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GENERAL INFORMATION AND PRACTICE POLICES

Welcome to my practice. These are some basic guidelines for our work together. I will be glad to discuss them further with you if you have questions.

Confidentiality – All information discussed in psychotherapy is confidential, and I am obligated by law and the psychiatry code of ethics to protect your right to confidentiality. This means I must have your permission before revealing any information about you to anyone, with the following exceptions:

- **Legal limitations** – I am obligated by law to disclose information under certain legally defined situations. These situations include: (1) if you are a danger to yourself or others; (2) an incident of child abuse by you or someone else; (3) an incident of abuse to someone over age 65 or of a disabled adult; (4) if you are unable to provide food, clothing, or shelter for yourself.

- **Insurance information** – Be aware that the insurance company requests certain information from me as a requirement of your reimbursement. This information may include date of appointments; coordination of care documentation; administrative forms; medications prescribed; and summarizations of diagnoses, progress notes, and treatment plan (minimum as allowed). In accordance with the law, I will not release copies of my psychotherapy notes to an insurance carrier, unless you specifically authorize this release.

Communications with other professionals – It is often helpful to communicate with other health care professionals working with you. I request your written consent and will discuss these communications with you before they take place.

Scheduling and cancellation – Psychiatry and medication management is most effective with consistent sessions. I hold your appointment time for you unless you inform me otherwise. My cancellation policy is outlined below in paragraph “Missed Sessions.”

Fees and payment – The initial one hour and twenty-minute session fee is \$350. Subsequent 45 to 50-minute sessions are \$185 and 25-minute sessions are \$165. If you have United Behavioral Health, Magellan, or Blue Cross / Blue Shield of California, you are covered under special discounted rates. The benefit amount from these insurance companies is generally a percentage of the contracted rate for services; however, you are responsible for your deductible and any portion of the contracted billing rate amount that is not reimbursed by the above insurance companies. You are responsible for verifying coverage and co-pay. Otherwise, payment for sessions is usually due at the date of the session.

Missed Sessions – I ask for a 24-hour notice for any cancellations and would appreciate earlier notice if you are planning a vacation. Missed appointments and cancellations of less than 24 hours before the scheduled appointment will be charged at 50% of the fee. Please note that insurance companies do not cover missed sessions and you will be responsible for 50% of the fees at the rates listed above or the contracted rate of the insurance company as applicable. (If you have a co-pay, this is not your normal co-pay).

Initial: _____ Date _____

Appointments – I schedule appointments to begin and end on time, which means that your session time is reduced if you are late in arriving.

E-mail or Text communication – Neither e-mail nor texting is a secure method of communication, therefore, I do not use these forms of communication in my practice. Aside from initial scheduling and use of an e-mail that contains directions, blank registration form, blank health questionnaire, informational handouts, and/or similar, I do not communicate by – or respond to – patient e-mail. If you have important or urgent information to convey to me, you must contact me by phone/voice.

Telephone Communications – If you need to talk with me between scheduled sessions, you may leave a message on my answering service at any time (510-502-8060). I do not charge for telephone calls of less than ten (10) minutes for purposes of answering any questions you may have, discussing directions or other miscellaneous routine information that may be necessary. Unless you identify your message as an urgent message, I will usually call back by the next business day. In the case of an urgent message, I will call back within four (4) hours of when you left your message.

Emergencies – If you experience what you believe is a psychiatric emergency, please call 911 or go to your nearest emergency department. Please note that I do not carry a pager; and I am not easily reachable after business hours or on weekends. However, you are always welcome to leave a message, and I will return your call as soon as possible, usually by the next business day.

Please sign below to indicate that you have read and understand these guidelines. You may have a copy of these terms for your records, upon your request. I look forward to working together.

Printed Name: _____

Signature: _____

Date: _____