

PSYCHIATRIST-CLIENT SERVICE AGREEMENT

Welcome to Contemplative Medicine. This document contains important information about professional services and business policies. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

ABOUT ME: I grew up on Mt. Pleasant, Iowa. My undergraduate degree is a B.A. in Neurobiology from the University of California at Berkeley. My M.D. is from the University of Iowa, Carver School of Medicine. My internship and residency were with Thomas Jefferson University Hospitals in Philadelphia, PA. I have worked for the State of NY, Greater Binghamton Health Center, Adult Outpatient at CTRC but left in 2017. Contemplative Medicine was established in May of 2014 to allow a more holistic, relaxed pace of contact with clients. It allows me to practice psychiatry the way I think best. In my own path, I have found that the work I did on myself was ultimately the deciding factor in my progress. As such, I seek to share the tools I have found helpful, including meditation and mindfulness techniques with my clients. Our individual spiritual journey is of great importance along our paths. As is good nutrition and exercise. Our relationships provide a forum in which we can demonstrate our strengths and challenges. Our conflicts in relationships can inform treatment directions.

PSYCHOLOGICAL SERVICES: A psychological assessment is part of your treatment here. The frequency of your therapy visits will be determined based upon your need. If you have your own therapist that is fine. We will have you sign a consent for release of information for your therapist.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things discussed outside of sessions.

MEDICATIONS: If we agree that your symptoms would be benefitted by medications, I will review the available options with you. We will discuss the symptoms, which we wish to treat, and the possible side effects of the medication. If we decide to proceed, it is your responsibility to take the medications as prescribed. They cannot work to full effect unless they are taken as recommended. Most individuals tolerate the newer medications free from side effects. Feel free to call me with any concerns. If you

develop a new rash – stop the medication and call me. If you have difficulty breathing or your throat feels tight this means you have a serious, though very rare, allergy called anaphylaxis, call 911 go to an emergency room at once. Once again, this is very rare. Medications can restore us to functioning and renew feelings of peace and ease with life. But we must weigh options with open-mindedness.

LABORATORY EVALUATIONS: Some medications require routine laboratory evaluations. In these cases, I will give you an order slip. Please follow the directions at the bottom of the back page on this order slip. Take the order slip to the Outpatient Laboratory of any hospital, get your lab work done, and then treat yourself to something healthy and nice. You deserve it! They will send me the results. We may also require in-office testing for recreational substance abuse. If you test positive, it will not end your treatment. However, if you falsify testing, that is grounds for dismissal from the clinic. These tests may be observed.

A list of laboratories is provided below.

Lourdes Lab Service Locations

169 Riverside Drive, Binghamton, NY 13905
Phone: 607-798-5111

26 South Washington Street, Binghamton, NY
13903
Phone: 607-798-5723

415 East Main Street, Endicott, NY 13760
Phone: 607-785-2460

1130 Upper Front Street, Binghamton, NY
13901
Phone: 607-772-2995

303 Main Street, Binghamton, NY 13905
Phone: 607-798-8058

500 5th Avenue, Owego, NY 13827
Phone: 607-687-1122

3101 Shippers Road, Suite 103, Vestal, NY
13850
Phone: 607-798-5723

UHS Binghamton General Hospital

10-42 Mitchell Avenue, Binghamton, NY
(607) 762-2200 · uhs.net ·

UHS Hospitals Laboratories
20 Mitchell Avenue, Binghamton, NY
(607) 762-2361

UHS Wilson Medical Center

33-57 Harrison Street, Johnson City, NY
(607) 763-6000 · uhs.net

Binghamton VA Outpatient Clinic
425 Robinson Street, Binghamton, NY
(607) 772-9100 · va.gov

UHS Hospitals Laboratories
33 Harrison Street, Johnson City, NY
(607) 763-8151 · uhs.net

APPOINTMENTS : The time scheduled for your appointment is assigned to you and you alone. If you are not there, you are keeping me from seeing other people in need. If you need to cancel or reschedule a session, please provide 24 hours notice.

NO SHOW

For appointments which you do not attend with no previous notification, a charge equal to the full cost of the visit will be incurred.

LATE CANCELLATIONS

If you cancel your appointment for any reason with less than 24 hours notice, a charge of \$50 will be incurred. If your absence is for reasons beyond your control - for example, if you are hospitalized, have a motor vehicle accident, or a death in the family at the time of your appointment, please bring proof of that situation to your next appointment. If your reason is proven to be beyond your control, the fee will be waived.

APPROPRIATELY CANCELED APPOINTMENTS

If you cancel your appointment with greater than 24 hours notice, this is fine! There will be no charge in that case.

If you feel that there has been a scheduling error on our part, please bring your last appointment card to your next clinic visit. If I miss your scheduled appointment without letting you know, your next session is free.

SCHEDULING

You can schedule by calling 607-215-1705.

PROFESSIONAL FEES for out-of-pocket clients(effective 2/1/22) :

Dr. Belsaré

30 minute med check (standard) - \$200
45 minute med check + therapy - \$250
60 minute med check + therapy - \$300
120 min intake or ART - \$450

Therapists

45 min therapy - \$125
60 min therapy - \$150
90 min ART - \$300
120 min intake - \$400

Front Desk

Medication renewal only - please send all requests to frontdesk1@psychiatry.life at least 4 business days in advance. You must have had an appointment in the last 3 months and have another one scheduled.

20 minute stable client Med check \$125

20 minute appointments for injection administration - \$125

30 minute pre-client screening \$0

We realize that this is expensive and can provide you with billing slips that you can submit to your insurance company for remuneration. If you want help in submitting your claim, please consult with the front desk 607-215-1705 or frontdesk1@psychiatry.life. We are currently accepting Excellus Blue Cross/Blue Shield insurance.

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash, paypal, or credit card. Any checks returned to my office are subject to an additional fee of up to \$35.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

INSURANCE

We currently accept Excellus BC/BS insurance. Signing this document indicates your consent to share information with your insurance for billing purposes.

PROFESSIONAL RECORDS: I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure, HIPAA certified electronic health records system, and some on paper in a double locked file. I keep records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, lab results, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me present, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have this decision reviewed by another mental health professional. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY Notice of Privacy Practices

You have the right to:

- Get a copy of your paper or electronic medical record unless doing so will harm you
- Request that we correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Your information will not be used to market our services
- We never sell your information
- Your information will not be used to raise funds

We may use and share your information with your consent in order to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research – with your signed consent only
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- I never market or sell personal information.
- Respond to lawsuits and legal actions

This is effective May 1, 2014. If you have any questions or issues, you may contact me, Dr. Tara Belsare at 607-215-1705.

You affirm that you have read, understood, and discussed any questions with us before you sign this document. Please remember that you may reopen the conversation at any time during our work together.

We are required to share your diagnosis, and records, if requested with insurance companies. You agree to this release of information to your insurance company if required for billing.

CONTACTING ME: You may contact me by phone at (607)215-1705 or alternatively at email: tbelsare@psychiatry.life. The line might be answered by a receptionist who has direct access to me. Sometimes, I am not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. Please do not ever leave urgent information on my email. If, for any number of unforeseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1. call CPEP crisis hotline or the Suicide Prevention Hotline. 2. go to your Local Hospital Emergency Room, (Or Robert Packard Guthrie Hospital in Sayre, PA as they do quality care.) or 3. call 911.

OTHER RIGHTS: If you are unhappy with what is happening, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You are free to end treatment at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of treatment and about my specific training and experience. You have the right to expect that I will not have sexual relationships with clients or with former clients.

I look forward to joining you on the journey of recovery!

Tara Belsare, MD

Revised 3/8/22

CONSENT TO PSYCHOTHERAPY and PSYCHIATRIC TREATMENT:
Your signature below indicates that you have read this **Informed Consent Document**(revised 3/8/22) which includes the Notice of Privacy Practices and agree to the stated terms. You may be provided a copy of the document at your request. And finally, **that you consent to release of records to your insurance company if we are billing them.**

Signature of Patient/ Date

Printed Name of Patient