



PRACTICE POLICIES AND PROCEDURES

Welcome to my practice. Your agreement to the following terms and conditions is required for you to receive professional services from me. If you do not agree, I will be glad to give you referrals to other providers.

Clinical services

Medication Management

Medications may be indicated when your symptoms are not responsive to psychotherapy alone. When a mental illness markedly impacts your ability to work, maintain interpersonal relationships, or properly care for your basic needs, medication may offer much needed relief. If it is agreed that medications are indicated, I will discuss with you all 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 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 (with your consent, of course). I believe communication between mental health professionals is key to providing effective care.

Not everyone is a good candidate for medication therapy. Such therapy requires strict adherence to dosage, and frequency, close follow-up, and sometimes regular blood tests. Your ability to adhere to medication treatment will be taken into consideration in making the decision to start such treatment. Overall, I am a strong proponent of the bio-psycho-social model of medical treatment. Treatment that considers your biological status, genetics, your psychological development, and social issues together will yield the best chance for success in achieving your goals.

Services: Psychotherapy:

Psychotherapy, or talk-therapy, is a powerful treatment for many mental complaints. It offers benefits of improved interpersonal relationships, stress reduction, and a deeper insight into one's own life, values, goals, and development. It requires a great deal of motivation, discipline and work on both parties for a therapeutic relationship to be an effective one.

Patients will have varying success depending on the severity of their complaints, their capacity for introspection, and their motivation to apply what is learned outside of sessions. Patients should be aware that the process of psychotherapy may bring about unpleasant memories, feelings, and sensations such as guilt, anxiety, anger, or sadness, especially in its initial phases. It is not uncommon for these feelings to have an impact on current relationships you may have. If this occurs, it is very important to address these issues in session. Usually these unpleasant sensations are short lived.

At your initial visit, I will conduct a thorough review of your current complaints and of your background. By the end of the initial visit I will offer my preliminary impressions, and we will discuss your treatment options. Sometimes, psychotherapy alone will suffice. Often, however, a combination of psychotherapy and medication management is optimal (see below). One of the most important curative aspects of a therapeutic relationship is the goodness-of-fit between doctor and patient, so, the initial visit is also your opportunity to determine for yourself if I am the right physician for you. If you feel that I am not well matched to your needs, I would be happy to provide you referrals to other mental health professionals.

Frequency and Duration of Visits

At your initial sixty-minute visit, we will decide together the structure of your treatment. **The initial visit is a consultation to determine if the clinic is a good fit for your needs, and if you would benefit from continuing on into treatment with Dr. Gardner. The initial consultation is not a guarantee of continued treatment.** If medications are prescribed, or changed, I generally prefer to conduct a follow-up visit in two weeks, to ensure proper administration and minimize any side-effects you may experience. If your symptoms improve, follow-up visits can be spaced out at monthly intervals. For patients on maintenance medication, follow-up visits can be held at three-month intervals for patients who are doing well on their current regimen. If you are to undertake psychotherapy, weekly 45-minute sessions will provide the best results. We may discuss an alternate treatment structure depending on your circumstances.

Please be aware that I make every effort to always be prompt and start your scheduled session on time. If I am delayed, due to an emergent situation, I will contact you as soon as I am able, but this is a very rare occurrence. As part of this effort for timely care, I will not be able to extend sessions past your scheduled time. If you arrive late to a session, we will be able to meet only for the remainder of your scheduled session. The full fee will be charged for sessions not cancelled within my policy described below.

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.
- In situations where a dementing illness, epilepsy or other cognitive dysfunction prevent you from operating a motor vehicle in a safe manner, I may be required to report this to the DMV.
- If a mental illness prevents you from providing for your own basic needs such as food, water, shelter, I will be required to disclose information to seek hospitalization.

These situations rarely occur in an outpatient setting. If they do arise, I will do my best to discuss the situation with you before acting. In rare circumstances I may find it helpful to consult with other professionals specialized in such situations (without disclosing your identity to them).

I am not part of a group practice. No person operating in my office suite will have access to your records without your written consent. I am fully responsible for the services I provide you. Any clinician to whom I refer you will be responsible for the care they provide to you.

You confirm you have reviewed my HIPAA privacy practices by initialing here _____

Medical Records

I am required by law, to keep complete medical records. My medical records will be electronic and encrypted. Any written records including letters, outside medical records, will be kept secured in a locked location or scanned into your record and then shredded. You are entitled to review your medical record at any time, unless I feel that by viewing your records, your emotional or physical well-being will be jeopardized. If you wish to view your records, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and summarizing the medical record will be charged the appropriate fee (see below).

Payment

I do not currently accept insurance policies. If you are on a PPO plan, I will be considered “out of network.” If you wish to be reimbursed for your sessions, you will need to consult your insurance company to determine their policies regarding mental health benefits for out-of network providers. I will provide you a paper “super bill” that you can submit to your insurance company for reimbursement. Most PPO plans will reimburse between 20%-80% of the fee. Many insurance companies have limitations on the number and frequency of visits, and types of medications that will be covered. Occasionally, certain forms of treatment, or large number of sessions require a prior authorization. If this is the case, I may need to provide information about your diagnosis, history, and treatment plan to your insurance company. Once this information is provided, it will be subject to the privacy policies of the insurance provider.

You agree to pay professional fees as follows:

<u>Type of Appointment</u>	<u>Appointment Length</u>	<u>Fee</u>
Initial evaluation	60 minutes	\$250
Follow up – Medication management plus Psychotherapy or Psychotherapy alone	45 minutes	\$200
Follow up – Medication management only	25-30 minutes	\$150

*Extended appointments are available based on your wishes (if you want a longer initial appointment) or your needs determined in our initial consultation

If my fees are to increase, I will provide you a thirty-day notice to alert you to the change.

No shows/rescheduling with less than 24 business hours' notice will require a full session charge. For example, if your appointment is on Monday at 4pm, you will need to communicate your cancellation no later than the previous Friday at 4pm; if an appointment is on Tuesday at 10am, you will need to communicate no later than Monday at 10am.

Late or after-hours appointments may include an additional priority scheduling fee. This will be discussed at the time of scheduling such appointments.

We require a debit or credit card to be kept on file with our secure electronic medical and billing software. Payment is due at the beginning of each session, which will be automatically charged to your card on file, unless we have agreed on other arrangements. I accept debit card payment, and major credit cards. If payment is 60 days past due, I reserve the right to utilize legal resources such as collection agencies or small claims court in order to obtain payment for services.

You agree to pay for any time spent in your care outside of session time on a prorated basis. Any of the following, requiring more than ten minutes of time, will cost \$60.00 per ten-minute interval (i.e. If a request requires 30 minutes of time outside of sessions, the fee will be \$120. If a request requires 60 minutes of

time outside of session, the fee will be \$300). Unfortunately, insurance companies typically do not reimburse for this. Some examples include, but are not limited to:

- Phone calls, messages in the patient portal, voicemails, letters, video sessions and texts between me and: you, or other physicians, therapists, teachers, family members, insurance companies, etc.
- Prescription refills outside of session time
- Time spent obtaining prior authorizations
- Coordination of care for emergencies, hospitalization, intensive outpatient, residential treatment, rehabilitation, etc.
- All forms (insurance, worker's compensation, school, employer; doctor's notes, letters, or reports) and chart reviews not filled out in session
- Testimony in court, at depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency or other legal authority

You are financially responsible for all charges, whether or not:

- Insurance pays for any services
- We decide to proceed with treatment
- Treatment is successful, for which there cannot be any guarantee

You affirm you are an authorized user of the credit card whose number and expiration date supplied, and you do authorize its use for all fees incurred.

Contact Information and Policies

The best way to contact me for routine communication is through the **secure patient portal** on my website at **pathwaypsychiatry.com**.

If there is an urgent matter, you can also leave a message on my voicemail at 214-997-4459, or send a text message. When you leave a message, please state your name clearly, your phone number(s) (even if you think I have it), reason for calling, and let me know when the best time is to contact you. When a message is left, I will be notified immediately. Please note that I may be with a patient but will make every effort to address your issue as soon as possible.

For non-urgent matters, please allow 24 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 or someone close to you is in immediate danger, please call 9-1-1 or proceed to the nearest emergency room.

I do not check my e-mail regularly, so it is not an appropriate way of contacting me in an emergency.

Social Media and Privacy Policies

Messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn is not secure. It could compromise your confidentiality to use Wall postings, @replies, or other means of engaging with me online if we have an already established doctor/patient relationship. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. I may not read these messages in a timely fashion. I do not accept "follow" or "friend" requests from current or past patients. Being linked as friends or contacts on these sites can compromise your confidentiality and our respective privacy. In any other public context, you have control over your own description of the nature of our acquaintance, if you choose to disclose a professional relationship.



PATHWAY

PSYCHIATRY & COUNSELING CENTER

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Patient/Legal Guardian Signature

Date

Printed Name

Ashley Gardner, M.D.

Date

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

Texas Medical Board
Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018

Assistance in filing a complaint is available by calling the following telephone number:
1-800-201-9353

For more information please visit our website at www.tmb.state.tx.us