



OUTPATIENT SERVICES – PSYCHIATRIC CARE CONTRACT

Name of Client: _____ Psychiatrist: Dr. Frey

Following an initial assessment of needs, it has been determined that I am an appropriate candidate for receiving psychiatric services through this clinic. My psychiatrist has provided written and/or verbal information concerning my rights as a patient including:

Treatment

Treatment recommendations and proposed benefits, treatment alternatives, possible outcomes and side effects of treatment, possible outcomes of no treatment, and the approximate duration of treatment have been discussed. I have the right and responsibility to participate in the development and implementation of my treatment plan.

Patient Rights

My rights as a patient have been explained. This includes information on how to obtain emergency mental health services outside of the clinic’s normal operating hours, how to use the clinic’s grievance procedure, and the discharge policy of the clinic including circumstances under which a patient may be involuntarily discharged for inability to pay or for behavior that may be the result of mental health symptoms. These items are detailed in a separate document given to me entitled *Consumer Rights of Individuals Receiving Treatment at Mental Health Solutions, S.C.*

Medications

If medications are prescribed I will sign a separate consent that indicates that the prescriber has explained to me or to my legal representative the risks, benefits, and alternatives to medication treatment.

Fees

The fee for services is based on the complexity of care provided and the cost of providing that care. Initial consultation services are complex and are billed at \$275. Medication follow up sessions vary in length from 20 – 30 minutes and range in cost from \$100 to \$275.

Missed appointments prevent you from receiving required care and prevent the doctor from providing that care. They also prevent another person from receiving care during that time. As a result, you will be financially responsible for any missed appointments not cancelled with at least 24 hours notice (emergency exceptions may apply). These fees are assessed on an escalating fee scale. The first missed appointment will be charged at \$25, the second missed appointment will be charged at \$50, the third and subsequent missed appointments will be charged at \$100 and care may be terminated. Please arrive on time for appointments. If you are too late to allow time for proper care, you may be asked to reschedule. If you are more than 20 minutes late, you will be asked to reschedule.

It is our policy to charge on a prorated basis for other professional services such as extended telephone consultations, report writing, meeting attendance, court testimony, and preparation of treatment summaries. You are responsible for any charges not covered by your insurance carrier including any co-payments required by your policy. Your insurance will not cover fees for missed appointments.

Your signature below indicates that you:

- 1) Have been informed of your consumer rights
- 2) Have been advised that a copy of our consumer rights and grievance procedure is available at the front desk
- 3) Have read and understood your consumer rights and this outpatient services agreement
- 4) Have granted authorization for Mental Health Solutions, S.C. to release information to your insurance company as necessary for processing claims
- 5) Have authorized direct payment from your insurance carrier to Mental Health Solutions, S.C.
- 6) Understand that you can withdraw from this agreement and/or stop treatment at any time.

Signature of Client: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____