

AFFILIATES IN CLINICAL SERVICES, PC
305 Roseberry Street, Suite 8
Phillipsburg, NJ 08865-1600
(908) 454-7244 – Fax (908) 859-2109

PROVIDER-PATIENT SERVICES AGREEMENT
INFORMED CONSENT

MEDICATION AGREEMENT
File Copy

Your medication must be taken as prescribed. It could be dangerous to change your dose without discussing it with us. We expect to be notified immediately if you notice any side effects, make any changes, or if you discontinue your medications.

Please inform us of all medications you take, either prescribed by a health care provider or over-the-counter; we must do our best to avoid drug interactions.

We require all patients on medication to be seen in our office at least once every three (3) months in order to properly monitor your condition. If prolonged telephone conferences are required as part of your treatment, you will be billed for these as well as any long distance phone charges incurred.

We do not prescribe non-psychiatric medication. Please do not ask for pain pills, blood pressure medication, or other treatments not directly related to your mental health. In general, we prefer brand name medication over generic. If cost is a concern, please discuss this with us prior to receiving your prescription. Some medications require lab tests and EKG monitoring; if you do not comply with these requests your medications may not be prescribed.

Alcohol is to be avoided with all psychiatric medication. If this is a problem for you, please discuss this with us. **Remember, caffeine, nicotine, and natural herbs are drugs, too.**

If you are taking medication prescribed by us, please do not wait until you run out of your prescription before you call to request a refill or to schedule an appointment; we may be out of the office, which could cause a delay. It may be important for us to discuss your medications with your pharmacist. We do not routinely give more than one month of medication at a time. Many things can change in your life or with your health, which might change your prescription. Prescriptions for Controlled Substances will not be refilled early, no exceptions, even if medication is stolen or lost. The patient is responsible for the control and safe keeping of such medications while in their possession.

We agree to provide you with the latest information on your medication, and to advise you and answer any questions or concerns you may have about your treatment.

I have read, understand, and agree to comply with this Medication Agreement.

Patient/Guardian: _____ Date: _____
(Printed Name)

Signature: _____

Provider Signature: _____ Date: _____

Gerard A. Machado, PsyD, APN-BC

Gerald Groves, MD

AFFILIATES IN CLINICAL SERVICES, PC
305 Roseberry Street, Suite 8
Phillipsburg, NJ 08865-1600
(908) 454-7244 – Fax (908) 859-2109

PROVIDER-PATIENT SERVICES AGREEMENT
INFORMED CONSENT

MEDICATION AGREEMENT
Patient Copy

Your medication must be taken as prescribed. It could be dangerous to change your dose without discussing it with us. We expect to be notified immediately if you notice any side effects, make any changes, or if you discontinue your medications.

Please inform us of all medications you take, either prescribed by a health care provider or over-the-counter; we must do our best to avoid drug interactions.

We require all patients on medication to be seen in our office at least once every three (3) months in order to properly monitor your condition. If prolonged telephone conferences are required as part of your treatment, you will be billed for these as well as any long distance phone charges incurred.

We do not prescribe non-psychiatric medication. Please do not ask for pain pills, blood pressure medication, or other treatments not directly related to your mental health. In general, we prefer brand name medication over generic. If cost is a concern, please discuss this with us prior to receiving your prescription. Some medications require lab tests and EKG monitoring; if you do not comply with these requests your medications may not be prescribed.

Alcohol is to be avoided with all psychiatric medication. If this is a problem for you, please discuss this with us. **Remember, caffeine, nicotine, and natural herbs are drugs, too.**

If you are taking medication prescribed by us, please do not wait until you run out of your prescription before you call to request a refill or to schedule an appointment; we may be out of the office, which could cause a delay. It may be important for us to discuss your medications with your pharmacist. We do not routinely give more than one month of medication at a time. Many things can change in your life or with your health, which might change your prescription. Prescriptions for Controlled Substances will not be refilled early, no exceptions, even if medication is stolen or lost. The patient is responsible for the control and safe keeping of such medications while in their possession.

We agree to provide you with the latest information on your medication, and to advise you and answer any questions or concerns you may have about your treatment.

I have read, understand, and agree to comply with this Medication Agreement.

Patient/Guardian: _____ Date: _____
(Printed Name)

Signature: _____

Provider Signature: _____ Date: _____

Gerard A. Machado, PsyD, APN-BC

Gerald Groves, MD

Welcome to our practice. This document (the Agreement) contains important information about our professional services and business policies. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about them. When you sign the acknowledgement of receipt of this document, it will also represent an agreement between patient and Affiliates in Clinical Services (ACS). You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PROFESSIONAL CREDENTIALS

Dr. Groves is a Licensed Psychiatrist. Dr. Machado is a dually licensed mental health professional being both a Licensed Clinical Psychologist as well as an Advanced Practice Registered Nurse With Prescriptive Authority (APN).

INITIAL EVALUATION

We normally conduct an evaluation that will last from one (1) to two (2) sessions. We usually order some tests as part of our initial diagnostic assessment. These will include laboratory tests to determine your level of health and safety in taking medications. Sometimes an electrocardiogram is included as part of those tests. In addition, we often recommend some psychological tests that can help us understand your problem better and faster, and serve as guides to evaluate progress. Feedback regarding this evaluation is usually verbal.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the provider and patient, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychopharmacology provides treatment via prescription psychiatric medication and requires close follow up by the prescriber to ensure the agent or combinations of agents prescribed are beneficial. Side effect management and patient education is an important part of psychopharmacology.

Psychological Services can have benefits and risks. Since treatment often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, treatment has also been shown to have benefits for people who go through it. Your provider will recommend the type(s) of Psychological Services that will best address your treatment and may consist of stand alone Psychopharmacology, Individual Psychotherapy or Counseling, or a combination of treatments. Treatment often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to verbally offer you some first impressions of what our work will include and we will establish goals, if you decide to continue with treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. Treatment involves a large commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a referral.

MEETINGS

I will usually schedule regular fifteen (15) minute visits for Medication Management. If I see you for psychotherapy or psychotherapy with medication management, I will usually schedule regular forty-five (45) minute sessions (one therapeutic hour of forty-five minutes duration). **After an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours (1 business day) advance notice of cancellation.** If charged for a missed appointment (currently the fee is _____), your insurance company does not cover this expense and you (or your responsible party) will be personally responsible for the charge. This fee must be paid prior to the next appointment.

PROFESSIONAL FEES

Our fees are from \$175.00 to \$250.00 for Pharmacological (Medication) Management; \$350.00 for the initial intake session; and \$300.00 per hour for other professional services you may need, though we will break down the hourly cost of other professional services if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other professional service. Our general policy is to not become involved in legal proceedings while we are acting as your provider, however, if you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, I charge \$500.00 per hour for preparation and attendance at any legal proceeding.

CONTACTING US

If you have an adverse reaction to any medication that we have prescribed and you are unable to reach us, or we are not able to return your call within thirty (30) minutes, have someone take you to the nearest hospital emergency room.

Due to our work schedules, we are often not immediately available by telephone. We probably will not answer the phone when in session with a patient. When unavailable, telephones are answered by office staff or by voice mail. We monitor messages frequently and will make an effort to return your call on the same day if we are in the office. If not that day, then we will make an effort to return your call on the next business day in the office. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

Voice mail for office staff and providers is available at all times so messages may be left even if the office is closed.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a mental health professional. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by Health Insurance Portability and Accountability Act (HIPAA). See the *HIPAA Privacy Notice* for details.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, we keep two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to

your insurance carrier. Except in unusual circumstances that involve danger to yourself and others or when another individual (other than another health care provider) is referenced and we believe disclosing that information puts the other person at risk of substantial harm, you may examine and/or receive a summary copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. We are sometimes willing to conduct this review meeting without charge. In most situations, we are allowed to charge a copying fee of \$1.00 per page (and for certain other expenses). If we refuse your request for access to your summary Clinical Record, you have a right of review, which we will discuss with you upon request.

In addition, we also keep a set of Psychotherapy Notes. These Notes are for your provider's own use and are designed to assist us in providing you with the best treatment. While the contents of Psychotherapy Notes vary from patient to patient, they can include the contents of our conversations, our analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to us that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records unless we decide that such access is likely to injure the child, or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we may provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We may also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Our administrative staff will provide you with assistance in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. There are cases where your insurance company, by contract, has arranged to pay your expenses subject to certain terms and restrictions. In cases where the contract is not enforceable, the financial responsibility reverts back to you or your responsible party. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course our administrative help will provide you with whatever information they can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we may be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of

functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While progress is possible in short-term therapy, some patients feel that they need more services after insurance benefits end. If you choose to continue therapy, you will be expected to pay for your services directly, and we can discuss this further should the need arise. Some managed care plans will not allow us to provide services to you once your benefits end. If this is the case, we will attempt to find another provider who will help you continue your psychotherapy.

You should be aware that if your health benefits are provided by a self-insured employee benefit plan or other arrangement regulated by the federal ERISA statute, such plan will have considerably more access to information in your Clinical Record. They will not have access to your Psychotherapy Notes. If you have any question about the nature of your health benefits, you should contact the group that provides the benefits for you.

This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it.

Once we have all of the information about your insurance coverage, we may discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above.