

## Patient Policy

My practice is a solo part-time consultation practice in Adult Psychiatry. My specialty is Women's Health (the Ob/Gyn – Psychiatry interface). I offer extended evaluations / consultations by referral. Treatment implementation is between you and your primary care provider or psychotherapist. I do not do ongoing psychotherapy, medication management, forensic / legal evaluations, medical expert testimony or reports including but not limited to Workers Compensation or Disability evaluations.

**Fees:** The initial extended consultation fee is \$400; this includes a screening phone call, pre-appointment review of your Women's Health Questionnaire (WHQ) and lab results, a 1.5 -2 hour appointment as well as brief follow-up phone calls with your referring medical/mental health providers. Charges for services provided outside the initial consultation (including written reports and extended telephone calls and emails) or shorter appointments are billed at \$200 an hour or \$50 for each 15 minute increment. **Fees, in the form of a check, are payable at the time of service.**

**Practice Coverage:** I use a confidential voice mail system that only I access. You may reach me by calling 916-454-1013 and leaving a message at any time. I check for messages daily and make every effort to return your call within 24-48 hours when I am in town. Please provide me with a telephone number that accepts blocked numbers. When I am out of town I will leave a message on my voice mail and email auto-reply. When telephone use is minimal, there is no charge for this service. Extended calls will be billed as above. Because of the nature of my practice I am not available for after-hours or weekend emergency phone calls.

**Confidentiality:** Your consultation is strictly confidential unless you give explicit consent in writing to release information. Information may also be released when required by a legal subpoena or by California state law (reasonable suspicion of child, dependent or elder abuse or where a person presents a danger of violence to others or self). I do not do electronic billing or use FAX communication for any patient information to minimize the risk to your privacy.

**Email correspondence:** You may contact me by email at [wisdom-wellness@comcast.net](mailto:wisdom-wellness@comcast.net) . There is no charge for minimal use of this service. Extended or complex email communications will be billed as above. Confidentiality cannot be guaranteed with email communications.

**Insurance:** I am not under contract with any insurance companies nor am I a Medicare or Medi-Cal provider. If you would like to seek reimbursement from your insurance company I can supply you with the necessary paperwork. Please be aware that a diagnostic code is required to process your claim. This is a disclosure of confidential information.

**Late cancellation / missed appointments:** Your appointment time is reserved for you. If you must cancel an appointment, I would appreciate as much notice as possible. You may leave a message on my voice mail 24 hours a day. You will be billed a \$100 late cancellation / no show fee if you do not notify me a minimum of 2 working days before your scheduled appointment.

**Photo ID:** In compliance with federal and state laws regarding identity theft, I will ask to see your photo ID with your current address at the time of your first appointment.

Please sign and date below so that I am assured your have read and understand the above. I welcome your questions. A copy of this policy will be provided to you at the time of your appointment. Thank You.

Signature \_\_\_\_\_

Date \_\_\_\_\_