

SERVICE AGREEMENT

Patients have the right to information to care and health care decision making, and I am responsible for guiding/navigating one's treatment journey. I appreciate working collaboratively with you towards healing.

Services

I am an American board (American Board of Psychiatry and Neurology - ABPN) certified psychiatrist with experience in the care of children, adolescents, and adults.

Based on my General Psychiatric residency and Child and Adolescent psychiatric training and experiences, I use an eclectic mix of evidence-based therapies and medications (if required) to help your goal, ease the burden of illness and improve quality of life. Our first session(s) will be a comprehensive evaluation, a biopsychosocial enquiry followed by feedback of the diagnoses and treatment plan discussion which will help us move towards goal setting in a collaborative manner. Thereafter, we will continue to work in a safe and supportive environment, periodically, to help gain a better understanding of oneself and towards treatment goals with my professional support I will inform you and your family (for minors), the benefits and risks of each therapy and/ or medicine option before choosing the treatment. If my service is limited or differs from your perspective, I will work with you to refer to appropriate service(s). As a client, you have the right and responsibility to know about your treatment, choose treatment modality, choose practitioner, and refuse treatment. As a client, engaged in medical care for your improvement, you have the right to also report any concerns to DOH (WA) Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, Ph 360 236 4700.

All adults consent to their own care, unless the mental state is altered secondary to illness, substances and/or competency issues. For a minor, especially in the state of Washington, age 13 and above is sufficient to consent to care without informing the parent or guardian.

Confidentiality

I will maintain confidentiality of your personal health information and care, as guided by the legal requirements of Health Information Portability and Accountability Act (HIPAA). Excluding the care of minors under 13 years of age, all health information is personal and confidential and will be released only with your permission.

As psychiatric illnesses are medical entities, contacting your medical provider to coordinate care for treating medical problems or follow up of labs etc., may be required with your permission to maintain care in a comprehensive manner. There are few times in practice when I am required to disclose information without your consent, which include danger to oneself, to others, abuse, or neglect of child or elder. I understand that these are difficult experiences and hence will ensure these significant times and the limits of disclosure are discussed with you in advance.

As per Washington state mandate, mental health, and substance use treatment for adolescents at the age of 13 and above are personal and confidential even from parents and caregiver, except in case of danger to self, to other(s), abuse/neglect, and medical emergencies. I encourage you as a family to talk to your teen about mental health and substance use related issues to maintain good communication and support within the family.

Fee and Cancellations

I am an out of network provider. Fee is due at the beginning/ end of our session and a billing statement with service/ visit and diagnoses codes with fee amount will be provided at the end of each session for the claim. Reimbursement from insurance provider is patient's responsibility. Please call your insurance provider to discuss the contingencies of seeing an out of network provider. Payment is accepted via checks and major credit cards or credit card stored in file via a secure payment system (electronic health record system).

Each appointment is made in advance and is not transferrable. I request you to kindly call-in advance for cancellation to protect time for you and me. Cancellations of less than 48 hours or missed appointments will be charged the full fee, except in cases of sickness or discretion of provider. Insurance plans do not cover missed or cancelled appointments, hence call before 48 hours to avoid unnecessary expenses. Also, due to increases in operating costs, changes are made to the fee structure at the provider's discretion. Appointments and fee structure will be discussed separately in the sessions or during the initial phone call with the provider.

- Initial appointment for evaluation (60 - 90min; either one single 90min or 2 /3 separate 50 min sessions-recommend the latter for coordination of care and collaborative treatment planning)
- Follow up, therapy and/ or medication management (30 - 50 min)
- Case management, care coordination team meetings, telephone services beyond 10min of brief consult and parent/family counsel sessions will be charged.

Communications

All patient health information is protected by HIPAA regulations for confidentiality purposes. Medical records are maintained in electronic database and on paper, which may be available, within limits of confidentiality and clinical judgment, for your reference for additional costs. I would recommend discussing any questions about clinical content with me directly to facilitate clarifications, if any.

Please keep email correspondence for planning and coordination of care and avoid clinical matters as they are accessible to unsecured third parties despite caution, and hence carries risk of violation of one's confidentiality. Appreciate your understanding of the risks and consent to the same. Phone calls could be scheduled to discuss matters of urgent concern. For a minor's care it is expected that parents partake in the sessions, independently, to understand the care plan and to provide observations etc., and if additional time is needed then please request accordingly during planning of care.

For scheduling, refills, or queries regarding care, you may contact me through email at contact@ceciliamargret.com or via phone at +1 (425) 305-3035. As I work in multiple settings of health care, I am unable to get back to you immediately but assure to call you as soon as I can. Due to the limits of outpatient practice, I request you to contact 911 or crisis line or emergency service for any crisis event(s). Appreciate your understanding.

Medications and labs

Medicines will be prescribed if indicated after collaborative discussion with you and in the case of minors, your family. Medications will only be prescribed after your informed consent as they bear both benefits and risks that will be explained in your visit. Prescriptions and refills for an adequate supply till your next appointment will be written by me. It is your responsibility to call/email me for refills with your name, date of birth, current dose, and pharmacy number to ensure adherence to treatment.

As part of the treatment plan, periodic labs or follow-up appointments will be recommended. Typical follow-ups for ongoing treatment are recommended to be within 3- 4 months so that optimal care is provided. Refills will not be provided, if there are missed follow up visits, lack of follow up for greater than 4 months, termination, or care, repeated lost prescriptions, returning clients after protracted time (greater than 6 months or a year), without further clinical consultation. Visits beyond this time period are to be discussed and planned, only as exceptions, with the provider.

Consultation limitations

As I work primarily via telehealth, I am unable to offer ongoing care for prolonged acute escalations/ Suicidal risks/danger to other risk conditions, comorbid substance use, significant personality conditions, eating and acute psychotic disorders or legal consultations or custodial issues or provide expert testimonies for court, to name a few and will discuss the conditions in initial consultation. In certain instances, if the medical condition presents any of the above categories, then following initial consultation, I could assist to find referrals/ resources and refer accordingly.

I will not be able to respond to emails as a medium to consult or recommend care plans offline. Only after a direct consultation with the child/ parent or adult, will I provide a treatment plan.

Termination of care

Terminations are part of the care and happen in several ways; mutually agreed upon or by referral to another provider for consultation/specialty focus or by patient's discretion. It is recommended for best practice to discuss in advance termination and transitional plans with open feedback to help plan for a seamless transition in terms of medications and therapeutic alliance. A termination session is offered to plan for the next steps with the provider and for coordination of care with the next provider. A physician summary may be provided, upon request for seamless transition planning.

Termination of care may happen as natural progression of treatment or in unpleasant situations (listed below are a few examples), but not limited to, will always be discussed in detail with client and their family with proper notice and provision of time for transition and planning. Some of the reasons to terminate are differing treatment plan views, nonadherent to treatment plan, neglect of one's care for extended time, lack of recommended follow up, overly demanding attention to care, nonpayment of fee despite appropriate reminders and follow-ups, specialist referral or different psychiatrist who can provide specialized care and wellness with plan to follow up with PCP or no longer in need for treatment. Typical termination process for optimal service and transition, recommended by me are - (1) a session to discuss the reasons, (2) collaborative transitional care planning, (3) provision of a physician summary for the transition, as requested or coordination of care with next provider with authorization from client, (4) provision of referrals as needed, (5) medication refills as needed upto 30 – 90 days from day of discussion, or appointment with another provider, whichever is the earliest.

CECILIA P MARGRET MD, PhD, MPH., Child, Adolescent and Adult Psychiatry

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CONSENT TO CARE: I hereby understand the terms and conditions of treatment and had a chance to ask questions, which were answered to satisfaction. I authorize and request Cecilia Margret MD to provide treatment for my health and wellness. I understand that the purpose of treatment will be explained to me and is subject to my agreement. I also understand that while the course of treatment is designed to be helpful, it may at times be difficult and uncomfortable. I have read this agreement and agree to the terms.

Patient SIGNATURE:

Guardian / Parent SIGNATURE

NAME (in print)

DATE