

Ann Davis, M.D.
Ann Davis Psychiatry, Incorporated
Consent for Evaluation or Treatment

Please take a moment to review some information to which you are entitled before receiving psychiatric services.

PRIVACY

- Any information you disclose will be maintained in the strictest confidence, per HIPAA requirements, unless you specifically authorize its release, or unless its release is required by law or professional standards of practice. In particular, your right to confidentiality may not be maintained if you are an immediate danger to yourself or to someone else and steps must be taken to assure your own or another's safety. Also, any clinician hearing that a child, elder, or disabled individual is being or has been physically or psychologically abused is required by law to report this information to a designated agency. If it is necessary to disclose information to anyone else pertaining to you, this will be discussed with you.
- Office staff and covering physicians will have access to your medical records for treatment. All information will be maintained in the strictest confidence, per HIPAA requirements and will not be released to anyone else without your written consent.

TREATMENT

- Our first meeting is a consultation and not necessarily an agreement to treat you. If you begin treatment, it is important for your continued medical care that you have routine follow up appointments so that the doctor can monitor your care. If you have not returned to see the doctor by the recommended follow-up date, I will consider that you have terminated the doctor-patient relationship. Following termination, no prescription refills will be granted.
- At treatment appointments, I will provide prescriptions for enough medication to last until your next scheduled appointment. Requests for refills between appointments will be responded to within one business day. If you miss or cancel an appointment, you will be prescribed enough medication to last until the rescheduled appointment, usually within one to two weeks of the missed appointment.
- Due to federal regulations, I do not prescribe any controlled medications (including Adderall, Ritalin, Concerta, Xanax, Klonopin, Ativan, Valium, Ambien, etc.) to patients with whom I have not met in person. If we determine that a controlled medication is indicated for you, I may collaborate closely with your primary care physician to prescribe the medication or may refer you to a psychiatrist who can treat you in person.

COMMUNICATION

- Voicemail messages left during business hours will be returned promptly.
- Messages left during evenings, weekends and holidays will be returned the following business day.

- In the event of an emergency, proceed go to the nearest emergency room or call 911.
- As a courtesy, I am available to respond briefly to questions and concerns that may arise between appointments. If your question requires a detailed discussion that is outside the scope of a brief telephone call, I will recommend promptly scheduling an appointment to address your concerns.
- In the event of frequent telephone calls between sessions, calls longer than 5 minutes may be billed at the current hourly rate in 15-minute increments.
- Email communication is inherently non-confidential. By communicating with me via email, you are accepting the inherent insecurity and the privacy risks therein.
- Email communication is not to be used for complicated medical matters, urgent issues or emergencies.
- All communication with Dr. Davis will become part of your medical record.

FEES

- All visits must be paid for at the time of the visit with check or credit card.
- The current fee schedule is attached, although the fees may vary over time.
- At the time of your outpatient visit, at your request you will be provided with an insurance statement to submit to your insurance company. I cannot accept responsibility for negotiating claims with insurance companies or other persons. You are responsible for payment for your medical care regardless of the status of your claim. Any other financial arrangement must be made with me prior to service.
- Any outstanding bills will be rebilled monthly. If payment is not received after two successive billings, your account may be sent to a collection service.
- Should you need to cancel a session, please do so at least 24 hours in advance. Otherwise you will be charged at the regular rate for the cancelled session. Under circumstances where a party other than the patient is responsible for payment, that party must sign a separate agreement guaranteeing payment of the bill.
- There is a returned check charge of \$20.00.
- You agree in the event of non-payment to bear the cost of collection and/or court costs and legal fees should this be required.

I have read and understood the foregoing, and I consent to this evaluation or treatment. I have also been provided with the HIPAA Notice of Privacy Practices.

Signature

Date