**Treatment and Medication Consent Form**

**Please read carefully and sign and date on the last page.**

Southwest Behavioral Health Consultants, PLLC offers psychiatric treatment to adults 18+ in Arizona. Services may include: psychiatric evaluation, medication management, coordination of care, and psychotherapy.

Medications may be indicated when your mental symptoms are not responsive to psychotherapy alone. If it is agreed that medications are indicated, I will discuss with you all of the medication options that are available to treat your current condition. I will present information in language that you can understand. You will learn how the medication works, its dosage, and frequency, its expected benefits, possible side effects, drug interactions, and any withdrawal effects you may experience if you stop taking the medication abruptly. By the end of the discussion you will have all the information you need to make a rational decision as to which medication is right for you. You may already be receiving psychotherapy from another therapist and are referred to me for medication management. In this case I will make a strong effort to coordinate care with your therapist (if requested and with written consent).

**FREQUENCY AND DURATION OF VISITS**

At your initial sixty-minute evaluation, we will decide together the structure of your treatment. Ongoing appointments for medication reviews and psychotherapy are thirty-minute appointments.

**CANCELLATIONS AND NO-SHOWS**

If you must cancel or reschedule an appointment, we require at least 24-hour notice (weekends not included). If your appointment is on a Monday, the cancellation must be made on the preceding Friday. Cancellations that occur with less than 24-hour notice or failure to show to an appointment will be charged a $50-$100 fee based on respective service policy.

**PAYMENTS**

Payment is expected at the end of each session, unless we have agreed on other arrangements. I accept cash or personal check, and major credit cards. Checks should be made payable to “Southwest Behavioral Health Consultants, PLLC.” If payment is not provided at time of service, future services may be terminated due to non-adherence to payment policy and agreement. Southwest Behavioral Health Consultants does not accept insurance coverage for services rendered and is not contracted with any insurance plans. All services are self-pay and non-refundable.

**Fee Schedule**

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| Psychiatric Evaluation (1 hour) | $300 |
| Psychiatric Evaluation (one-time) for purposes of clearance/diagnostic evaluation (includes providing written report and medical records) (1.5 hours) | $350 |
| Medication Review (30 min) | $180 |
| Telephonic Psychotherapy/Brief Session (20 min) | $100 |
| Form Requests (please allow up to 7 business days for completion) | $50 |

***Sliding Scale Fee Option Available if requested by patient based on income status and verification/proof of income. To be determined by management.***

***There are no refunds for services rendered. Southwest Behavioral Health Consultants PLLC does not contract with any insurance plans; all services are self-pay and due at the time of service.***

**INSURANCE POLICIES**

Southwest Behavioral Health Consultants does not currently accept insurance policies. All services are self-pay.

**CONFIDENTIALITY**

The security of your sensitive information is of utmost importance to me, and I am bound by law to protect your confidentiality. Any disclosure of your treatment to others will require your explicit written consent. As described above, basic information about your treatment may be disclosed to your insurance company for purposes of prior authorization if necessary. There are exceptions to this confidentiality, where disclosure is mandatory. These include the following:

-If there is a threat to the safety of others I will be required by law to take protective measures including reporting the threat to the potential victim, notifying police, and seeking hospitalization - When there is a threat of harm to yourself, I am required to seek immediate hospitalization, and will likely seek the aid of family members or friends to ensure your safety.

- In legal hearings, you do have the right to refuse my involvement in the hearing. There are rare circumstances, however, in which I will be required by a judge to testify on your emotional, or cognitive condition.

**CONTACT INFORMATION**

Our office phone number is 480-630-0488. We do not currently offer on-call/after-hours availability outside of designated business hours. If you are having an emergency, call 911. If you would like to reach the community crisis line, please call 520-622-6000. When you leave a message, please state your name clearly, your phone number, date of birth, reason for calling, and let me know when is the best time to contact you. Please note that I may be with a client, but will make every effort to address your issue as soon as possible. For non urgent matters, please allow 48 business hours for a response. Messages left late in the day, on weekends or holidays, may not be returned until the next business day.

If you choose to contact me via e-mail or via website, please be aware that e-mail is not a secure means of communicating sensitive mental health information. I do not check my e-mail regularly so it is not an appropriate way of contacting me in an emergency.

**TREATMENT CONSENT**

By signing below, you certify that you have read and understand the terms stated in the Treatment Consent Form. You indicate that you understand the scope of my services, session structure, fees, cancellation/no-show policies, payment policy, confidentiality, the nature of my practice, and my contact information, and that you agree to abide by the terms stated above during the course of our therapeutic relationship.

Client name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_