



INITIAL EVALUATION & SESSIONS

The initial visit with our psychiatrist involves a full psychiatric evaluation. This is typically scheduled for 90 minutes. This assessment focuses on determining your diagnosis or diagnoses and the best treatment plan possible. It is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please **complete the intake forms** prior to this appointment. Also, let us know about previous providers, past psychiatric hospitalizations, all psychiatric treatments, laboratory or imaging studies, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) are often necessary and helpful. Please remember that a comprehensive assessment is necessary regardless of the treatment modality (i.e., psychotherapy, psychiatric medications, or both) as it allows us to provide the best possible care. Additionally, we will mutually determine if we are the best fit for your individualized care.

PRACTICE STATUS

AT Psychiatry, PLLC, is a private practice clinic. Dr. Artin Terhakopian, MD, is the owner of the practice. While a patient's care will often be a collaboration among providers, Dr. Terhakopian is responsible for delivering care to the professional standards for psychiatry. All records are stored using an electronic health record system called talkEHR™. Your records are only accessed by your provider or covering providers at AT Psychiatry, PLLC. The office staff may at times have access to your records to answer your questions. Please note that it is our policy to always protect your information in accordance with all legal and ethical standards. Additionally, Dr. Terhakopian practices within a network of other professional colleagues (i.e., primary care doctors, other specialty physicians, psychologists, social workers, therapists, nutritionists, etc.) who may be consulted with your permission for multidisciplinary, collaborative care. If a referral is necessary for consultation, this will be discussed in session, and we will work to collaborate with these professionals and coordinate your care. Please note, however, that although we attempt to identify top quality professionals with very high standards of care, we cannot be responsible for the services/treatment that they provide. It is always your responsibility to determine if a professional referral is acceptable, and consider alternative options.

PSYCHOTHERAPY

Often called talk therapy, this form of treatment can be helpful to individuals, couples, and families. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved insight. However, therapy is not guaranteed to work for everybody and can be a large financial commitment as well as requiring a significant amount of time and energy. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy. Thus, it is important to let Dr. Terhakopian and your therapist know if you feel that your goals aren't being met. These issues can be addressed in session. We are always willing to find alternative referrals, if necessary.

MEDICATION MANAGEMENT

Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. It is important to find the best combination of medications and therapy for each individual patient. Dr. Terhakopian can provide an integrated approach as psychiatrists are trained to administer both psychiatric medications and psychotherapy. However, in some situations, it may be appropriate for Dr. Terhakopian to consider merely managing your psychiatric medications and sharing the psychotherapy with another provider. Often called the 'split treatment' model, this should be discussed in order to determine if it would be a viable option for you. We can help find the best therapist provider for you whether at our location (1843 Austin Bluffs Parkway, Colorado Springs, CO, 80918) or another provider in the community. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, we will always discuss the risks, benefits, side effects, government warnings, and alternative treatments (which always includes not using medications) with you.



Treatment Consent for Psychiatric Services

PROFESSIONAL FEES

Our current fees for psychiatric services are **\$400** for an initial 90-minute session focusing on assessment and evaluation. Follow-up sessions are billed at **\$200** for a 45-minute therapy session (with or without medication management). Updated rates will always be discussed with you in case of any changes. These follow-up rates apply to all appointments even if the initial evaluation must be extended over several sessions unless agreed upon differently. Additionally, other professional services that require longer than 10 minutes of time are billed at **\$100** per any additional 10-minute increment. This includes report writing, telephone conversations, medication refills, communication with pharmacists, and preparation of treatment summaries among others. Court proceedings and any forensic work (even if required to testify by another party) are billed to you at **\$800** per hour. Moreover, the hourly rate for any non-forensic, out-of-office proceedings or home visits is **\$400** per hour. These fees are subject to change over time. We will alert you of any changes as they occur.

TELEHEALTH

Telehealth is a way to have a session with the psychiatrist virtually through phone call or video conferencing. The benefits of telehealth are that it can offer convenience and there is not the risk of getting sick from other people within the clinical office setting. Some disadvantages of telehealth are that you and the provider will not be in the same room making the session feel different than at the office, the provider cannot examine you as closely as they could at the office, the provider may decide that he needs to see you for an in-person visit, and technical problems may interrupt or stop your session before you are done. With regards to the privacy of telehealth, telehealth sessions will not be recorded unless you give written consent. If people are close to you they may hear something you do not want them to know; it is advised you complete a telehealth session in a private place so that other people cannot hear you. Dr. Terhakopian will tell you if someone else from our office, e.g., a medical student or staff member, can hear or see you. If you use the internet for telehealth, it is advised you use a network that is private and secure. There is a small chance that someone could use technology to hear or see your telehealth visit. We use telehealth technology (Zoom or Doxy) that is HIPAA compliant and designed to protect your privacy. You may request telehealth visits or continue with in-person office visits at any time during the length of our professional relationship with you. We advise that you come into the office for your first initial intake appointment before going to telehealth visits if telehealth is preferred by you. You have the right to stop a telehealth visit at any time during the session. Telehealth visits cost the same as in office sessions.

BILLING AND PAYMENTS

You are expected to pay for each session before your appointment. Alternative payment plans must be discussed with and agreed to by our office. Additionally, payment for 'other professional services' (as listed above) will be agreed to at the time of your request for these services. Please discuss any concerns with your provider or our office staff, as this is an important part of providing top quality care. We accept checks, cash, and credit cards (MasterCard, Visa, American Express, or Discover through **PayPal** or **Square**) for all professional services. If you pay by cash/check, you must pay at least 48 hours in advance of your scheduled visit by dropping off your payment at our office. If you plan to pay by credit/debit card, you must pay for your visit at least 48 hours in advance of the scheduled time of your visit. If you do not pay for the session at least 48 hours before the scheduled visit time or if you do not contact the office to set up an agreed upon payment method and alternative time frame, we reserve the right to cancel the session. If payment does not occur within the agreed upon timeframe, we reserve the right to use legal means to secure payment. This includes sending invoices via e-mail or US mail and/or utilizing a collections agency or a small-claims court. In such cases, certain information may be required by these agencies. This can include name, nature of services provided, and amount due. A **\$50** fee is charged for all returned checks.

CANCELLATIONS AND NO-SHOW POLICY

Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide us with a notice of cancellation. Both telephone and email are acceptable ways to alert us of a cancellation. Cancellations made less than 24 hours prior to your appointment will incur a \$50 fee. If you fail to present to your appointment, you forfeit your appointment and will not receive a refund.



INSURANCE REIMBURSEMENT

AT Psychiatry, PLLC is a private practice clinic and is not a part of any insurance program or panel. No insurance payments are accepted at AT Psychiatry, PLLC. We are considered “out of network” for all insurance plans. If you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, full payment for all services is required at the time of each appointment at AT Psychiatry, PLLC. We can provide you with a service invoice/receipt (sometimes referred to as a super bill) that you can submit to your insurance company. We do not bill your insurance company directly. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

CONTACTING YOUR PROVIDER

We always attempt to be accessible for all urgent issues. If your provider is not immediately available by office telephone (719-377-3993 or 719-377-0807), please leave a voice message and we will return your call as soon as possible. Calls are generally returned within one business day. Please always leave a phone number where you can be best reached. **If your call is an emergency, please contact 911** immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your provider at any time so please provide them with our contact information. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage. Please also note that email should never be used for urgent or emergency issues. This is not a confidential means of communication, and we cannot ensure that email messages will be received or responded to in a timely fashion.

PROFESSIONAL RECORDS

Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.

CONFIDENTIALITY

Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law:

- (1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for you, or to contact family members or others who can help provide protection;
- (2) danger to others – if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization;
- (3) grave disability or impairment – if due to mental illness, you are unable to meet your basic needs, such as clothing, food/water, and shelter, we may have to disclose information in order to access services to provide for your basic needs;
- (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agencies;



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(5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss any such proceedings with you.

We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

ELECTRONIC MAIL (EMAIL)

Always be aware that email is not a confidential means of communication. We cannot guarantee that email messages will be received or responded to in a timely fashion. As such, email is not an appropriate way to communicate confidential or urgent information.

LEGAL TESTIMONY

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

Your signature below indicates that you have read the Treatment Consent For Psychiatric Services (4 pages), which contains information on psychiatric services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting providers, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.

Name of patient (print): _____

Name of legal guardian (print): _____

**(Only if patient is under 18 or a dependent adult)*

Signature of patient or guardian: _____ Date: _____

Signature of psychiatrist: _____ Date: _____

AT Psychiatry, PLLC

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