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TREATMENT CONSENT FORM

PSYCHOTHERAPY

Psychotherapy may have benefits such as significant reduction in distress, improved social relationships, resolution of specific problems, and clearer understanding of your self, values, and goals. However, there are no guarantees about what will happen in therapy. For therapy to be most successful, you will have to be able to talk openly and honestly, address any difficulties that arise, and put forth active effort outside our sessions.

Psychotherapy may also require revealing unpleasant aspects of your history and current life. Therefore, in the initial stages of treatment, psychotherapy may lead to uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness and could impact your relationship with others. Be sure to let me know if you have this experience. Generally, unpleasant experiences are temporary.

By the end of your initial evaluation, I will offer you some initial impressions and an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to offer referrals for you to secure an appropriate consultation with another mental health professional.

MEDICATIONS

Medications are often used as adjuncts to psychotherapy. Sometimes, you will be seeing someone else for therapy, and I will be responsible for your medication management. If this is the case, I will coordinate your medical care and medication goals with your therapist. If I am doing both your medication management and psychotherapy, we will work together to find the optimal combination of medication (if warranted) and therapy that help to fulfill your personal goals.

If a medication is indicated, I will discuss with you the nature of your illness, the reason for the medication, the likelihood of improving with and without medication. I will also explain any reasonable alternative treatment other than medications which have not been tried and an explanation why they should not be tried first. Further, you will understand the type(s) of medication being recommended; dosage and frequency of administration including a discussion of the initial dose, the maintenance dose and the dose range; probable side effect known commonly to occur and any side effects likely to occur in particular cases, as determined by your medical and psychiatric history or known medical conditions; and any possible long term effects which may occur after taking the medication for long periods (usually 3 months) or terminating the medication, including tardive dyskinesia or withdrawal. Finally, we will discuss the effect of sudden withdrawal of the drug against medical advice.

Initials _____

As many psychiatric conditions have an underlying biological basis, medications can be an important component of treating certain illnesses. It is my belief that a bio-psycho-social model to treatment -- incorporating biological aspects, psychological factors and social components -- provides most patients the best chances of improving. We will look at all of these areas through the course of our treatment and decide which interventions are right for you.

SESSIONS

My normal practice is to conduct a thorough evaluation in the initial interview. This comprehensive assessment is necessary whether I will provide you with therapy, medication management, or both, as it will allow me to better understand your history, your symptoms, and your reasons for seeking treatment. During this time, as well as in the next 1 to 2 sessions, we can both decide whether I am the best person to provide the services that you need. If psychotherapy is initiated, I will usually schedule one fifty minute session per week at a mutually agreed time. We may agree to vary session length and frequency.

PROFESSIONAL FEES

My fee is **\$450** for an initial sixty to ninety minute assessment/evaluation (regardless of whether it is for therapy, medications or both), **\$300** for a fifty minute therapy session with or without medication management, and **\$150** for a twenty-five minute medication management only session. Any other professional services that require longer than 10 minutes such as report writing, telephone conversations, preparation of treatment summaries, court proceedings (even if I am compelled to testify by another party), or time spent performing any other services you may request will be charged \$75 for each 10-minute increment, similar to the fee for therapy.

CANCELLATIONS AND NO-SHOW POLICY

Once your appointment is scheduled, you will be expected to pay for it unless you provide at least **48 business hours** advance notice of cancellation. Business hours are considered the weekdays between Monday and Friday. This means that if you have an appointment on Monday January 8th at 4 pm, you must cancel by Thursday January 4th at 4 pm to avoid being charged. If you do not provide at least 48 business hours notice, or fail to show for a scheduled appointment, you will be responsible for the **full** cost of the session. Insurance companies will often not reimburse for missed sessions or sessions cancelled late.

BILLING AND PAYMENTS

You will be expected to pay for each session at the beginning of each session, unless we agree otherwise. Payment schedules for other professional services will be agreed to at the time these services are requested. If your account has payment overdue for over 60 days, I have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases, the only information I would be providing would be client name, nature of services provided, and amount due. There will be a \$25.00 service charge for all returned checks.

Initials _____

INSURANCE REIMBURSEMENT

I do not take insurance, and am considered an “out of network provider” for PPO plans. If you have a health benefits policy, it will usually provide some mental health coverage. However, you, not your insurance company, are responsible for full payment of the session fees. I will not bill your insurance directly. If you prefer to use your insurance benefits, I will provide you with a standard receipt and form that can be submitted to your insurance company. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers. Many insurance companies are oriented towards a short-term treatment approach, and therefore, it may be necessary to seek additional approval from your insurance company after a certain number of sessions. Some plans will allow us to continue, while others will not once your short-term benefits are no longer available. If this is the case, I will provide you with names of other providers who could continue to provide services to you.

Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I will have no control over what they do with it. In some cases, they may share the information with a national medical information data bank.

CONTACTING ME

I am often not immediately available by telephone, although I do carry a cell phone in case of emergency. Even when I am in the office, my voicemail at (714) 556-5004 will answer all calls. I monitor my voicemail frequently and will return your call as soon as I can. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays (please let me know if the call is urgent). When you call, please leave some times and phone numbers where you can best be reached. If you are calling and consider the call an emergency, there are instructions on my voicemail of how to page me. If it is a true medical emergency, you can call your family physician, the Emergency Room at the nearest hospital, or 911 and describe your circumstances. You can also walk into any Emergency Room at any hospital and report your situation. If I will be unavailable for an extended period of time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

With respect to electronic mail (e-mail), please be aware that e-mail is not a confidential means of communication. Furthermore, I cannot ensure that e-mail messages will be received or responded to in a timely fashion as I check my e-mail on an irregular basis. E-mail is not the appropriate way to communicate confidential information or emergency issues.

PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to review a copy of the records, unless I believe seeing them would be emotionally damaging, in which case, I will be happy to provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted or upsetting, so I recommend that we review them together so that we can discuss what they contain. I can also prepare an appropriate summary for review. Clients will be charged an appropriate fee for any preparation time that is required to comply with an information request.

Initials _____

CONFIDENTIALITY

Confidentiality is the cornerstone of mental health treatment and is protected by the law. I can only release information about our work to others with your written permission. Some basic information about diagnosis and treatment may be required as a condition of your insurance coverage. Exceptions to confidentiality where disclosure is required by law:

if there is threat of serious bodily harm to others, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization

- if there is threat to harm yourself, I am required to seek hospitalization for the client, or to contact family members or others who can help provide protection
- 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, I must file a report with the appropriate state agency
- if you are involved in judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require my testimony
- if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, I may have to disclose information in order to access services to provide for your basic needs

These situations have rarely arisen in my clinical practice, but should such situation occur, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult with other professionals. In these circumstances, I will make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

PRACTICE STATUS

I work in an office with other independent mental health professionals. While the members share an office space, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

Also, I have a network of colleagues (primary care doctors, other therapists, etc) that I often refer patients to as part of a treatment team approach. If a referral to another professional is indicated, I will work with them to collaborate and coordinate your care, and will request your permission to discuss your case with them. While I do my best to select extremely high quality professionals with standards of care similar to my own to which to refer, I take no responsibility for the treatment they provide. It is up to you to determine if a professional I have referred you to is right for you, and the referred professional alone is responsible for the care they provide.

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TREATMENT CONSENT FORM

Your signature below indicates that you have read the treatment consent form, which contains information on psychological services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting me, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.

Name of client (print): _____ Date: _____

Signature of client: _____

Name of psychiatrist (print): Britton Ashley Arey, MD, MBA Date: _____

Signature of psychiatrist: _____