The Office Policy of ClearInsight Psychiatry, Inc.

Electronic Communications. Electronic communications such as email and efax are available for my convenience, they are not often encrypted and are not secure. If I choose to communicate with My Doctor's office via email, efax, or any other un-secure means of electronic communication, I choose to release My Doctor and My Doctor's associates and My Doctor's office from any liability for any possible adverse consequences.

Duty to Warn. My Doctor and My Doctor's associates and My Doctor's office have the duty to inform the Department of Child or Adult Protective Services if I reveal to them that I or someone I know is actively abusing a minor or an elder. They also have the duty to inform the Police Department if I reveal to them that I am going to physically hurt or plan to kill someone.

Emergency Procedure. The voice-mail system is available 24 hours a day. For life-threatening emergency, I will need call 911. For other urgent matters, I can leave a voicemail message, including my name, phone number. My doctor's office will return my call within 24-48 hours.

Cash Payment Rate. The fee for the initial psychiatric evaluation (45min-an hour) is $375.00, medication follow-up is $150.00. My Doctor's office may use a sliding scale in order to reduce my financial burden. If it has been a year since my last visit, it will be considered as a new patient because a full evaluation is required.

Cancellation of appointment and No-show charge. I have a right to cancel my appointment, however, I am aware that I may be charged a fee of $50.00 for an appointment missed without 24 hours prior notice.

Pregnancy. Psychiatric medications may be detrimental to the fetus development. If I'm female, I want to be pregnant or if I discover that I'm pregnant during my treatment, I will discuss my situation with My Doctor and My doctor's associates **immediately**. I will not hold them liable if there are any adverse effects to my fetus due to my taking of psychiatric medications.

Suicide. I will not attempt to end my life while I'm under the care of My Doctor and My Doctor's associates. If I have strong urges to end my life, I will call 911 or go to the nearest Emergency Room so I can be evaluated and treated before I do anything to harm myself. My family and I will not hold My Doctor and My Doctor's associates and My Doctor's office liable if I attempt to or succeed in ending my life.

Treatment Outcome. The treatment of mental disorders, relationship problems, and other mental conditions require different treatments such as medications, psychotherapy, after-session assignments, support groups, and habit changes. There is ample evidence that these treatments work for some people most of the time. However, there is no guarantee that any of these treatments will work for my specific condition. I'm willing to accept that fact going into treatment.

Long-term disability. I understand My doctor's office does not help the application of long-term disability. However, my doctor's office is willing to release my medical records to the disability agency or Social Security Department under my written consent.

Short-term disability. I understand My doctor and My doctor's associates have to evaluate me every month to assess if I am still qualified for short-term disability based on my condition. The maximum total duration of my short-term disability won't exceed 6 months. My Doctor won't initiate the short-term disability under any circumstance if I am a new patient to the office.

Emotional support animal (ESA). I understand My doctor's office does not help to write any ESA letters or a letter to bring emotional animals aboard the flight.

Form fee. I agree to pay a fee for any forms I ask my doctor's office to complete. My doctor's office reserves the right to decide which form is appropriate based on the clinical evidence. The fee ranges from $25.00 to $100.00 per form.

Medication Refill Policy. For regular psychotropic medications, if I am stable, I can be given refills, I have to see My Doctor and My Doctor's associates at least twice a year. If I take stimulants, I need to see My doctor and My doctor's associates every month. If I am on benzodiazepines, such as Xanax, Ativan, Valium or Klonopin, etc and buprenorphine based medications, my doctor's office can only give me no more than a three month prescription. If my doctor's office has a reasonable doubt on me about misusing/abusing above medications, they can terminate treatment at any time.

Urine Drug Screen (UDS). My doctor and My Doctor's associates can order UDS anytime during my treatment.

Public Encounter. At times, I may encounter My Doctor in a public setting. My Doctor wants to protect my privacy and will not acknowledge me as a patient unless I am comfortable revealing that information and acknowledge that I'm My Doctor's patient first. This also applies to My Doctor's associates and staff.

Termination. The doctor-patient relationship is maintained between My Doctor, My Doctor's associates and me for as long as I continue to receive treatment from them. If I cancel my appointment and/or do not show up for my appointment repeatedly, or violate the Office Policy, or I do not contact My Doctor's office within six months since the last appointment. My Doctor's office can terminate this relationship, they will no longer be responsible for my treatment.

This agreement is between My Doctor and me, _____
Patient's Name (Printed)

_____ _____
Patient's Signature Date
