full payment for all services is required at the time of each appointment. I can provide you with a service invoice/receipt (sometimes referred to as a “super bill”) that you can submit to your insurance company. I do not bill your insurance company directly. Please also note that if you pursue reimbursement, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

### **CONTACT**

Calls and emails are generally returned within one business day. Please always leave a phone number where you can be best reached. If your call is an emergency, please contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians may contact me at my office number. **Please also note that email should never be used for urgent or emergency issues. Email is not a confidential means of communication and I cannot ensure that email messages will be received or responded to in a timely fashion.**

### **PROFESSIONAL RECORDS**

Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided.

### **CONFIDENTIALITY**

Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law: (1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection; (2) danger to others – if there is threat of serious bodily harm to others, we are required to

take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs; (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency; (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

I also participate in group supervision of my psychotherapy. You will not have your videotape reviewed by anyone without your direct consent on the videotape consent form.

### **ELECTRONIC MAIL (EMAIL)**

Always be aware that email is not a confidential means of communication. I cannot guarantee that email messages will be received or responded to in a timely fashion. As such, email is not an appropriate way to communicate confidential or urgent information.

### **LEGAL TESTIMONY**

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, I recommend that you hire an independent forensic mental health professional for such services.

***Your signature below indicates that you have read the Treatment Consent Form (3 pages), which contains information on psychiatric services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting providers, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.***

Name of patient (print): \_\_\_\_\_

Name of legal guardian (print): \_\_\_\_\_  
*\*(Only if patient is under 18 or a dependent adult)*

Signature of patient or guardian: \_\_\_\_\_ Date: \_\_\_\_\_