



# psychiatrie.me

## Consent to Treatment

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Initials

I voluntarily consent that I am presenting myself for outpatient psychiatric evaluation and/or treatment and that I wish to participate in such evaluation and treatment by a duly licensed physician from *psychiatrie.me PLLC*. I hereby consent to and authorize *psychiatrie.me*, and its physicians, to perform psychiatric evaluations, diagnostic assessments, clinical and laboratory testing, therapeutic interventions, and treatments that in their judgment may promote my mental health. I understand that I have the right to refuse any suggested examinations, tests, or treatments.

I understand that the evaluation and/or treatment will be provided by a duly licensed and board-certified psychiatrist within the scopes outlined by the Maine Board of Licensure in Medicine, New Hampshire Board of Medicine, Vermont Board of Medical Practice, Massachusetts Board of Registration in Medicine, the National Board of Physicians and Surgeons, and the American Board of Psychiatry and Neurology. I understand that I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a request to *psychiatrie.me*. I understand that I will receive information concerning each of the following areas:

- the risks, benefits, and alternatives of the proposed treatment;
- probable consequences of not receiving treatment; and
- the manner in which treatment will be administered

## Confidentiality

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I understand and acknowledge that *psychiatrie.me PLLC* is obligated to keep my health information confidential, but legally may use my health information for purposes of treating me, getting paid for services provided to me, or for the internal operations of *psychiatrie.me* such as improving care and treatment services. I understand that information from the evaluation and treatment is considered confidential and that all information provided over the course of treatment will be kept confidential except in any one of the following cases:

- if I am deemed to present a danger to myself or others;
- if concerns arise about possible abuse or neglect of a vulnerable individual; and
- if a court order is issued to obtain treatment records

## Routine Communication

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I understand that phone and text communication are available during normal business hours and that these are typically responded to the same day they are received. I understand that voicemails left after business hours are generally returned the following day but may take as much as 72 hours to provide a response. I understand that email is not a confidential form of communication and I agree that I will not send my health information over email.

## Urgent Communication

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I understand that *psychiatrie.me* is not intended for emergency or crisis care. I understand that if I am in psychiatric crisis or fear that I could harm myself or others that I will call the Suicide and Crisis Lifeline at 9-8-8, call 9-1-1 for emergency services, or present to the nearest emergency room.



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## Charges and Fees

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I understand that charges are based on the length and type of the evaluation or treatment and that they are assessed as follows:

- \$450 per 120-minute initial comprehensive psychiatric evaluation
- \$350 per 50-minute follow-up appointment integrating both psychotherapy and psychotropic medication supervision
- \$250 per 25-minute follow-up appointment for psychotropic medication supervision and psychopharmacology support
- \$350 per hour, prorated to the minute, for any work done on my behalf outside of scheduled appointments including, but not limited to, phone calls to physicians, pharmacists, therapists, or family members, medication prior authorizations, authoring of letters, or completion of forms

## Cancellations and No Shows

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I understand that rescheduling of an appointment requires at least 24 hours' notice. I understand that if I cancel an appointment with less than 24 hours' notice or do not present for a scheduled appointment that I will be charged the entire appointment fee.

## Insurance

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By agreeing to this statement, I confirm that I have neither Medicare nor Medicaid insurance. I understand that *psychiatrie.me PLLC* does not contract with any commercial insurance carriers but that I can request a detailed invoice if I wish to submit my own claim to insurance. I also understand that if I choose to submit a claim to my health insurance company that the services I received through *psychiatrie.me* will be deemed out of network.

## Location

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I understand that in order to receive care from *psychiatrie.me PLLC*, I must be a resident of Maine, Massachusetts, New Hampshire, or Vermont and that I must be physically located in one of these four states at the time of my appointment.

## Prescriptions

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I understand that medication questions and concerns, including prescription renewals, are addressed during scheduled appointments. I understand that if I need a prescription renewal during the interval between appointments, I will contact *psychiatrie.me*. As regular follow up is an integral part of treatment, I understand that medication prescriptions will only be provided if I have had an appointment within the preceding 90 days.

## Controlled Medications

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I understand that due to the virtual nature of treatment, federal regulations preclude the prescribing of controlled medications and I agree not to request prescriptions for controlled medications from *psychiatrie.me* or its physicians.