



Terms of Service

Welcome!

Sapient MD aims to provide the highest quality integrated psychiatric care at an accessible price for patients from all socioeconomic backgrounds. We invite patients to make informed choices about their care and help explain the scientific rationale of psychiatric treatment options. We support patient freedom and education as a partner in treatment. To accomplish this, we engage in regular discussion about risks, benefits, side effects, and alternative treatment options.

Financial/Billing:

Sapient MD does not accept insurance coverage which can restrict both quality and access to care. Credit card or direct debit payments are made on a monthly advance basis depending on stage of treatment (e.g. new or established patient) and frequency of visits (e.g. monthly, semi-annually).

Initial 3-Month Treatment Plan

- **Comprehensive 60-minute initial evaluation, in-person** - \$600
- **Two follow-up 30-minute visits** - \$300 each

If both the patient and provider decide to continue with long-term care, the payment structure transitions to the established patient membership model.

Established patient billing schedule

Rates are based on frequency of 30-minute office visits (minimum of two in-person visits/year for medication monitoring and management, additional visits can be telehealth if clinically appropriate).

- **Twice yearly (every 6 months):** \$50/month (includes quarterly phone check-ins)
- **Three times a year (every 4 months):** \$75/month
- **Four times a year (every 3 months):** \$100/month
- **Six visits a year (every 2 months):** \$150/month
- **Monthly visits:** \$300/month

Additional work such as extra visits along with the monthly membership schedule or letters/paperwork completion will bill at a general rate of 600\$/hour.

Please note as we do not take insurance, we are an opt-out entity with Medicaid and Medicare and they will not reimburse for our services.

Client Rights:

You are entitled to receive information about the credentials of your provider and the fee structure.

You can seek a second opinion from another provider and terminate care any time.

Generally speaking, the information provided by and to a client during treatment is legally confidential. If the information is legally confidential, the provider cannot be forced to disclose the information without the client's consent. In addition, information disclosed to a therapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. However, there are exceptions to the general rule of legal confidentiality and privilege. For example, providers are required to report the abuse and/or neglect of a child, elderly person, or a person with a physical or mental disability. Additionally, in the event of imminent danger to yourself or another person, providers are required by law to protect you, which may result in you being hospitalized, and providers have a duty to warn anyone who may be in imminent danger as a result of threats made by you. Some of these exceptions are listed in the Colorado Revised Statute 12-43-218. There are other exceptions that may be identified through the course of treatment.

Privacy:

Our practice operates on a private pay model and does not accept health insurance. As a result, we are not a covered entity under HIPAA. However, we are committed to protecting your privacy and ensuring secure communication in accordance with our policies.

Do you consent to:

Email communication?

Phone calls?

Text/SMS messages?

May we leave a message on your phone if you do not answer?

Do you have an emergency contact (name/phone)?

Any other preferences you would like to share?

Note: SMS consent and phone number will never be shared or sold to any third party or affiliates for marketing purposes.

Court Testimony and Scope of Practice Consideration:

It is common to assume a provider will give clinical opinions during court testimony or provide recommendations about parenting plans, parenting time, or custody situations. This is outside our scope of practice. Additionally, Sapien MD does not make special recommendations or assertions about future behavior, emotion, or action. If ordered to testify, providers can speak about clinical facts of a case as verified or discovered during the course of treatment. Standard billing rates apply and will include time spent reviewing a case, travel to and from the courthouse, and time spent waiting to testify. Alternatively, consider engaging services from a sub-specialty trained Forensic Psychiatrist.

Disability evaluations are outside of our scope - please consult a Disability Evaluation Specialist.

Letters for Jury Duty, Emotional Service Animals, and other subjects will be considered at Provider's discretion. Additional deposit may apply.

Late Show Policy:

To accommodate all patients, we cannot extend appointment duration following a late-show. Please arrive 20 minutes prior to your appointment time in order to complete treatment update forms.

Please reschedule at least 24 hours in advance if you are unable to attend your scheduled appointment. Multiple late-shows and reschedules will be considered for termination at provider's discretion.

Emergency, Crisis, and Hospitalization Services:

We are not an emergency or crisis center and do not have privileges for hospitalization or management. We are mandatory reporters and can utilize the Colorado M-1 Emergency Hold protocol if/when necessary should someone be an imminent risk to themselves, others, or be gravely disabled and in need of emergency psychiatric stabilization. If you or your loved one requires emergency evaluation or hospitalization, or if you need urgent help outside of office hours and cannot reach us, please reach out to the following emergency services:

- **Call 911 or go to the nearest Emergency Department**
- **The Colorado Crisis Services Hotline at 1-844-493-TALK (8255)**
- **National Suicide Prevention Lifeline at 1-800-273-8255**
- **Go to a mental health crisis center such as the Crisis Stabilization Unit for El Paso County, Colorado, at 115 S. Parkside, Colorado Springs**

Out of State and International Patients:

Please call us to discuss individualized options for treatment.

Consulting:

We do offer training for providers as well as consultation for clients who are not looking for a prescriber-patient relationship. Please contact us for further detail.

Termination:

You may terminate care at any time with 30 days advance written notice to cease payments if you are on a membership plan. We wish you well on your journey and would like to provide at least 30 days' refills where clinically appropriate.

Please contact us with any questions or if you would like additional information.

I have read the preceding information, consent to treatment as a partner in decision-making, acknowledge my personal responsibility to maintain informed consent for treatment, consent to the billing policy as-outlined above, and I understand my rights as a client/patient.

_____ Patient Name	_____ Date
_____ Patient Signature	_____ Date of Birth
_____ Parent/Guardian Name	_____ Date
_____ Parent/Guardian Signature	_____ Date of Birth
_____ Provider	_____ Date