



*Silver Psychiatric Services, PC
Randie Schacter, DO
212 W. Matthews Street Suite 106
Matthews, NC 28105
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Guidelines and Policies

Please review guidelines, initial after reading each section and sign at the end of the agreement.

Sessions are by appointment only.

Confidentiality

All information between patient and psychiatrist is held strictly confidential unless:

1. The patient authorizes release of information with his/her/their/other _____ signature.
2. The patient presents a physical danger to self.
3. The patient presents a danger to others.
4. Child/elder abuse/neglect is suspected.
5. If applicable, a legal guardian may authorize release to other parties involved as needed.

___ **Please initial that you have read, understand, and agree to the above described terms.**

Financial Terms

Fees will vary depending on the service rendered. We are a fee-for-service practice and do not take any insurance including Medicaid and Medicare. We are considered "out of network" with your insurance company. Payment is expected in full at the time of service. Payment is accepted in the form of cash, check or charge. This course of action makes us unable to file a claim but maximizes your privacy and puts you in control of what information you make available to your insurance company. As an "out of network" provider, we would provide you with a statement that you may, or may not, chose to submit to your insurance company for reimbursement. If a check is returned by your financial institution for any reason, a returned check fee of \$35 will be assessed. In the event that a third-party is paying for your treatment, we will not bill them. Payment is still expected at the time of service. Bills cannot be submitted to Medicare/Medicaid for reimbursement.

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Cancelled/Missed Appointments

A scheduled appointment means that the time is reserved only for you. If an appointment is missed or cancelled with less than 24 hours' notice, the patient will be billed according to the scheduled fee. Monday appointments must be cancelled by noon on Friday to avoid being charged.

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Court-Related Matters

Please be aware that I do not participate in court-related matters of any kind. If you feel a psychiatrist's involvement is going to be required in a matter for which you are undergoing litigation, we will need to discuss termination of services and referral options. If I am court ordered by a judge or a request is made for reports of my appearance in a court-related matter, the following fees will apply:

- Court involved services will be billed to the client directly at a rate of \$150/hour.
- If subpoenaed to appear in court, the client will be billed directly at \$300/hour – this will also include travel time and preparation for court.

Court involved services include but are not limited to writing and/or submitting reports, consultations with attorneys and/or other parties involved in the matter for which a Release of Information has been signed.

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Telephone Calls

Dr. Schacter can be reached on her office line at **704-847-0424**. Patient communication is essential to alleviate concerns and to promote a healthy doctor-patient relationship. All necessary calls will not be charged to patient. If Dr. Schacter is unavailable to take your call, please leave a message on her confidential voice mail and she will respond as quickly as possible. When leaving a voice mail, please leave your full name, your number where you can be reached, who you are calling about, the best time to contact you, and a brief message with your question or concern. Due to confidentiality concerns, email and texting are not forms of communication used by the office. After hour calls, past 2pm Monday thru Thursday, will be answered on the next business day. Calls received Friday will be answered the next business day. In the event of a severe psychiatric emergency, you are encouraged to call 911 and/or proceed to your nearest emergency room. Telephone calls to Dr. Schacter may be subject to a \$10.00 minimum charge and prorated by time spent. Complicated issues may warrant scheduling an earlier appointment, as not all issues can be managed via phone.

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Once an established patient, the following guidelines will also apply

Medicare/Medicaid

If you begin to receive Medicare or Medicaid, you must notify our office immediately. As stated above, Dr. Schacter does not take Medicare and/or Medicaid and therefore will not submit claim for services provided. Please be aware that the patient may not submit Medicare/Medicaid claim for services provided by Dr. Schacter. If the patient wants to receive Medicare/Medicaid benefits from this office, Dr. Schacter will not be able to provide care and she will do what she can to help the patient find a Medicaid/Medicare provider.

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Refills

Refills are customarily handled during visits. Please be aware of what medications will need refills prior to the visit. If calling for a prescription, please call ahead and allow for at least three business days for physician to pharmacy communications. Weekends calls for refills will be initiated the next business day. Please be aware that prior authorizations by your insurance company can extend this process and is out of Dr. Schacter's control. Occasionally, you will be asked to come in for an appointment if Dr Schacter feels she needs to discuss dosage or change in treatment, before refills are given. Pharmacy call-ins and written prescriptions, if authorized by Dr. Schacter, may be subject to a \$15.00 charge.

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Psychopharmacology (medication management) Medication is prescribed when appropriate based on the cluster of most predominant symptoms. The goal is to reduce and if possible, control the symptoms that have brought you to the office. At the time of initiating treatment side effects will be reviewed as well as possible treatment alternatives. We will review risks and benefits and a written set of potential side effects will be given to you for your convenience. If you are struggling with side effects, it is your responsibility to contact Dr. Schacter to discuss them and not make changes without consulting her first or seeking medical advice from a trained health care professional. It is important during the beginning stages of medication trials to meet more frequently to address the side effects and determine alternatives as needed. Please be aware that although medication may help, its benefits are most often enhanced by combining it with psychotherapy and other lifestyle changes discussed during appointments. Please recognize that medication trials are not 100% successful and that some medicine may take time to show their full benefits while others may show a more rapid response.

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Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems which the patient brings. There are a number of different approaches which can be utilized to address your problems. It is not like visiting a family doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Psychotherapy often requires recalling unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

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Shared Treatment

If in treatment with another therapist, it is the patient's or legal guardian's responsibility to sign consent for both parties to communicate. It is understood that not all details need be discussed for confidentiality purposes, however changes in function, attendance and treatment collaboration

likely to be discussed with the therapist as appropriate. Telephone calls to clinicians and collateral people involved in treatment (i.e. primary care physician, therapist, school counselor or extended family) outside of appointment time may be subject to a \$10.00 minimum charge and prorated by time spent.

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Treating Minor Patients

If a minor patient must be brought to subsequent appointments by a caregiver, the parent/guardian will be required to sign an authorization for treating the minor patient without parent/guardian being present. Dr. Schacter will advise the parent/guardian when their presence will be required at appointments. Dr. Schacter will not start or change a minor patient's medications without first speaking to the parent/guardian.

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After hours contact

In the event that you **must** reach Dr. Schacter after hours you will be able to contact her on her cell phone. This will be addressed in more detail during the initial visits. If she is unavailable and it is a true emergency, you will need to go to the nearest emergency room and/or call 911.

Telephone calls may be subject to \$10.00 minimum charge. Please be aware additional charges for phone calls, pharmacy refills, shared treatment contacts, forms and letters may not be reimbursed by insurance but are still the responsibility of the patient/responsible party.

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Termination

That successful termination of treatment is determined when my therapist, doctor, and patient/legal guardian agree that the treatment goals have been substantially completed. I (the patient) understand that I may be discharged from the clinic by Dr. Schacter for the following reasons:

1. I have successfully completed the treatment program to which I initially agreed, implying that I have made significant progress toward meeting treatment goals;
2. I choose to terminate treatment;
3. I need to withdraw due to medical, financial, or legal problems, geographic relocation, lack of parental consent, or other financial demands;
4. My lack of attendance and/or motivation prevents further progress toward goal achievement. If I have not appeared for face-to-face contact for one hundred-twenty (120) days, I will be automatically terminated (a letter will be sent to inform me of lapse and a lack of response within 30 days of letter constitutes termination);
5. I demonstrate inappropriate behavior relative to self, staff, or other clients which is disruptive to the therapeutic process (i.e., threatening and/or intimidating behavior);
6. Modification of medications being prescribed by Dr. Schacter is made by me without consulting with Dr. Schacter or a covering physician.

- 7. I refuse to make appropriate financial arrangements to pay for therapeutic services (when I have the financial ability to do so, and this is seen as a treatment issue);
- 8. I fail to comply with the provision of this Treatment Agreement.

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I have been informed of the proposed treatment, the services which may be provided, and any attendant benefits, risks, and/or consequences. I give my consent to treatment, understanding that I maintain the option to terminate the consent at my discretion. I give my permission to be contacted for follow-up studies.

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Consultations may be billed to the undersigned's account at the discretion of Dr. Schacter. Consultations include, but are not limited to, such persons as: spouse/partners; therapists; ministers; physicians; attorneys; family members.

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Dr. Schacter does not admit, nor attend to, hospitalized patients. Should you ever need psychiatric hospitalization, you will be referred.

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The undersigned agrees that he/she/they/other _____ is solely responsible for payment of this account, regardless of payment or lack of payment by any insurance carrier or other guarantor for payment.

Name: _____

DOB: _____

Signature: _____

Date: _____