

PLEASE REVIEW THIS NOTICE CAREFULLY BEFORE SIGNING**Electronic Communication Systems:**

Electronic communication systems that are available for my convenience, such as email and efax, are often not encrypted. If I choose to communicate with ClearInsight Psychiatry via these unsecured communication systems, I release ClearInsight physicians, personnel, and its agents from all legal responsibility and liability that may arise from adverse consequences.

Duty to Inform:

ClearInsight physicians, personnel, and its agents have the duty to inform the Department of Child or Adult Protective Services if I reveal to them that I, or someone I know, is actively abusing a minor or elderly person. They also have the duty to inform the Police Department if I reveal to them that I plan to physically commit assault or murder.

Emergency Procedure:

ClearInsight Psychiatry's voicemail system is available 24 hours a day. For most urgent matters, I may leave a voicemail with my name and phone number for my doctor, and ClearInsight staff will return my call within 24-48 hours. For any life-threatening emergency, I will need to dial 911. For a mental health crisis, I have the option to dial 988.

Out of Pocket Rate:

The fee for an initial psychiatric evaluation, which lasts anywhere from 45 minutes to an hour, is \$400. Any follow-up appointment for medication management is \$175. My doctor's office may use a sliding scale in order to reduce my financial burden. If it has been over 3 years since my last visit, a full re-evaluation is required and I will be considered a new patient.

Late Cancellation or No-Show Fees:

I have a right to cancel my appointment at any time, however, I am aware that 24 hours prior notice is required, otherwise, a \$50 fee will be charged for the missed appointment.

Treatment During Pregnancy:

Psychiatric medications may be detrimental to fetus development. I will immediately notify my doctor if I am pregnant, plan to become pregnant, or am currently breastfeeding to avoid complications in pregnancy. I will not hold ClearInsight physicians, personnel, and its agents liable for any complications that may arise during my pregnancy due to my consumption of psychiatric medications.

Suicide and Self-Harm:

I will not attempt to end my life while I'm under the care of a ClearInsight provider. If I have strong urges to end my life or harm myself, I must dial 911 or go to the nearest Emergency Room for emergency medical treatment. My family and I will not hold ClearInsight Psychiatry physicians and staff liable if I attempt to, or succeed in ending my life.

Treatment Outcome:

The treatment of mental health disorders, interpersonal conflicts, and other psychological issues require a variety of treatments, such as prescription medications, psychotherapy, behavioral therapy, support groups, mindfulness training and habit changes. While scientific evidence indicates these are effective methods of treatment, everyone's constitution is different. There is no guarantee that any of these treatments will work for my specific condition, and I accept this fact going into treatment.

Long-term Disability:

I understand ClearInsight Psychiatry does engage in the application of long-term disability. However, my doctor is willing to release my medical records to the requesting disability agency or Social Security Department with my written consent.

Short-term Disability:

I understand a ClearInsight physician must evaluate me every month to assess whether my condition still qualifies for short-term disability. The maximum duration of my short-term disability status will not exceed 6 months. My doctor will not initiate the short-term disability process under any circumstance for new patients.

Emotional Support Animals (ESA):

I understand ClearInsight Psychiatry does not provide ESA letters or ESA related documents.

Form Fees:

I agree to pay a fee for any forms I ask my doctor to complete. My doctor reserves the right to choose and fill forms based on the clinical evidence on file. The fee ranges from \$50 to \$100 per form, based on complexity and purpose.

Medication Refills:

For regular psychotropic medications, I may be provided refills given I am in stable condition, and currently see a ClearInsight physician at least twice a year. If I take stimulants, I agree to see a ClearInsight physician every month. For controlled medications, such as Schedule II and III substances, my doctor may prescribe me no more than a three-month supply. If my doctor has reasonable doubt I am misusing/abusing the above medications, they may terminate my treatment.

Urine Drug Screens (UDS):

ClearInsight Psychiatry physicians and staff may order a UDS anytime during my treatment.

Public Encounters:

In the instance I encounter my doctor in a public setting, my doctor is inclined to protect my privacy, and will not acknowledge me as their patient unless I initiate conversation with them and disclose my status as a patient first. This extends to all ClearInsight associates and staff.

Termination:

A patient-provider relationship will be maintained between my doctor, their staff, and I for as long as I continue to receive treatment at ClearInsight Psychiatry. If I repeatedly do not show up to my appointment, cancel late, fail to adhere to my prescription, or violate my doctor’s office policies more than three times, ClearInsight Psychiatry may terminate this relationship, and future responsibility for my treatment.

Upon signing below, I acknowledge and agree with ClearInsight Psychiatry’s office policies.

Patient Signature: _____ **Date:** _____

Printed Name: _____