DR.B
PSYCHIATRY

Dr. B Psychiatry Consult, PC
Jose G. Bejarano, MD
Board Certified Adult Psychiatrist

Consent for Treatment ≈ Outpatient Services Contract ≈ Patient Information

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask any questions that you might have. When you sign this document, it will represent an agreement between us. If you request it, you will be provided with a copy of this form
after you have signed it.

PROFESSIONAL SERVICES
As a medical doctor and board certified adult psychiatrist, I am trained to see patients 18 years of age and under the age of 65. Services include assessments, diagnosis, medication treatment if warranted, and brief supportive and behavioral therapy as part of the medication follow-up. The success, length, and course of treatment are affected by multiple factors, including the severity of the problem, motivation of the patient, etc. The best outcome is achieved through collaboration between the patient and doctor.
I do **NOT** provide forensic services such as custody evaluations, ability to stand trial, etc.
I am **NOT** able to manage eating disorders or substance use/abuse/dependency disorders in this practice.

CONFIDENTIALITY
Communication between a patient and his/her psychiatrist is held in confidence and will not be revealed to an outside agency without written consent unless specifically required by law (for example: elder abuse, imminent threat of danger to yourself or others, court order, etc).
Information released to insurance companies for reimbursement for services is
released only on authorization from you.
An exception would be if I believe that there is a risk of imminent danger to oneself, others or severe self-neglect.

Please be aware that the audio or video recording of any session is not permitted secondary to therapeutic and privacy issues. In the event that there is a specific reason for a recording to be made, it must be done in a mutually agreeable way and only following a discussion with both parties. If an unauthorized recording is made, it is grounds for termination of the therapeutic relationship.

Psychiatrists often find it helpful to consult about a case with other professionals. In these cases, details that would reveal the identity of my patient are avoided. The consultant is, of course, also ethically bound to keep the information confidential.

SOCIAL MEDIA AND TELECOMMUNICATION
Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from patients on any social networking site (Facebook, LinkedIn, etc). I believe that adding patients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

APPOINTMENTS, CANCELLATIONS AND NO SHOW POLICY
Appointments are either in-person or via telemedicine. Please remember that your appointment time is reserved for you.

Appointments cancelled less than 24hrs in advance or not kept the day of will be charged the full appointment fee.

Please note that these charges are not reimbursable by insurance companies.
Exceptions can be discussed. As a courtesy, you will receive a reminder text and/or email about your appointment, but please keep track of your appointment.
If you are unable to cancel a routine, non- urgent follow-up session in time, phone appointments may be possible at the standard appointment rate. Please be aware, phone appointments are rarely, if ever, reimbursable by your insurance company.
All adult patients (18 years of age and above) who have a legal guardians or power of attorney appointed must be present with their guardian or power of attorney during the appointment unless it was agreed in advance that the session was for the parents or guardians only.
If the appointment is via telemedicine, please ensure that your surroundings are private and that you are not speaking about your confidential matters in a public environment.
If multiple appointments are missed without notice, I reserve the right to terminate treatment and refer you elsewhere.

TELEPHONE CALLS, COMMUNICATION AND LETTERS
I usually check messages throughout the workday from Mon-Fri. Brief phone calls are not charged. Longer, more involved calls are charged as outlined in the Professional Fees. The best way of reaching me is calling 713-817-0296. I try to return urgent calls as soon as possible and routine calls are usually returned within 24-48 hours during the work week.

Please do not leave any urgent messages on my voicemail after hours. My voicemail is not monitored on holidays, weekends or after 5pm on weekdays.
I do not have a designated after hour service. **If you have a true medical emergency, any time of the day, please call 911 or go to your nearest emergency room**.
Please be cognizant that I remain on call virtually 24h/7d/365 days a year.
From time to time, forms will need to be filled out for colleges, etc. Routine, brief forms are filled out at no charge. Extended or complex forms or letters and full psychiatric reports will be charged as outlined in the Professional Fees.

PRESCRIPTION REFILLS
Prescription refills can be called into my voicemail at 713-817-0296. Please allow **2 full business days** for prescriptions to be e-prescribed or called into the pharmacy. I do not utilize paper prescriptions. If a medication has been prescribed, I urge you not to modify it without contacting me first. Abrupt termination of some medications prescribed may have serious adverse effects. Please discuss any medication changes with me, including medications added or changed by you or other medical providers.

PROFESSIONAL FEES
The fees listed below are a Good Faith Estimate (GFE) rendered by Dr. B Psychiatry Consult, PC. for services rendered in accordance with the No Surprise Act.

Initial Diagnostic Assessments for Adults Ages 18 and up:
Assessments are typically completed in one session. An adult session can last up to 90 minutes and is $425/session. If the case is complicated or requires more time, an additional session may be warranted.

Rates for follow-up appointments and additional services:
Routine medication only follow-up appointments (approx. 25 min): $200
- Includes monitoring response to prescribed treatments, assessment of efficacy of interventions, surveillance of Side effects and vital signs as appropriate, therapy interventions as warranted.

Follow-up appointments (approx. 40 min): $265
- Includes as listed above

Follow-up appointments (approx. 55 min): $350
- Includes as listed above

Extended phone calls (over 10 min): $50 per 15 min

Extended or complex forms or letters: Up to $100
- Detailed letters that need to be completed outside of an appointment per document which requires a longer time to complete will be charged. Simple forms and letters which can be completed within a patient visit are usually not billed.

Coordination of care (greater than 15 minutes): $75 every 15 minutes
- Includes coordination of care with school, counselors, teachers, employers, social workers, therapists, psychologists, psychiatrists, or other professionals.

Copying Records: $25 for first 20 pages
- Copies of records or charts can be made on request and can be picked up or mailed.
- $0.50 for each additional page
*Fees are subject to change annually

PAYMENTS AND INSURANCE
Payments are expected at the time of service regardless of your insurance coverage.
I do not file insurance claims nor do I accept any managed care, private insurance plans, or payments from insurance companies.
Since coverage varies widely from policy to policy, I cannot guarantee that these services will be reimbursed by your insurance carrier. If you wish, you may file for reimbursement directly with your insurance carrier. If requested, you will be provided a super-bill. This will include the diagnosis code and billing code for the appointment.
Some insurance companies may require documentation of the diagnosis and a treatment plan or summary.
You are responsible for all fees. This practice accepts most credit cards, health saving accounts, and flexible savings accounts. Please be aware that additional processing fee may apply if using a credit card. A credit card will be kept on file to be used after a service is rendered, or in the event of payment delays longer than 2 weeks.
I do not accept cash or personal checks. All accounts become overdue after 60 days if **no** payment arrangement has been made. I will make every effort to cooperate with any individual who has special financial concerns. Severely past due accounts may be sent to a collection agency and any collection costs will be added.

DISCONTINUATION OF TREATMENT, NO CONTACT POLICY
The decision to terminate treatment is typically made through a mutual discussion involving the physician and patient. In the event that you discontinue treatment without notifying my office, I will assume that your therapeutic relationship with me terminated 120 days after your last visit, unless you have an appointment scheduled for a future date, beyond which I carry no further responsibility for your care.

This is a great deal of information to review, so please feel free to contact me with any questions and I look forward to working with you.