

## PHYSICIAN-PATIENT AGREEMENT & TREATMENT CONSENT

**GENERAL:** I ask all new patients to carefully read this four-page agreement. It will then become a part of your clinic record.

If you are seeing a therapist, I would appreciate a signed release of information so that I may speak with him/her as needed. Also, if you have current medical problems for which you are seeing a primary care physician or other specialist, I may require a release of information so that I can speak to them also about your care.

I am not involved in worker's compensation cases, disability evaluations, child custody, or other legal matters. Therefore, you will need to be referred to another psychiatrist if the need for testimony and/or reports arises.

**APPOINTMENTS AND FEES:** After your first visit, I will need to see you within one to four (1 to 4) weeks to review your progress. Thereafter, follow-up appointment frequency will be individualized as appropriate. Office visits are required for my ongoing assessment of your clinical status and treatment needs. I ask that you make every effort to arrange for childcare during appointments.

The length for follow-up appointments may vary, depending on your needs at the time of the appointment. Initial evaluations are usually 50 minutes in length with follow-up appointments between 20-30 minutes. If a longer appointment is needed we can work this out to your specific needs at the time of each appointment. Full payment is due at the time of service. I will provide a billing sheet for you to submit to your insurance company for out-of-network benefits if you so desire. You may also be charged for the time required to complete other paperwork and/or phone calls.

Please be careful to keep track of all your appointments. I will make every effort to call and remind you of your appointment but this is a *courtesy* call. You will be charged the full fee for appointments cancelled without 24 hours notice, and for *missed* appointments as well. I appreciate as much notice of appointment changes as possible as I do not schedule more than one person per appointment time. I do require a credit card number to be kept on file for these kinds of charges. Please see the Missed appointment form.

Multiple missed appointments may result in termination of our doctor - patient relationship.

**Late Arrival:** If you arrive late for an appointment, I may be able to see you for the remainder of the session, but you will be charged for the fully allotted time. Depending on your arrival time, rescheduling may be necessary. If it is possible to exchange your appointment with another patient, we will make every effort to do so.

**PHONE CALLS & EMERGENCIES:** If needs arise that cannot wait until your next appointment, leave a message on my voice mail complete with details of your question or concern and I will return your call as soon as possible. If you have an urgent need and CANNOT wait for me to return your call, or are in danger of harming your self, harming someone else, or *being* harmed by someone, go to the nearest hospital emergency room or call 911!

Urgent calls are to be restricted to needs that cannot wait until the next business day. Refills are not considered an emergency and will be handled only during regular business hours.

Successful treatment requires that you attend all scheduled sessions and express your ideas and emotions honestly and openly using verbal communication. Threats or acts of physical harm to me, others or clinic property will result in immediate termination of treatment and notification of

the proper authorities.

**LAB WORK:** I check laboratory values on all of my patients at least yearly, as there are many physiological factors that play a large role in mood and sleep. You can use the laboratory of your choice (**patients with insurance need to find out which laboratories accept their insurance**). The lab will bill you or your insurance company directly. Refusal to follow through with requested lab work is considered medical non-compliance. I obtain random drug screens on all of my patients whether or not drug use is suspected.

**CONFIDENTIALITY:** Doctor-patient confidentiality is limited under the following circumstances:

1. If a third-party payer (employer, insurance or managed care company, etc.) who is directly or indirectly paying for your care requests information or records.
2. If a legal action is filed in which your mental health is at issue and I am asked or ordered to testify.
3. If malpractice is alleged.
4. If I become aware of abuse or neglect of a child, elder or disabled person, I am obligated to report it to the appropriate authorities.
5. If I determine you are an imminent danger to yourself or others, I must contact a family member and/or the police in an effort to provide for your/others' safety.
6. We cannot respond to any phone calls or correspondence from family members or friends unless we have a signed consent from you.
7. Medical records will be kept in my office and maintained as required by HIPPA standards. No person, other than me and my office staff, will have access to your records. Your contact information will be stored both in your file and in on my office computer network which is owned by Southwest Clinical & Forensics.

### **MEDICATION MANAGEMENT;**

**In order to provide the best quality of care, treatment is not conducted over the phone unless specifically agreed upon by both myself and you as the patient ahead of time.**

THE FOLLOWING REQUIRE AN APPOINTMENT:

1. **New prescriptions and medication refills.**
2. **Any adjustment that needs to be made to your current medication.**
3. **If you are having problems with your medication such as side-effects, or if you feel they are not effective in managing your symptoms.**
4. **If you notice a change in your mood or personality**

I will prescribe enough medication to last until you are to come for a follow-up appointment. Please schedule this appointment before you are to run out of medication. Refills are to be given at this appointment. You must allow 24 hours for any refills.

Please do not lose your written prescriptions. There is a \$15.00 charge for lost scripts that need to be rewritten or called in.

### **CONTROLLED AND SCHEDULED MEDICATIONS:**

Lost or stolen prescriptions for a controlled or scheduled medicine will not be replaced or filled early. These medications are your responsibility and include such medicine as Klonopin, Xanax, Ativan, Valium etc. and ADD medications such as Ritalin, Adderall, Concerta, Vyvanse, Focalin,

etc. and sleep aids such as Ambien and Lunesta. This also includes suboxone.

**MEDICATION USE PRECAUTIONS:** Any medication can impair thinking or reaction time until your body gets accustomed to it. Therefore, do not operate hazardous machinery, including automobiles or do anything potentially dangerous until you are certain any newly prescribed medication(s) do not affect your abilities. It is necessary to notify me and all your other doctors of any and all changes in prescribed and over-the-counter medicines including “herbal/natural” remedies. Contact me if you experience any unanticipated medication effects including a skin rash, as that indicates a medication allergy. I advise you not to consume alcohol, including beer or illicit drugs, while taking medication, as this will prevent your medications from working optimally and the combination can be physically dangerous. Mixing alcohol and illicit drugs with your medication or taking more than what is prescribed is considered medical non-compliance, which may result in discontinuation of treatment.

If you or someone else takes more than the recommended dose of a medicine, contact poison control, call 911 or go to an emergency room. Do not allow others to take your medicine and do not take medications prescribed for someone else. Keep all medications out of the reach of children and impaired adults.

**WOMEN:** Please **notify me** of any pregnancy or intent to become pregnant, as most medications should be discontinued prior to conception. Waiting to stop medication until you miss a menstrual cycle and discover you are pregnant exposes your baby to medication during the critical periods of organ development and can lead to birth defects. Whenever possible, psychiatric medications should not be used at any time during pregnancy or while breastfeeding.

**REFERRALS:** If the need arises for you to be admitted to an inpatient hospital, you will be under the authority of that facility’s attending psychiatrist. Most of the time the attending physician will contact me, but I cannot guarantee what he or she will do. Resuming your care upon discharge will be worked out according to your specific needs. As your treating psychiatrist it is my duty to seek your best interest; therefore, I cannot also serve as a consultant or witness in any legal matters and will refer you to another psychiatrist for an objective evaluation if at any time legal reports or testimony is needed. If there is some aspect of your care that we are unable to agree upon, I will need to refer you to another psychiatrist to continue your care.

**AGREEMENT:** Your signature below indicates that you have carefully read, understand and accept all the terms of this four (4)-page Treatment Agreement and that you are hereby giving your consent for appropriate medical treatment by Dr. Henderson. I will provide you with a copy of this agreement for future reference at your request.

\_\_\_\_\_  
*Print your name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*



Name \_\_\_\_\_ Date \_\_\_\_\_ ID # \_\_\_\_\_

## P S Y C H I A T R I C M E D I C I N E S

ANTI-DEPRESSANTS	MOOD STABILIZERS	ANTI-ANXIETY	MAJOR TRANQUILIZERS	ADHD	SLEEP	PAIN
Celexa	Depakote	Ativan (Lorazepam)	Abilify	Adderall	Ambien	Butalbital
Desyrel	Dilantin	Buspar	Clozaril	Concerta	Restoril	Codeine
Effexor	Gabitril	Klonopin (Clonazepam)	Cogentin	Cylert	Sonata	Darvocet
Elavil	Keppra	Librium	Geodon	Dexadrine	Trazadone	Fiorcet
Lexapro	Lamictal	Neurontin	Haldol	Focalin	Lunesta	Hydrocodone
Luvox	Lithium	Restoril	Loxitane	Metadate CD	Rozerem	Imitrex
Paxil	Phenobarbital	Valium (Diazepam)	Mellaril	Provigil	Ambien CR	Lorcet
Prozac	Tegretol	Vistaril	Navane	Ritalin		Lortab
Remeron	Topamax	Xanax	Prolixin	Strattera		Midrin
Wellbutrin	Trileptal	Others:	Risperdal	Vyvanse		Norco
Zoloft	Lyrica		Seroquel	Others:		Percocet
Cymbalta	Others:		Stelazine			Stadol
Pristiq			Thorazine			Ultracet
Others:			Trilafon			Ultram
			Zyprexa			Vicodin
			Invega			Zomig
			Others:			Zydone

Place a check mark next to any medications you think you may have been on in the past even if it was for a very short time. Then, off to the side please write a one to two word description or phrase describing your experience with the medicine (e.g. "good" "bad" "great" "made me dizzy" "made me sleepy" etc.) Knowing how you responded on certain medication in the past will help us in your treatment.

**MEDICATIONS:** Please list medications you are currently taking (psychiatric or other) \_\_\_\_\_

List any Medications you are allergic to: \_\_\_\_\_