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OUTPATIENT SERVICES AGREEMENT/INFORMED CONSENT

This document contains important information about my professional services and business policies. I look forward to discussing any questions with you so that we can both be clear on the policies and expectations.

PSYCHIATRIC SERVICES

Counseling varies depending on the personalities of the psychiatrist and patient, and the particular problems you bring forward. Counseling will frequently involve discussing your personal concerns, thoughts, and feelings. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and between sessions. I believe that homework assignments are a necessary part of the recovery process, thus I only work with patients who are willing to engage in homework assignments.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have tremendous benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. All experiences differ.

Our first few hours together will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy and/or medication management. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. This process involves a large commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about my procedures, we should discuss them whenever they arise. I am happy to provide outside referrals if your concerns persist.

MEETINGS & CANCELLATION POLICIES

I offer both 50-minute “traditional” appointments as well as an “intensive” model (e.g., multiple hours over multiple days). The exact timing of sessions will be determined in consultation with you based on your needs.

If you are interested in doing an intensive for the first time, please get started or request more information through the FGI website here: <http://www.feelinggoodinstitute.com/for-patients/intensive/>. Intensives are typically provided by 1-2 FGI clinicians.

If you are interested in “traditional” therapy (50 min sessions 1-2 times per week) and/or medication management with me, a phone consultation is recommended prior to arranging treatment. The 15 minute consultation will be done free of charge. During the consultation, we can both decide if I might be a good fit to provide the services you need in order to meet your treatment goals.

I request 2 business days of notification if you need to **reschedule or cancel** an appointment lasting 110 minutes or less (i.e. Please reschedule or cancel by Thursday at 10am if you have an appointment scheduled for Monday at 10am).

Due to the large number of hours held to accommodate Intensive Therapy clients, treatment costs must be paid in advance for all hours that are booked. A deposit of half of the full amount is due at time of booking. The balance is due 30 days prior to treatment. Payment is made by credit card. I request 14 business days of notification if you need to reschedule or cancel an “intensive” (any session lasting longer than 110 minutes).

If these time frames are not honored, then you will be charged in full for the originally scheduled session(s). I request that all patients have up-to-date credit card information on file. If you change your information, please notify me immediately to prevent issues with declined payments.

TELEMENTALHEALTH

In some instances, it may be clinically indicated to provide services via telephone or video service. My license may preclude me from providing this ongoing service with patients located outside of the state where I am licensed to provide treatment (California). Telementalhealth has been defined as the use of technology (e.g., phone, video technology) for the delivery of mental health services. A potential benefit of this format is that sessions can be provided when patients are not able to attend in-person sessions due to various reasons including physical limitations, physical distance, or lack of transportation. Ample research indicates that telementalhealth has led to effective treatment of various disorders (Journal of Technology in Human Services, 2008, Vol. 26, No. 2; Clinical Psychology: Science and Practice, Vol. 16, No. 3). However, some potential risks of telementalhealth include: less control over confidentiality, decreased emotional connection between therapist and patient due to lack physical proximity, reducing the likelihood of insurance reimbursement, and necessity of using different forms of crisis intervention (e.g., patient is required to visit a local emergency room). I use Ring Central Meetings for patient video sessions. The service claims to be HIPAA compliant and reliable, however I cannot guarantee there will not be concerns of service reliability, potential interruptions of services, security, or confidentiality. Patients are encouraged to research and understand the benefits and limits of this form of technology before agreeing to engage with the technology. Signing this consent indicates that you understand the potential benefits and risks.

HOMEWORK

I practice a model of psychotherapy that requires weekly homework. It is her experience that patients who do homework make significantly more progress toward their goals than patients who do not do homework. If you are not comfortable completing weekly homework, I would be happy to refer you to a clinician who does not require homework.

ENDING THERAPY

My hope is to help you end therapy as soon as you have met your goals and are feeling ready to do so. If you experience a readiness to end therapy, I ask that you commit to a final session together so that I can understand your decision, assist with solidifying gains, and support your transition.

PROFESSIONAL FEES

My current rates are as follows: \$1000/80-minute intake, then \$500/50 minutes and \$300/20 minutes. On occasion, I may be able to offer a weekend session. The rate for weekend sessions is \$600/50 minutes. In addition to appointments, I charge for more than 5 minutes of additional services such as extended session time, refills, prior authorizations, additional treatment planning, telephone conversations, multiple email exchanges, participation in meetings with other professionals you have authorized, review or preparation of documents (records, reports, treatment summaries, letters, etc.), and the time spent performing any other service you may request of me or that I partake in to best manage your care. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Additional charges will be simplified so that anything taking 5 to 20 mins will be \$300, and anything up to 50 mins will be \$500. Time beyond that will be billed in those increments. I will do my best to list extra services under billing codes that may be reimbursable by insurance, but as an out-of-network provider, I cannot ensure that my services will be covered by insurance in any way.

BILLING AND PAYMENTS

You will be expected to pay for your first appointment at the time it is booked. You will be expected to pay for each additional session on the day it is held. I am able to accept credit cards. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. I am not currently listed on any insurance panels, which means that I am not “in-

network” for any insurance provider. You will have access to a statement through my electronic medical record’s patient portal so that you may try to get some reimbursement from your insurance company if you are eligible. I cannot guarantee whether your insurance provider will cover this expense. Many carriers will provide only very limited coverage. Please consult with your insurance carrier prior to starting services.

Many insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

PATIENTS WITH MEDICARE

I have opted out of Medicare under §§1128, 1156 or 1892 of the Social Security Act. If you are eligible for Medicare but choose to work with a FGI clinician who has opted out of Medicare, then you will have to complete the Patient's Contract For Private Care Contract (<https://med.noridianmedicare.com/documents/10525/2052366/Opt-Out+Private+Contract>). Signing this contract indicates an understanding that you (or your legal guardian or representative) will be solely responsible for all costs of treatment and that you will not seek reimbursement from Medicare. Seeking services from a provider who accepts Medicare may lead to less total cost for you. For more information about Medicare, you can visit www.noridianmedicare.com.

THE FEELING GOOD INSTITUTE

I work with a group of independent mental health professionals under the name Feeling Good Institute. This group is an association of independently practicing professionals who share certain expenses and administrative functions. While the members share a name and space, I want you to know that I am completely independent in providing clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, I recommend that you review them in my presence.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychiatrist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions (described below). In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment. For example, if I believe that a child, dependent elder, or disabled person is being abused, I may be required to file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I will not reveal the identity of my patient. The consultant is also legally bound to keep the information confidential. California law allows me to consult with your medical and mental health treatment providers in order to provide you with the best possible care. I will inform you about these consultations.

The Health Insurance Portability and Accountability Act (HIPAA) requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice,

which you should download with this document, explains HIPAA and its application to your personal health information in greater detail. Your signature on this document indicates that the HIPAA policies have been made available to you.

COMPLAINTS OR CONCERNS

I ask patients to complete weekly evaluations to provide feedback on whether you are getting your needs met in therapy. I hope you will discuss any concerns with me. You may also report any concerns you have to the Medical Board of California at 800-633-2322 or to the U.S. Department of Health and Human Services at 877-696-6775.

CONTACTING ME

I am not able to provide crisis mental health treatment outside of regularly scheduled sessions. My telephone is answered by a confidential voicemail box. I will make every effort to return your call within two business days, with the exception of weekends and holidays. In the case of an emergency, please call a Crisis Phone Service (in the USA: 800-273-8255, in Santa Clara County: 855-278-4204), dial 911, or go to your local emergency room. If you are seeking regular contact, including crisis mental health services, I can provide referrals to clinicians who can provide this service. The best ways to contact me are by phone at 650-603-0604, by messaging in the patient portal, or by email at dahlia@feelinggoodinstitute.com. Email is a convenient method for scheduling purposes and arranging treatment. The confidentiality of email cannot be guaranteed, thus I ask that sensitive information not be included. Email is not an appropriate method of receiving crisis services. The patient portal through my electronic medical record system, however, is secure. Please also use my online booking system to book, cancel, and reschedule your appointments (keeping the 48 hr cancellation policy in mind).

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Printed Name: _____

Signature: _____ Date: _____

If different from above:

Party Responsible for Payment (Name): _____

Signature: _____ Date: _____