

Confluence Psychiatry PLLC

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Confluencemd.com

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TREATMENT CONSENT FORM

INITIAL EVALUATION

I generally spend 50-60 minutes for the initial evaluation. This assessment focuses on determining the best treatment plan possible and is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible, therefore, please make sure to complete the intake forms prior to the initial assessment this will insure a more efficient evaluation. If after the initial assessment, we have determined that our services are not the best fit. I will make referrals to other providers that may be a better option for providing treatment. In this case a physician patient treatment relationship will not have been established.

PSYCHOTHERAPY

Psychotherapy, or talk-therapy, is a treatment for many mental complaints. It offers benefits of improved interpersonal relationships, stress reduction, and a deeper insight into one's own life, values, goals, and development.

MEDICATION

Medications may offer much needed relief. If it is agreed that medications are indicated, I will discuss with you the medication options that are available to treat your current condition.

You may already be receiving psychotherapy from another therapist, and are referred to me for medication management. In this case I will make a strong effort to coordinate care with your therapist (with your consent, of course). I believe communication between mental health professionals is key to providing effective care.

Not everyone is a good candidate for medication therapy. Such therapy requires strict adherence to dosage, and frequency, close follow-up, and sometimes regular blood tests. Your ability to adhere to medication treatment will be taken into consideration in making the decision to start such therapy.

Overall, I am a strong proponent of the bio-psycho-social model of medical treatment. Treatment that considers your biological status, genetics, your psychological development, and social issues together will yield the best chance for success in achieving your goals.

FEES

For an initial evaluation, my fee is \$310.00. Follow up psychotherapy or combination (psychotherapy and med management) visits will last fifty-minutes, and will cost \$275.00. The fee for a 25-minute med management visit is \$155.00. Other miscellaneous services such as filling forms, telephone

correspondence, prior authorizations, court hearings, preparation of reports etc. requiring more than ten minutes of time, will cost \$60.00 per ten-minute interval. Fees may be subject to change. If my fees are to increase, I will provide you notice to alert you to the change.

CANCELLATIONS AND NO-SHOWS

If you must cancel or reschedule an appointment, I require at least 72-hour notice (weekends not included). Cancellations that occur with less than 72-hour notice or failure to show to an appointment will be charged the full fee for the session.

PAYMENTS

I will expect payment at the time of booking an appointment, unless we have agreed on other arrangements. I accept cash and major credit cards. If payment is 60 days past due, I reserve the right to utilize legal resources to obtain payment for my services. A credit card may be kept of file to be charged at the time of scheduling an appointment or if payment is not received by the time of service.

INSURANCE POLICIES

I do not currently accept insurance policies for payment with Confluence Psychiatry PLLC. If you have insurance and if you wish to be reimbursed for your sessions, you will need to consult your insurance company to determine their policies regarding mental health benefits. I will provide you a paper "super bill" that you can submit to your insurance company for reimbursement.

MEDICAL RECORDS

I am required by law, to keep complete medical records. Records will be kept secure. You are entitled to review your medical record at any time, unless I feel that by viewing your records, your emotional or physical well-being will be jeopardized. If you wish to view your records, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and summarizing the medical record will be charged the appropriate fee (see above).

CONFIDENTIALITY

The security of your sensitive information is of utmost importance to me, and I am bound by law to protect your confidentiality. As described in our privacy statement (aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law: (1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection; (2) danger to others – if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs; (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency; (5) certain judicial proceedings – if you are involved in judicial proceedings,

you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly.

CONTACT INFORMATION

My phone number is 303-870-8331, I can also be messaged through my website confluencemd.com. I am often not immediately available by telephone. While I am usually in my office between 8 AM and 5 PM, I probably will not answer the phone when I am with a patient. If you leave a message on the phone, please state your name clearly, your phone number(s) (even if you think I have it), reason for calling, and let me know when is the best time and method to contact you. For non-urgent matters, please allow 24 business hours for a response. Messages left late in the day, on weekends or holidays, may not be returned until the next business day. If you or someone close to you is in immediate danger, please call 9-1-1 or proceed to the nearest emergency room.

If you choose to contact me via e-mail, please be aware that e-mail is not a secure means of communicating sensitive mental health information. E-mail is not an appropriate way of contacting me in an emergency.

TREATMENT CONSENT

By signing below, you certify that you have read and understand the terms stated in the Treatment Consent Form. You indicate that you understand the scope of my services, session structure, fees, cancellation/no-show policies, payment policy, insurance reimbursement, confidentiality, and my contact information, and that you agree to abide by the terms stated above during the course of our therapeutic relationship.

Client name (please print): _____ Date: _____

Client's signature: _____