

# Bryan C. Shelby MD JD LLC

## PRACTICE POLICY AND INFORMED CONSENT

Thank you for your interest in my private psychiatric practice, Bryan C. Shelby MD JD, LLC. This document contains important information about my professional services and business practices. It also provides information that allows your informed consent in engaging in treatment. Please read it carefully. With advance notice, this and other policies may be subject to change. **All services are contingent upon mutual agreement. If, at any time, you or I believe that services are unproductive, counterproductive, unhelpful to your treatment, or you are unable/unwilling to pay for the services rendered, then either you or I have the right to end these services, and I will make appropriate referrals and offer transition sessions if you believe they would be helpful.**

I treat adults for a variety of psychiatric issues, including depression, anxiety, bipolar disorder, addictions, post-traumatic stress disorder, grief, adjustment problems, and stress. I provide both psychotherapy and medication-management. Some patients find it advantageous to see the same individual for both therapy and medications. Other patients see me for medication management while continuing to work with a separate psychotherapist. Either plan can work well. I work in an office suite with other mental health professionals. While I share office space with them, I am independent of other professionals in providing you with clinical services. My office hours are generally as follows subject to changes:

**Mondays 12am-6pm   Tuesdays 11-5pm   Wednesdays 12pm-6pm   Thursdays (Variable)**

**Initial Evaluation and Ongoing Sessions:** For our first 2-3 visits, generally, during we will discuss the problems and concerns that have led you to seek assistance, your past history, current life status, and treatment goals. By the end of these sessions, my goal is to provide you with a sense of whether and/or how I may be able to help you. By the end of the second session or start of the third session, we may be able to work out an initial plan of treatment by then, often an additional meeting or two is needed to fully develop a plan. This initial phase also gives us an opportunity to assess whether our working together is a good fit. Our first few sessions will involve my asking a lot of questions to learn more about you and your needs. As time goes on, I will be able to offer my impressions of what might be helpful in your situation and what our work might include if you decide to continue with treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Both medication and psychotherapy involve a commitment of time and energy, as well as a financial commitment, so you should be very careful about the treater you select. If you have questions about my approach, we should discuss them whenever they arise. If any doubts persist, I will be happy to help you identify another mental health professional who can offer a second opinion or referral.

The nature and frequency of our ongoing sessions depends on a variety of factors. If you will be seeing me primarily for medication management, we will usually meet for 20 to 25-minute sessions (after the evaluation phase). These meetings may occur as often as 1-2 times weekly (during initial medication trials, at times of particular medication problems, or during periods of stress) or as infrequently as 3-4 times a year (if you are feeling well and your medications are stable.) Except in unusual circumstances, we will need to meet at a minimum once every four months; this is essential to appropriately monitor and manage your medications. Patients prescribed controlled substances may need more frequent appointments.

If you are engaging with me for psychotherapy (with or without medications), we will generally meet for 45-minute sessions on a more regular basis, often 2-4 times monthly. The exact frequency depends on your needs and preferences. Psychotherapy is not easily described in general statements; it is not like a routine medical doctor visit. There are many different methods I may use to deal with the problems that you might hope to address. In order for the therapy to be successful, it requires an active effort on your part.

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**Treatment Risks:** Medications have side effects, some of which may be quite serious. Prior to starting any new medication, it is my responsibility to discuss with you the most common and serious potential side effects, and to help you weigh these risks against the potential benefits. Please be aware, however, that I cannot practically inform you of every possible side effect of each medication. It is your responsibility to keep me informed of any serious side effects that you experience, changes in your medical conditions, and new medications prescribed by other providers. I may also ask you to complete a written consent form for some medications. I encourage you to read more information about specific medications you are taking and can provide you with such written information on request.

Many forms of psychotherapy carry risks of short-term emotional discomfort or anxiety in the process of achieving long-term improvement. For example, our work may at times cause you to experience distressing or painful memories, to expose yourself to situations or sensations that are anxiety-provoking, or to practice challenging new ways of thinking or behaving. Also, your condition may not improve, and in some cases may even get worse. If you feel that your condition is becoming so, please let me know immediately. On the other hand, psychotherapy also has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, however, there are no guarantees of what you will experience or what you will accomplish. I strive to comply with the advisories and ethical principles of the American Psychiatric Association. The ethical guidelines of the American Psychiatric Association say I can only be your psychiatrist. If we happen to encounter each other in public, in order to protect your confidentiality, I won't acknowledge you unless you acknowledge me first. None of this is meant to keep you from sharing that you are in treatment with me wherever and with whomever you like. If you have concerns about our work together, please let me know. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of treatment, even if you decide we are not a good fit. In person sessions generally provide you with the best care and are required for the ongoing prescribing of medications. Sessions may also be done via telephone or video in lieu of in person meetings and will be considered on a case-by-case basis dependent on clinical need.

**Contacting me and communication:** For routine matters, the best way to contact me is generally my office phone. During regular office hours, I can be reached at **203-221-0090**. I will not answer the telephone when I am with a patient. For all non-urgent and non-emergency matters, you can leave a message. Messages will be checked during business hours. Messages left outside of office hours or on weekends or on Fridays will be checked and returned during regular business hours. I have a mobile phone in case I need to be reached outside office hours: **203-594-8532**. **I also use the communication portal SpruceHealth.com, which is the primary electronic communications platform that I use in the practice. If not communicating via telephone, please use the secure Sprucehealth app or log in to Sprucehealth.com for most secure way of communication for more detailed clinical matters.** I will make available the link that allows you to sign up, and the app can be downloaded to an iPhone or Samsung phone. It is secure and a HIPPA-compliant means to communicate with me, including secure video communication. Faxing is also a way to communicate with me and will be received via a HIPPA-compliant electronic service. My fax number is **844-530-1500**.

The practice makes available texting as a means of communications for limited, administrative matters, such as prescription refill requests, rescheduling appointments, billing and informing me that you are running late. I use text messaging with your permission and primarily for administrative purposes unless we have made another agreement. The telephone or face-to-face context simply is much more secure and clinically effective as a mode of communication. Communicating via text is mediated through a third-party and texts could be, in unusual cases, intercepted, hacked, or seen by viewers unintentionally. While it is unlikely, your texts, are, in theory, available to be read by the system administrators from your cellular telephone provider. If you need to discuss a clinical matter with me, please feel free to call me so we can

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discuss it on the telephone or wait so we can discuss it during your session. You can also use the secure Spruce app as above.

**While I make every effort to respond promptly to messages or phone calls, I cannot guarantee an immediate response.** Please note that after hours, such as on weekends or at night, it may take a longer time to respond to you. In the event of an emergency, if you are unable to contact me or my covering colleague immediately, you should call 911 or go the nearest emergency room. Furthermore, **I generally do not offer email as an ongoing means of communication, and I ask all patients to please refrain from sending email to my practice because emails are not completely secure or confidential ways to contact me.** If you send me emails, please do so only for administrative purposes unless we have made another agreement. If you need to discuss a clinical matter with me, please use the other communication means above.

I provide the option for telemedicine visits in Spruce and other secure means along with in-person visits. There are risks from telemedicine, including, but not limited to, the possibility, despite reasonable efforts, even using secure means such as Spruce and Doximity, that the transmission of medical information could be disrupted or distorted by technical failures; the transmission of medical information could be interrupted by unauthorized persons; and/or the electronic storage of medical information could be accessed by unauthorized persons. You may benefit from telemedicine, but results cannot be guaranteed or assured. Telemedicine-based services and care may not be as complete as face-to-face services. If it is determined that you would be better served by an in-person interaction and if you are unable to meet with face-to-face, we will discuss a referral to a professional who might provide services in-person.

**Medications and Refills:** Medications will be prescribed on a basis that meets your clinical needs. I use an electronic prescribing system in most situations, but can provide paper scripts in certain extraordinary circumstances. All scripts for controlled substances require initial and ongoing review pursuant to Connecticut state law by the Prescription Drug Monitoring Program. It is our shared responsibility to ensure that you do not run out of your medications between appointments. It is safest and most efficient for me to write your prescriptions during our visits, so please check on your supply of medication (and refills) prior to our sessions. **If you are running low on medication between visits, please contact me at least three days before you run out.** This ensures that I will have time to access your file, call/enter in your prescription, and sort out any problems that might arise. However, if you are away, I am unable to renew any controlled substance to an out-of-state pharmacy and suggest that you go to the nearest emergency room to address this in case of a problem. Also, replacements for lost/stolen scripts will be considered on a case-by-case basis.

**Vacations:** If I will be away and/or unavailable for an extended period, I will generally arrange clinical coverage with a colleague. Information on how to contact the covering colleague will be provided. In certain cases, such as if you are experiencing acute problems at the time I am leaving for a vacation, I may ask your permission to discuss your situation with my covering colleague prior to my departure. I will only disclose the minimum amount of information necessary to coordinate your care. In the event of an emergency, if you are unable to contact my covering colleague immediately, you should call 911 or go the nearest emergency room.

**Primary Care Collaboration and Laboratory:** As part of psychiatric practice, depending on the clinical situation, you may be requested to have lab testing done. I prefer to use Quest Diagnostics because it is integrated into my existing EHR but can refer to other laboratories upon request. For patients who are on medication-assisted therapy with buprenorphine, periodic urine toxicology screen is a required part of treatment. Patients who are taking other controlled substances may be asked at random times to submit urine toxicology screens to ensure they are taking those medications as directed. I also ask that you give consent to coordinate with your primary care and/or regular medical clinician.

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**Privacy and Confidentiality:** Please see Notice of Privacy Practices.

**Social Media, Web Searches and Location Based-Services:** I have a website [Shelbymdjd.com](http://Shelbymdjd.com) that you are free to access. You are welcome to access and review the information that I have on my website. I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental. I do not accept friend or contact requests or otherwise communicate with or contact current or former patients on any social media platforms. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. These sites are not secure and I may not read these messages in a timely fashion. Please do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established patient/therapist relationship. Engaging with me this way could compromise your confidentiality. Also, if you use location-based services on your mobile phone, or if you have GPS tracking enabled on your device, you may wish to be aware of the privacy issues related to using these services.

I understand that you might choose to gather information about me on the internet. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my patient. Confidentiality means that I cannot tell people that you are my patient and my Code of Ethics, the American Psychiatric Association Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, prohibits me from requesting testimonials. But you are welcome to tell anyone you wish that I am your psychiatrist or how you feel about the treatment I provided to you, in any forum of your choosing. I generally will not use web searches to gather information about you without your permission because I believe that this violates your privacy rights. However, if I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, text or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare.

**Emergencies:** If you anticipate (or have had a history of) needing frequent crisis services, you may be better served by working with an agency that can provide more comprehensive coverage from a variety of practitioners; this is something we can discuss during your first few visits. However, I do strive to be available in an urgent situation, and encourage you to contact me whenever a crisis arises.

- (1) During usual office hours first call my office (203-221-0090). If I do not answer, leave a brief message stating that you have an urgent problem. If you did not reach me at the office, or if outside my regular office times or on weekends, please call my mobile number (203-594-8532). If I do not answer, either leave a voice message or send me a text. Please note that after-hours and on weekends, I may not be immediately available and may not respond right away.
- (2) If you still have not reached me, have not heard back from me quickly, and are in a hazardous situation, please either call 911 or go to the nearest emergency room. **Please know that having strong thoughts or impulses to harm yourself (or others) IS a medical emergency; in such a situation it is completely appropriate to contact 911 or seek help at an emergency room. The personnel there will be able to get you help in a crisis.**