

Michelle G. Ashley, M.D.  
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### Consent for Evaluation or Treatment

Please take a moment to review some of the information you are entitled to before receiving psychiatric services.

Our first meeting is a consultation. Any information you disclose will be held in the strictest of confidence, unless you specifically authorize its release, or unless law or professional standards of practice require its release. In particular, your right to confidentiality may not be maintained if you are an immediate danger to yourself or to someone else. Also, any clinician hearing about domestic violence or that a child or elder is being psychologically or physically abused is required by law to report this information to the designated agency.

All outpatient visits must be paid for at the time of the visit. You will be provided with an invoice which you may submit to your insurance provider for potential reimbursement. Michelle G. Ashley, M.D. cannot accept responsibility for negotiating claims with insurance companies or other persons. You are responsible for payment regardless of the status of your claim with your insurance company.

NOTE: For Medicare eligible patients, Dr. Ashley is not a Medicare provider and her services are not eligible for reimbursement by Medicare. She does not participate in Medicare. By law, Medicare-eligible patients are required to enter into a private contract with Dr. Ashley and medical care is on a fee-for-service basis, which is NOT reimbursable by Medicare. By accepting this treatment contract with Dr. Ashley you agree that you shall not submit a claim or ask her to submit a claim for payment under Medicare for services rendered, even if such items and services would otherwise be covered by Medicare. This means that you agree not to bill Medicare or ask Dr. Ashley to bill Medicare, for services rendered. Please note, the private contract is with Dr. Ashley and applies only to her. You are not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or healthcare practitioners. This means that Medicare-covered services and payments are still available to you from other physicians or practitioners who have not opted out of Medicare, and therefore you may, if you so choose, use the services of those physicians or practitioners even when you enter into this private contract with Dr. Ashley.

Should you need to cancel a session please do so at least 24 hours in advance. Otherwise, the time will be held open and you will be charged at the regular rate for the canceled session. Under circumstances where a third party other than the patient is responsible for payment, that party will be billed for missed appointments. There is a returned check charge of \$20.00.

If payment is not received within 90 days from the date of service, your account may be turned over to a collections agency.

Though there may be other physicians, psychologists, or therapists that share this office space, Michelle G. Ashley, M.D. is operating as a sole practitioner. There is not a group affiliation between her and other physicians or healthcare providers in this office.

I authorize and request Michelle G. Ashley, M.D. to carry out psychiatric exams, treatment and/or diagnostic procedures which now, or during the course of treatment become advisable. I understand that the course of treatment is designed to be helpful, but there are no guarantees to the outcome of my treatment. Further, the evaluation process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger.

Your signature below confirms you have read and understand the foregoing consent to evaluation or treatment.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian or Personal Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Psychiatrist: \_\_\_\_\_ Date: \_\_\_\_\_