Kevin Carl Psychiatry, PLLC

6301 Forbes Avenue, Suite 200, Pittsburgh, PA 15217

Phone: (412) 278-5000

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CONSENT FOR TREATMENT - PSYCHIATRY

1. MEDICATION

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, our psychiatrist will discuss medication options that are available to treat your current condition. He will present information in language that you can understand. You will learn how the medication works, dosage and frequency, expected benefits, possible side effects, drug interactions, and any withdrawal effects you may experience if you abruptly stop the medication.

Not everyone is a good candidate for medications. Your ability to adhere to medication treatment will be taken into consideration in making the decision to start such therapy.

2. FREQUENCY AND DURATION OF VISITS

At your initial sixty-minute evaluation with our psychiatrist, he will decide the structure of your treatment. If medications are used, your 30-minute follow-up visits will likely take place every 2- 6 weeks. Once an optimized stable regimen is found, follow-up visits can be spaced to every 2-6 months.

3. FEES

We accept several insurances upon request. For those without insurance coverage or out-of-network insurance, we will discuss financial arrangements.

Other miscellaneous services (e.g., completing forms, telephone correspondence, prior authorizations, court hearings, etc.) re- quiring more than fifteen minutes of time will cost \$50.00 per fifteen-minute interval. Fees may be subject to change.

4. CANCELLATIONS AND MISSED APPOINTMENTS

If you must cancel or reschedule an appointment, we require at least 24-hour notice. Late cancellations (i.e., canceling less than 24 hours before the appointment) will incur no fee for the first cancellation and a fee of \$75 for each additional late cancellation. If you do not show up for an appointment, there will be no fee for the first missed appointment and a \$100 fee for each additional missed appointment.

5. PAYMENTS

Any out of pocket fees are expected to be paid at the time of service, unless other arrangements are made. We accept cash, personal checks and credit card payments through Intuit GoPayment. Checks should be made payable to Kevin Carl Psychiatry. If payment is 60+ days past due, we reserve the right to use legal resources such as collection agencies or small claims court in order to obtain payment for our services.

6. INSURANCE

If you are using insurance to pay for your treatment, you are responsible for any copayment, coinsurance, or deductible fees not paid by your insurance company. You may still see us for care if we do not participate in your insurance plan. In that case, you will pay us our fee and we will provide you with a bill that you may use to obtain reimbursement from your insurance company. Please discuss this arrangement with your insurance company as they may not reimburse the full cost of treatment.

Occasionally, certain forms of treatment require a prior authorization from your insurance company. If this is the case, we may need to provide information about your diagnosis, history, and treatment plan to your insurance.

7. MEDICAL RECORDS

We are required by law to keep complete medical records. Our medical records are electronic and encrypted. Any written records will be scanned and stored as an encrypted document and the originals will be shredded. You are entitled to review your medical records to the extent permitted by state and federal laws. We reserve the right to limit access in certain circumstances based on my clinical discretion and professional judgment. If you wish to view your records, we recommend that we review them together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, summarizing, and reviewing the medical record will be charged an appropriate fee.

8. CONTACT INFORMATION

Our telephone number is 412-278-5000. If you leave a message, please include your name, phone number, and reason for contacting us. For non-urgent matters or refills, allow up to 72 hours for a response. Messages left after 5 pm on weekdays or on weekends and holidays may not be returned until the next business day.

If you or someone close to you is in immediate danger, please call 911, proceed to the nearest emergency room, or call the local crisis service. Please do not wait for us to return your message before taking appropriate action.