Consent for Treatment

Richard R. Hill MD PhD
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Pepper Pike, Ohio 44122
(216) 292-0610

Starting treatment is a major decision and you will likely have questions about the process. The purpose of this form is to explain our practice policies, how to make contact when needs arise, to inform you about state and federal laws, and to review your rights as a patient. Hopefully, it will answer some of the questions that often come up in the course of treatment. Please read it carefully and ask me any questions you may have at our initial visit. Thank you for taking the time to read this carefully and thoughtfully.

Please keep the Consent and HIPAA Forms for your future reference (bring all other forms/signature sheets with you to your visit please).

PROVISION OF SERVICES

We will take a collaborative approach when developing an individualized treatment plan that is suited to your needs. Treatment options may include the provision of psychotherapy, prescriptions of medications, or both. Referrals will be provided if it is determined that you would be best served by another professional or agency. Before initiating services, you will be required to read this document, and if you are in agreement, sign the consent for treatment signature page.

APPOINTMENTS AND CANCELLATIONS

First Appointment: Please call our secretary at **(216) 292-0610** to schedule an appointment.
Follow up appointments: we will try to take care of this at the end of each appointment. For follow up appointments that need to be made at other times, you may either;

- Leave voice mail or text message on google voice at 216-309-1550 or
- Leave a secure Email at mail@richardrhillmdphd.com
- A password will be given to you at your first appointment. It will be used to open encrypted Emails sent via ProtonMail to ensure security (more on this when we meet).

Please arrive early-we recommend planning to arrive at least 15 minutes early to allow for unforeseen delays in transit and to fill out any additional forms that may be needed. If you arrive late for your appointment, it decreases the amount of time we have together as the appointment must end as scheduled to allow others to receive their full scheduled time. Since that time was set aside for you, you will be charged for the appointment time.

Cancellations: Please let us know as soon as possible that you will need to cancel your appointment time so that I may offer this slot to others waiting for care.

Please note: *the full visit fee will be charged for appointments cancelled less than 24 hours in advance.*

PROFESSIONAL SERVICE FEES

General fees are discussed at the beginning of treatment and may be adjusted yearly in the month of January as indicated.

Phone calls involving a voice or text discussion of treatment issues lasting more than 5 minutes will be billed at the prorated brief visit rate and are not reimbursable by insurance.

Other needs that require time outside of the scheduled evaluation or treatment visits will be billed at the prorated session rate and are not covered by insurance. Examples include long term disability forms, FMLA forms, extensive archival record reviews and the like.

Attendance at required venues (legal/court or other), will be discussed with you in advance. Should my attendance be necessary, transportation expenses, preparation and travel time and time in attendance at the requested venue will be billed at the prorated session rate.

Bank checks returned for insufficient funds will be billed at $40.

PRIVATE AND PUBLIC INSURANCE AND MANAGED CARE

Our practice does not participate in private or government subsidized insurance, and thus will be considered “out of network” for all forms of insurance. Being on insurance panels requires that we, as providers follow the insurance company standards for care rather than following best practices/delivering care according to each patient’s unique needs. Patients are limited with regard to which doctor or therapist may be seen, number of sessions allowed and must allow sharing of detailed personal/clinical information, including a formal diagnosis. This information will become part of the insurance company files and will most likely be archived electronically.

In addition to providing the best care for you as an individual, being “out of network” allows us to use the full appointment time together to address your clinical needs without concerns/time spent addressing insurance company administrative requirements.

FINANCIAL RESPONSIBILITY AND BILLING INFORMATION

Payment in full is required at the time of the service. We ask that a credit card be placed on file for automatic processing. If you would prefer to pay by check, cash or use a different credit card, please let our billing specialist know at the time of the visit, otherwise the credit card on file will be run through on the next business day.

As a courtesy to you, we will file a claim on your behalf with your insurance company for services. *If you do not want this done, please let our billing specialist know.* Any portion your insurance covers for out of network behavioral healthcare will be mailed directly to you. It is very important that you find out exactly what mental health services your insurance policy covers. While we will be glad to help you file a claim, your insurance exists as a contract between you and your insurance company and we are not a party to that contract. All charges are your responsibility from the date the services are rendered.

Failure to pay fees may result in termination of treatment. In this situation, we will provide you with referrals to other providers, and a 30 day period of medication coverage.

PRESCRIPTIONS AND REFILLS

Non-controlled Medications: During your appointment you will receive enough prescription refills to last to your next visit. If you cancel or reschedule an appointment and need a prescription or refills prior to your next appointment**, please call us 3-5 five working days in advance of when you will need the prescription.** We will not accept prescription requests from the pharmacy or by fax. Please leave your name, phone number, date of birth, medicine and dosage, and the pharmacy *city and street* address using the google voice number, at **216-309-1550** or send an email to **mail@richardrhillmdphd.com.** There will be no charge for this service.

Controlled Medications

We will charge a flat $25.00 service fee for all controlled medication prescriptions electronically (or manually) written outside of a scheduled appointment.

Controlled substances include ADHD medications (ie: Ritalin, Adderall, Vyvanse etc), benzodiazepines (ie: Ativan, Valium, Xanax etc), Suboxone, and certain other medications rarely prescribed out of this office.

The Ohio State Medical Board now requires prescribers to go online and log into a state pharmacy database each time a controlled medication is written. The patient's prescription history from pharmacies statewide (and increasingly from surrounding states as well) is accessed and reviewed online. Then, the patient's chart is opened and reviewed to make sure the refill is needed, and clinically appropriate. All of this is then recorded in the patient's chart. Finally, the prescription may be written and delivered.The amount of the added fee is prorated from the hourly rate, based on the average amount of time each script takes to research, prepare and send.

PRIOR AUTHORIZATION FOR PRESCRIPTIONS

If your insurance requires prior-authorization for medication we will complete the necessary steps to secure your medication at no charge. Please understand that this process is time intensive and ultimately dictated by the insurance company regarding approval.

PRIVACY AND RELEASE OF INFORMATION

Treatment that you receive in this office is strictly confidential, except in the extreme (and rare) circumstances listed below:

- If the patient poses an imminent threat of harm to self or others
- To report allegations of abuse or neglect of a child, elder, or vulnerable adult (i.e., someone who is disabled), to the state Department of Children and Families Abuse Hotline.
- As a result of a court order/subpoena to release information
- To report a crime committed on premises or against one of our staff.
- If a client files a lawsuit or complaint against this practice, relevant information may be disclosed as part of defense proceedings.
- To assist medical personnel to provide treatment in a legitimate medical emergency, if the client is unable to give such information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.

For medical collaboration or transfer of records to another provider we would ask that you sign a release of information-which spells out with whom I may speak, and what information may be released/discussed and for what purpose. This form is available online to print out.

If you would like us to provide service to **file a claim to your insurance company** for out of network reimbursement this will require a disclosure of your health information . If you do not wish to have your insurance company supplied with your health information, please let us know and we will then not require your insurance information.

OVER TO SIGN CONSENT PAGE———————>

Consent for treatment

By signing below, you are giving consent for Richard R. Hill MD PhD to provide necessary medical treatment and confirming that you have read, understood, and agree to follow the treatment agreement.

Signature:_____

Date:_____/_____/_____

Thank you for taking the time to carefully read this document. I look forward to working with you.

Sincerely,

Richard R Hill MD PhD