



Sage Neuroscience Center

4710 Jefferson Lane NE, Albuquerque, NM 87109

Welcome! Please read the following information regarding this clinic, our responsibilities to you, and your responsibilities and rights as a patient here. Sage Neuroscience Center is an outpatient mental health group practice comprised of therapists and psychiatrists striving to provide the highest level of care in the community. We are pleased you have chosen our services.

Treatment: Initial visits are comprised of a thorough evaluation involving forms to be filled out and an interview with a provider. This typically lasts up to an hour. Following this evaluation, we will recommend a course of medication management, therapy or a combination of these provided by our staff or community resources. This will be an ongoing dynamic process requiring varying frequency of visits from weekly to every six months. Unless previously agreed upon, if you have not been seen in the clinic within six months, it will be assumed you have terminated care here and are seeking services elsewhere. You will be notified of this in writing to the address we have on file. Medications will not be refilled for anyone not seen within six months unless previously arranged.

Fee Schedule: While we contract with many insurance companies, you are ultimately responsible for the cost of visits in this clinic. If you have insurance that contracts with this clinic, Sage Neuroscience Center will make reasonable efforts to bill and collect from your insurance. It is your responsibility to verify that your insurance policy is active and your visits in this clinic will be covered. If a situation arises that your insurance does not pay, it is your responsibility to pay the outstanding balance. Any disputes about coverage and payment must be made between you and your insurance carrier. Outstanding balances must be paid within 30 days. Any balance over 30 days will be subject to a 15% late fee. Balances older than 90 days will be sent to collections and warrant dismissal from the clinic. You are also responsible for any fees or expenses incurred by your account having to be sent to a collections agency.

Standard hourly rates are billed the following:

\$265 medication assessments and management

Therapy services are billed at \$150 hourly for the first visit and \$100 hourly for subsequent follow-up visits

Records requests—personal or legal requests for records can be granted within one week of the request and will be billed at \$20 per request.

Services typically not covered by insurance include (but not limited to): telephone conversations, letters, disability forms and the like, site visits, consultations, and legal requests. These will be provided at the discretion of the provider and charged at the standard hourly rate.

Cancellation/Missed Appointments: General office appointments not cancelled prior to 24 hours and therapy appointments not cancelled prior to 48 hours (or two business days, whichever is greater), will be charged a \$50 missed appointment fee. Subsequent missed appointments will be charged a full fee for the visit missed. Insurance Companies do not pay for missed visits. Patients with three or more missed visits are subject to dismissal from the clinic.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property or is gravely disabled or when client's family members communicate to Sage Neuroscience Center that the client presents a danger to others.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by providers at Sage Neuroscience Center. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Your provider will use their clinical judgment when revealing such information. The clinic will not release records to any outside party unless authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during your treatment, or in the future after termination where your provider becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, the clinic and its designees will do whatever they can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose we may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct your provider, only the minimum necessary information will be communicated to the carrier. Sage Neuroscience Center has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your provider at Sage Neuroscience Center to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Consultation: Providers at Sage Neuroscience Center consult regularly with other professionals regarding clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

Records and Your Right to Review Them: Both the law and the standards of the medical profession require that this clinic keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when the clinic assesses that releasing such information might be harmful in any way. In such a case Sage Neuroscience Center will provide the records to an appropriate and legitimate mental health professional of your choice. * Considering all of the above exclusions, if it is still appropriate, upon your request, Sage Neuroscience Center will release information to any agency/person you specify unless releasing such information might be harmful in any way.

Telephone & Emergency Procedures: If you need to contact your provider between sessions, please leave a message or speak with the receptionist at (505) 884-1114 and your call will be returned as soon as possible. If an emergency situation arises, indicate it clearly in your message, and if you need to talk to someone right away, call 911.

The Process of Therapy/Evaluation and Scope of Practice: Participation in psychiatric treatment can result in a number of benefits to you, including improving interpersonal relationships and resolution of the

specific concerns that led you to seek treatment. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. Your provider will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. Expect to challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations. This can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy your provider is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his/her assessment of what will best benefit you.

Termination: As set forth above, after the first couple of meetings your provider will assess if s/he can be of benefit to you. Sage Neuroscience Center does not accept clients who cannot be helped with the services provided here. In such a case, you will be given a number of referrals, who you can contact. If at any point during treatment, your provider assesses they are not effective in helping you reach the therapeutic goals, they are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case they would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Sage Neuroscience Center will talk to the provider of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, you can do so at any time. You also have the right to terminate treatment at any time. In doing so, you acknowledge unsupervised medication administration can be dangerous and even life threatening.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs your provider's objectivity, clinical judgment or therapeutic effectiveness or can be exploitive in nature. Clinicians at Sage Neuroscience Center will carefully assess before entering into non-sexual and non-exploitive dual relationships with clients. There are chances you may know other clients or staff and providers at Sage from the community. Providers at Sage Neuroscience Center will not readily acknowledge working with you without your express permission if you meet them in the community. Some clients choose their provider because they knew them before they entered into therapy and/or were aware of their stance on the relevant issues. Nevertheless, your provider will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, and often it is impossible to know that ahead of time. It is your responsibility to inform us if the dual relationship becomes uncomfortable for you in any way.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, (total 3 pages) I understand them and agree to comply with them:

Client name (print) _____ Date _____ Signature _____

Provider _____ Date _____ Signature _____