

TREATMENT CONSENT FORM

INITIAL PSYCHIATRIC EVALUATION

Our psychiatrists generally conduct a thorough psychiatric evaluation during the initial session – which is typically scheduled for 45 minutes for adults and 60-90 minutes for children and adolescents. The appointment time may vary depending on the complexity of the clinical situation. You will complete different forms and rating scales with the assistance of the staff members during the process of evaluation. The practice may also use scribe(s) to assist in the documentation and obtaining clinical information. 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 bring completed patient forms (if requested) to this appointment and make sure to provide information about previous providers, past psychiatric treatment, lab work, and medication trials.

In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) is often necessary for children and adolescents – and helpful for adult patients as well. These issues will be discussed during the initial session.

Please remember that a comprehensive assessment is necessary regardless of the treatment modality (i.e., psychotherapy, psychiatric medications, or both) as it allows us to provide the best possible care. Additionally, we will mutually determine if the evaluating psychiatrist is the best fit for your individualized care.

PSYCHOTHERAPY

Psychotherapy or talk-therapy is a powerful treatment for many mental complaints. There are two commonly used therapies:

- Psychodynamic psychiatry is an approach to diagnosis and treatment that is characterized by a way of thinking about both patient and clinician that includes unconscious conflicts, deficits and distortions of intrapsychic structure and internal object relations that integrates elements of contemporary neurosciences. It requires a great deal of motivation, discipline and work on both parties for a therapeutic relationship to be an effective one.
- Cognitive Behavior Therapy (CBT) is a time-sensitive, structured, present-oriented psychotherapy directed toward solving current problems and teaching client's skills to modify dysfunctional thinking and behavior.

Clients will have varying success depending on the severity of their complaints, their capacity for introspection, and their motivation to apply what is learned outside of sessions. Clients should be aware that the process of psychotherapy may bring about unpleasant memories, feelings, and sensations such as guilt, anxiety, anger, or sadness, especially in its initial phases. Often times, a combination of psychotherapy and medication management is optimal. Always remember that anything can be discussed in therapy. Thus, it is important to let your therapist know if you feel that your goals aren't being met. These issues can be addressed in session. Our providers are always willing to find alternative referrals, if necessary.

ADDICTION ASSESSMENT AND WEIGHT LOSS PROGRAM

We provide specialized treatment for weight loss, substance-related and addictive disorders. For opioid use disorders we provide Suboxone/Subutex treatment and other treatment options. We follow strict guidelines to make sure that we are compliant with the DEA and State diversion policies and procedures. Refer to the Suboxone Contract and Weight Loss Consent forms for details.

FREQUENCY AND DURATION OF VISITS

At your initial visit, we will work together about the structure of your treatment. If medications are prescribed, or changed, we prefer to conduct a follow-up visit in two weeks. If your symptoms improve, follow-up visits can be spaced out at monthly intervals. For clients stable on medications, follow-up visits can be held at three-month intervals. If you are to undertake psychotherapy, weekly 50-minute sessions will provide the best results. We may discuss an alternate treatment structure depending on your circumstances.

Suboxone maintenance treatment and weight management generally requires weekly/biweekly follow up for the first few months of treatment. More information is available in the consent forms for specific treatments.

LEGAL TESTIMONY

At present, we don't provide services for disability evaluations or medicolegal assessments/ forensic evaluations. Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

MEDICAL RECORDS

We are required by law to keep complete medical records. Most of our medical records will be electronic, encrypted, and HIPPA compliant. Any written records including the initial consent forms, letters, outside medical records, will be kept secured. You are entitled to review your medical record at any time, unless MPS feels that by viewing your records, your emotional or physical well-being will be jeopardized. If you wish to view your records, MPS recommends that they should be reviewed with the provider to minimize any confusion or misinterpretation of medical terms.

PROFESSIONAL FEES FOR SERVICES

Self-Pay Fee Schedule:

Adult:

- Initial Evaluation: \$300
- Medication Management: \$100

Children and Adolescent:

- Initial Evaluation: \$350
- Medication management with therapy (25 mins): \$150
- Routine Medication Management: \$100

Addiction, Obesity and Suboxone Clinic:

- Initial Evaluation: \$ 300
- Follow up visit: \$100

Therapy Sessions: Fee structure varies depending on the form of therapy and provider's experience. Please contact our office for further details.

Other miscellaneous services such as filling forms, telephone correspondence, prior authorizations, court hearings, etc. requiring more than ten minutes of time, will cost \$75.00 per 15 minutes interval. Fees may be subject to change and we will provide you with a thirty-day notice to alert you to the change.

Insurance Plan(s): MPS participates in limited insurance plans. If insurance benefits are covered by the provider/practice, you authorize that insurance benefits be paid directly to the practice. You may have out-of-pocket costs as determined by the insurance plan. You authorize MPS or the insurance company to release any information required to process these claims. If your insurance is not accepted by the practice/provider, you will be responsible to pay for the service as agreed upon in the beginning of the treatment.

Your signature below indicates that you have read and fully understand the Treatment Consent Form, which contains information on psychiatric services, frequency of visits, professional fees, insurance, legal testimony, medical records, and you agree to abide by its terms during our professional relationship.

Signature of Patient/Legal Representative: _____ Date: _____

Name of Patient/Legal Representative (printed): _____

Relationship to Patient: Self Legal Representative (describe relationship): _____