

Holistic Psychiatry, P.C.  
Malika Burman, MD  
12736 SW 55<sup>th</sup> place  
Portland, OR 97219

## **TREATMENT CONSENT AND CONTRACT**

### **PSYCHOTHERAPY**

Often called talk therapy, this form of treatment can be helpful for most patients. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self awareness and insight. However, therapy is not guaranteed to work for everybody and can be a large commitment of time, energy, and finances. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (guilt, anxiety, frustration, etc.) These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy. Thus, it is important to let Dr. Burman know if you feel that your goals aren't being met. These issues should be addressed in session. Dr. Burman is also willing to find a therapist that is a better fit for you, if necessary.

### **MEDICATIONS**

Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. It is important to find the best combination of medications and therapy for each individual case. Dr. Burman can provide an integrated approach as she is trained in both psychotherapy and medication management. However, she is also willing to consider management of psychiatric medications when a different clinician conducts the psychotherapy. Often called the 'split treatment' model, this should be discussed in order to determine if it would be a viable option for you. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, Dr. Burman will always discuss the risks, benefits, side effects, and alternative treatments (which always includes not using medications) with you.

### **INITIAL EVALUATION AND SESSIONS**

Dr. Burman generally conducts a thorough psychiatric evaluation during the initial session. This assessment focuses on determining the best treatment plan possible. It is extremely important for this initial assessment to be as comprehensive as possible, so the completed new patient information form is very important to bring at the beginning of the appointment. Information about previous providers, past psychiatric treatments, medication trials, are all very helpful to have documented prior to the session. In some situations, extra sessions are needed to complete an appropriately comprehensive evaluation. If it is determined that Dr. Burman is not a good fit as your treatment provider, referrals will be made for you to establish follow up care.

### **PROFESSIONAL FEES**

Dr. Burman's fee is shown on her website. This fee is the same for all appointments. Additionally, other professional services that require longer than 10 minutes of non-appointment time are billed at a rate equivalent to her appointment fee. This includes report writing, letters on your behalf, telephone conversations, and court proceedings (even if required to testify by another party), and any other services outside the frame of regular psychotherapy.

### **BILLING AND PAYMENTS**

You are expected to pay for each session at the beginning of each appointment. Alternative payment plans must be discussed with and agreed to by Dr. Burman. Additionally, payment for other professional services (as listed above) will be agreed to at the time of your request for these services. Please discuss any concerns with Dr. Burman, as this is an important part of providing uncompromising care. Dr. Burman accepts cash or check. If your account is overdue for more than 60 days, Dr. Burman reserves the right to use legal means to secure payment. This includes utilizing a collections agency or a small claims court. In such cases, only required information is provided to these agencies – which can include name, nature of services provided, and amount due. A twenty-five dollar fee is charged for returned checks.

### **CANCELLATIONS AND NO-SHOW POLICY**

Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide **at least 48 business hours** advance notice of cancellation. Both telephone and email are acceptable ways to alert Dr. Burman of a cancellation. Business hours are considered Monday through Friday 9am to 5pm and exclude all standard holidays. Please note that insurance companies generally do not reimburse for missed sessions or late cancellations.

## **INSURANCE REIMBURSEMENT**

Dr. Burman is an 'Out of Network' provider. Full payment for all services is required at the time of each appointment. If you are entitled by an insurance company to reimbursement for seeing your choice of health provider, a billing receipt with appropriate codes will be provided to you for you to submit. Please note that if you pursue reimbursement with your insurance provider, the level of confidentiality is somewhat compromised due to the billing codes they require which indicate a diagnosis and treatment type.

## **CONTACTING ME**

Dr. Burman attempts to be accessible for urgent issues. Calls and emails are generally returned within one business day. If she is not immediately available by office telephone or email and urgency increases to emergency, you will be responsible for calling 911, or going to the nearest emergency room so that your safety is guaranteed. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact Dr. Burman at any time, so please provide them with her contact information. When Dr. Burman is unavailable for extended periods of time (i.e. vacation, conferences, illness, etc.) coverage will be provided, or you will be notified to secure interim care.

## **PROFESSIONAL RECORDS**

Mental health records are standard practice in psychiatry and protected by both law and professional standards. Although you are entitled to review a copy, these records can be misinterpreted or misused given their professional nature. In cases when it is deemed potentially injurious for Dr. Burman to provide you with her full records, they will be available to an appropriate mental health professional of your choice. Alternatively, treatment summaries can be provided. Please note professional fees will be charged for any preparation time required to comply with such requests.

## **CONFIDENTIALITY**

Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, these companies often require information about diagnosis, treatment type, and other important information as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law: 1) danger to self – if there is danger of suicide, medical professionals are required to seek hospitalization for the patient, or to contact family members or others who can help provide protection; 2) danger to others – if there is threat of serious bodily harm to others, Dr. Burman is required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; 3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, Dr. Burman may have to disclose information in order to access services to provide for your basic needs; 4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, Dr. Burman must file a report with the appropriate state agency; 5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent Dr. Burman from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require my testimony through a subpoena. Although these situations are rare, Dr. Burman will make every effort to discuss the proceedings accordingly. Dr. Burman also reserves the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

## **LEGAL TESTIMONY**

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, Dr. Burman generally recommends that you hire an independent forensic mental health professional for such services.

## **TREATMENT CONSENT**

Your signature below indicates that you have carefully read the Treatment Consent Contract, which contains information on psychiatric services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting me, professional records, and confidentiality, and you agree to abide by its terms during the professional relationship. Additionally, I have been provided an opportunity to review the HIPAA Notice of Privacy Practices made available by Dr. Burman as part of her new patient intake forms available through her website.

**Patient Signature and Date:**