

CONSENT TO TREATMENT

ABOUT MY PRACTICE I, Donovan Wong, MD am an ABPN board-certified psychiatrist. I provide individual psychotherapy, family therapy and medication management of psychiatric medications. If a referral to another professional is made, I will work with them to collaborate and coordinate your care, and will request your permission to discuss your case with them. I make every effort to select high quality professionals who ascribe to the highest standards of care. However, I can take no responsibility for the treatment they provide. It is up to you to determine if a professional I have referred you to is right for you, and the referred professional alone is responsible for the care they provide.

MEDICAL AND MENTAL HEALTH RECORDS I am bound by the law and the standards of our profession which require me to keep appropriate treatment records. Because these are professional records, they can be misinterpreted, so I always recommend that we review them together so that we can discuss any concerns you may have. I am also able to prepare summaries upon request.

CONFIDENTIALITY Confidentiality is of the utmost importance in your treatment and is protected by the law. I can only release information about our work to others with your written permission. Some basic information about diagnosis and treatment may be required as a condition of your insurance coverage should you elect to seek reimbursement. Please be aware of the following exceptions to confidentiality where disclosure is required by law:

1. If there is the threat of serious bodily harm to yourself or others, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
2. If there is an indication of abuse to a child, an elderly person, or a dependent adult, even if it is about a party other than you, I must file a report with the appropriate state agency.
3. If a judge requires my testimony through a subpoena.
4. If due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, I may have to disclose information in order to access services to provide for your basic needs.

These situations are rare and when they arise we make our best effort to work in cooperation with you to make the process as smooth as possible.

TALK THERAPY (PSYCHOTHERAPY & FAMILY THERAPY) Talk therapy may help you or your family in many ways such as the resolution of problems, stress reduction, improved social functioning, and improved insight. Therapy can often involve a large commitment of time, money, and energy, so you should be careful about the therapist you select. Should we find that we are incompatible to successfully engage in therapy, I will be happy to offer referrals to other mental health professionals.

MEDICATIONS The use of psychotropic medication can be very useful in combination with talk therapy. We will work together to find the optimal combination of medication (if warranted) and therapy that help to fulfill your goals. When using medication I make a point of explaining the risks, benefits, government warnings, common side effects, severe side effects, and alternatives (which always include the use of no medication). I am always happy to discuss any medication-related questions you have.

MEDICATION REFILLS Please do not have your pharmacy call me for medication refills. I am not able to refill medications without evaluating my patients to ensure that we are achieving our appropriate therapeutic goals. Should complicated issues arise I may ask that you come in for an appointment.

PROFESSIONAL FEES My fee is as follows: MD (physician) time \$300 per hour. The above rate applies for medication or therapy appointments. Please be aware that a "clinical hour" often consists of approximately 10 minutes of documentation time and a "clinical half hour" consists of approximately 5-10 minutes of documentation time. All other professional services requiring longer than 10 minutes such as report writing, scheduled phone appointments for therapy, preparation of treatment summaries, court proceedings (even if your treating clinician is compelled to testify by another party), or time spent performing any other services you may request will be charged a rate in accordance with our hourly rates or fractions thereof.

CANCELLATIONS AND NO-SHOW POLICY Once your appointment is scheduled, you will be expected to pay for it unless you provide at least 24 business hours advance notice of cancellation. Business hours are considered the weekdays between Monday and Friday. This means that if you have an appointment on Monday June 7th at 4 pm, you must cancel by Friday June 4th at 4 pm to avoid being charged. **IF YOU DO NOT PROVIDE AT LEAST 24 BUSINESS HOURS NOTICE, OR FAIL TO SHOW FOR A SCHEDULED APPOINTMENT, YOU WILL BE RESPONSIBLE FOR THE COST OF THE SESSION.**

BILLING AND PAYMENTS It is usual and customary to pay for professional services when rendered, unless we agree otherwise. Payment schedules for other services will be agreed to at the time these services are requested. If your account has payment overdue for over 60 days, I have the option of using legal means to secure payment, including collection agencies or small claims court.

INSURANCE REIMBURSEMENT I am not a part of any insurance panels, I do not take insurance, and am considered an "out-of-network provider" for most PPO plans. If you have a health benefits policy, it will usually provide some mental health coverage. However, you, not your insurance company, are responsible for full payment of the session fees. I do not bill your insurance directly. You will be provided with a standard receipt and form that can be submitted to your insurance company for reimbursement.

CONTACTING ME I truly strive to be available to all my patients when I am needed. I make every attempt to return voicemails the same day but can take up to one business day to respond. It is helpful to me if when you call, you leave the phone number where you can best be reached. If it is a true medical emergency, you should call the nearest Emergency Room or 911 and describe your circumstances. You can also walk into any Emergency Room at any hospital and report your situation. If I will be unavailable for an extended period of time, I will provide my patients with the contact information for a trusted covering colleague.

ELECTRONIC MAIL I do not communicate with patients via email or SMS messaging regarding any matters.

LEGAL TESTIMONY It is often unforeseen but legal matters requiring the testimony of a mental health professional can and do arise. Legal testimony can often be damaging to the relationship between a patient and his/her therapist or physician. As such I require that you employ independent forensic psychiatric services should this type of evaluation or testimony be needed.

Your signature below indicates that you have read and understand the Consent to Treatment form in its entirety and that you agree to abide by its terms during our professional relationship. Should you have a dependent child or adult in our care your consent is applicable for the services they receive.

Patient Name (print)

Name of Responsible Party (if under 18 or cared for by a legal guardian)

SIGNATURE of Patient or Responsible Party (under 18 or cared for by legal guardian)

Date

DONOVAN WONG, MD
www.donovanwongmd.com
Phone (424) 248-8338 • Fax (888) 612-2969