

Psychiatrist - Client Services Agreement

Thank you for your interest in my practice. This document contains information about the services and business practices of my office. Please read it carefully and return a signed copy to me prior to our first meeting.

Services

I treat individual's ages 17 and older for a variety of issues, including depression, anxiety, PTSD, and bipolar disorder, as well as individuals who may not have a psychiatric illness but still feel that psychotherapy may be of assistance.

I provide both psychotherapy and medication management.

Practice Structure

My office is currently located in a medical office in the village of Marcellus. While I share front desk staff with the other physician located in the office, our practices are independent of one another. If lab work is recommended, the staff nurse in the office may obtain that if you choose.

Office Hours

I work in the office from 8am until 5pm every Tuesday. Beginning in August 2013, I will be expanding my hours to two days per week.

Initial Evaluation Phase

Our first meeting will last from 1 to 1 1/2 hours. We will discuss the issues that have led you to seek assistance, your past history, current life status, and treatment goals. By the end of this meeting, my goal is to provide you with a sense of whether and how I may be able to help you. We may be able to work out an initial plan of treatment by the end of this meeting. Sometimes an additional meeting is needed to fully develop a plan.

Ongoing Meetings

Ongoing meetings will be structured by 50 minute psychotherapy, psychotherapy and medication management visits, or 20-30 minute medications management and brief psychotherapy visits. The frequency of visits will range from weekly to every two weeks. The exact frequency depends on your needs and preferences.

Contacting Me

The best way to contact me is through the office phone (315-673-1529). Even on days in which I am not in the office, the front desk staff will alert me that you are looking to contact me. Please let the staff know whether the issue is urgent in nature.

Scheduling questions or issues can be addressed by contacting the front desk staff at the office. They have direct access to my schedule and should be able to handle most scheduling questions. You may also email me directly at jstepkovitch@gmail.com for routine questions/issues.

In extremely urgent situations, please do not wait to contact 911 before attempting to contact me.

Medication Refills

Ensuring that you do not run out of medication between appointments is a shared responsibility between us. Whenever possible, it is best that new prescriptions be provided at the session in person. However, if you are running low on medications between visits please contact me at least five days before running out. Medication refill requests should be handled by calling the office front desk staff. When calling the office for prescriptions, please include the following:

- Your date of birth
- Your pharmacy's phone number
- Your phone number
- The full medication name
- The dose of the medication
- The exact manner in which you take the medication

Emergencies

As I am a solo private practitioner, I do not have access to 24-hour crisis management services. If you feel that you may need access to such a service, or have utilized similar services in the past, working with an agency, which has comprehensive coverage, may be preferable for you.

I do make every effort to be available to my clients whenever there is an urgent situation. If you do need to reach me during a crisis, I recommend the following:

- Contact my clinic at 315-673-1529 and inform the front desk staff that you need to reach me urgently
- After business hours and on weekends you may reach me via cell phone at 315-569-3679
- If you still have not reached me, please call 911 if the matter involves safety

Payment

My practice operates on a fee-for-service basis. This means that your fee for each visit will be due at each session. I accept cash, personal checks, as well as most major credit cards.

Fees

Initial Evaluation: \$300

Follow-up, 50 minutes: \$200 (therapy-only), \$225 (therapy + medication management)

Follow-up, 20-30 minutes: \$125

Writing of reports, letters: \$200/hour

Telephone Calls: No fee for brief phone calls. Calls greater than 10 minutes will be billed at the hourly rate

Legal Services: Please contact me for fees

Insurance

I do not participate in any insurance networks. I find that involving insurance companies directly in psychiatric care compromises the quality of the service and the privacy of clients. If you wish, I can provide an invoice at the end of our sessions providing the appropriate CPT and ICD codes. Many of my clients are able to get a significant percentage of visits covered through their insurance. However, any reimbursement you pursue through your insurance company is solely your responsibility.

Cancellations

When you make an appointment with me, you are arranging a time that is exclusively for you. Barring emergencies, I will be ready to see you at the scheduled time. Because of this, I ask that those patients who see me for regular psychotherapy visits consistently attend their appointments. Missed appointments will be billed at the full hourly rate. If you know that you will be unable to attend an appointment on a given date, please let me know as far in advance as possible.

For evaluation, consultation, or medication management visits, cancellations more than 48 hours in advance will not be charged. However, late cancellations or missed appointments will be billed at the hourly rate. Missed evaluation appointments may result in the appointment not being rescheduled.

Vacations

Vacations are an integral component to mental health. I encourage my clients to take time away from their busy lives, and I do so myself periodically. If I will be away for more than a few days, I will leave information at my office indicating the dates I will be away. During extended vacations I will arrange coverage with another psychiatrist. Contact information for the covering psychiatrist will be available on the office voice mail.

Your signature below indicates that you have read this agreement and agree to abide by its terms. You may revoke this agreement in writing at any time.

Signature of Client

Date

Jason Stepkovitch, MD

Date

MEDICARE STATEMENT

I certify that I do not have healthcare coverage under Medicare Part B or Medicaid. Should I obtain such coverage in the future, I agree to notify Dr. Stepkovitch prior to the coverage becoming active.

Client name

Signature

Date