INITIAL EVALUATION & SESSIONS

The initial visit with our provider involves a full psychiatric evaluation and is typically scheduled for 60 minutes. This assessment focuses on determining your diagnosis or diagnoses and developing the best treatment plan possible. It is specific to each individual patient, and it is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please complete the intake forms prior to this appointment and inform us of previous providers, past psychiatric hospitalizations, prior psychiatric treatments, laboratory or imaging studies, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (e.g., school reports, family reports, etc.) can be necessary and helpful. A comprehensive assessment is necessary regardless of treatment modality (psychotherapy, psychiatric medications and procedures or both), as it allows us to provide the best possible care. We will mutually determine whether we are the best fit for your individualized care.

To remain an active patient in this practice, you must be seen by a provider of AT Psychiatry, PLLC at least once every twelve (12) months. If you have not been seen within twelve (12) months, you may be required to complete a new intake process before scheduling.

PATIENT RESPONSIBILITIES AND CONDITIONS OF TREATMENT

To provide safe, effective, and ethical care, your participation in treatment is required. By signing this consent, you agree to the following responsibilities:

- Attend appointments as scheduled and follow AT Psychiatry, PLLC policies regarding cancellations and late arrivals.
- Maintain follow-up at least once every twelve (12) months to remain an active patient.
- If you are prescribed controlled substances (Schedule II–V), attend follow-up visits at least every three (3) months, unless a more frequent interval is advised by your provider.
- Take medications only as prescribed and do not change doses or stop medications without discussing with your provider (unless urgent safety concerns arise or you are in the care of another provider).
- Provide complete and accurate medical, psychiatric, and substance use history and promptly update your provider about changes in symptoms, medications, or substance use.
- Use one designated pharmacy for controlled substances, including across state lines unless otherwise approved by your provider.
- Complete requested laboratory tests, vital sign checks, EKGs, or other monitoring in a timely manner when clinically indicated and ordered by your provider.
- Participate in psychotherapy, substance use treatment, or a higher level of care when clinically recommended.
- Treat clinic staff and providers respectfully; abusive, threatening, or harassing behavior is not permitted.

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Failure to meet these responsibilities may result in changes to your treatment plan, tapering or discontinuation of medications (including controlled substances), and/or termination of care, as clinically appropriate.

APPROPRIATENESS FOR OUTPATIENT TREATMENT

Outpatient psychiatric treatment is not appropriate for all clinical situations. If at any time a higher level of care is required (e.g., hospitalization, residential treatment, partial hospitalization (PHP), intensive outpatient treatment (IOP), substance use treatment, or medically supervised detoxification), you agree to pursue that level of care as a condition of continued outpatient treatment in this practice.

PRACTICE STATUS

AT Psychiatry, PLLC is a private practice clinic. Dr. Artin Terhakopian, MD, is the owner of the practice. A patient's care often involves collaboration among clinicians and staff within the practice. Care may be provided by psychiatrists and/or covering providers, and—if applicable—by other licensed professionals (e.g., therapists) operating within the practice and under appropriate supervision and standards.

Records are stored using an electronic health record system (Osmind™). Your records are accessed by your treating provider and covering providers as needed for continuity of care. Administrative staff have access to information necessary to schedule, bill, or respond to operational questions. We protect your information in accordance with applicable privacy laws and professional standards (including HIPAA, 45 C.F.R. § 164.502).

Dr. Terhakopian practices within a network of professional colleagues (e.g., primary care providers, specialty physicians, psychologists, social workers, therapists, nutritionists) who may be consulted with your written permission for multidisciplinary care. In some cases, ongoing treatment requires active coordination with your primary care provider and/or therapist. If a referral is recommended, this will be discussed and coordinated with your input. While we attempt to identify high-quality professionals, we are not responsible for services provided by outside clinicians.

PSYCHOTHERAPY

Psychotherapy (talk therapy) can be helpful to individuals, couples, and families. Benefits may include reduced distress, improved relationships, resolution of specific problems, and improved insight. Psychotherapy is not guaranteed to work for everyone and can require substantial time, energy, and financial commitment. Therapy may involve discussing uncomfortable or painful experiences and may temporarily increase feelings such as guilt, anxiety, frustration, or sadness. These reactions are important to discuss promptly. If you feel your goals are not being met, please discuss this with your provider so the treatment plan can be adjusted, including referral options if indicated.

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MEDICATION MANAGEMENT

Psychiatric medications may be used alone or in conjunction with psychotherapy. We will work collaboratively to identify target symptoms, expected outcomes, and reasonable alternatives (including no medication). Because all medications may have side effects, we will discuss risks, benefits, side effects, FDA or other warnings as applicable, and alternatives.

In some situations, a 'split treatment' model may be appropriate, where medication management is provided by the psychiatrist or other psychiatric medication prescriber and psychotherapy is provided by another clinician e.g. psychologist, licensed practicing counselor, and others. If indicated, this will be discussed and referrals may be provided.

When laboratory testing, vital signs, EKGs, pregnancy testing, or other medical monitoring is clinically indicated for safety, you agree to complete it. Failure to complete required monitoring may result in modification, tapering, or discontinuation of medications.

CONTROLLED SUBSTANCE PRESCRIBING POLICY (SCHEDULE II–V)

If you are prescribed controlled substances (including Schedule II stimulants and benzodiazepines), you agree to the following:

- Follow-up visits are required at least every three (3) months while controlled substances are prescribed, unless your provider documents a different interval based on clinical judgment.
- Prescriptions are generally provided only during scheduled visits, unless clinically appropriate.
- Early refills are generally not provided. Requests for early refills may result in clinical reassessment and may lead to tapering or discontinuation.
- Lost, stolen, or damaged medications are not routinely replaced.
- You must use one designated pharmacy for controlled substances unless otherwise approved.
- Prescription Drug Monitoring Program (PDMP) databases will be reviewed as required by law (CO: C.R.S. § 12-30-111; CA: Health & Safety Code § 11165.4) and may be reviewed more frequently based on clinical judgment.
- Random urine drug screens, pill counts, and/or other monitoring may be required.
- Controlled substances may be tapered or discontinued for safety concerns, suspected misuse/diversion, unsafe combinations, intoxication, or failure to follow the treatment plan.

Active substance misuse may require specialized treatment and/or a higher level of care as a condition of continued prescribing. Certain medications may be reduced or discontinued if a higher level of care is recommended and not pursued.

KETAMINE TREATMENT (IN-CLINIC AND AT-HOME)

Patients participating in ketamine treatment will complete an additional, modality-specific informed consent and safety protocol. General expectations include the following:

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In-clinic ketamine:

- You must follow pre-treatment and post-treatment instructions provided by the clinic.
- You may not drive after treatment and must arrange safe transportation.
- Treatment may be delayed or cancelled if safety criteria are not met (e.g., intoxication, unsafe vitals, lack of transportation).

At-home ketamine:

- Medication must be taken exactly as prescribed and only as part of the agreed protocol for enrolled patients.
- A responsible adult must be present during each administration to observe and support you.
- You must follow all monitoring instructions and safety precautions (including avoiding driving and operating machinery after dosing).
- You agree to call 911 (or local emergency services) in the event of severe psychological or physical distress, suicidal intent, or dangerous impairment.

Failure to follow ketamine safety protocols may result in discontinuation of ketamine treatment and/or termination of care, as clinically appropriate.

PROFESSIONAL FEES

Current fees for psychiatric services are $400 for an initial 60-minute session focusing on assessment and evaluation. Follow-up sessions are billed at $200 for a 30-minute therapy session (with or without medication management). Updated rates will be discussed with you if changes occur. These follow-up rates apply to all appointments even if the initial evaluation must be extended over several sessions unless agreed upon differently.

Other professional services requiring more than 10 minutes are billed at $100 per additional 10-minute increment. This includes (among others) report writing, telephone conversations, medication refills, communication with pharmacists, and preparation of treatment summaries. Court proceedings and forensic work (even if required to testify by another party) are billed to you at $800 per hour. The hourly rate for non-forensic, out-of-office proceedings or home visits is $400 per hour. Fees are subject to change with notice.

BILLING, PAYMENTS, AND CREDIT CARD ON FILE AUTHORIZATION

Payment is expected before each appointment unless an alternative arrangement is agreed to in writing by the office. Payment for other professional services will be agreed upon at the time of your request.

We accept checks, cash, and credit/debit cards (MasterCard, Visa, American Express, or Discover through approved processors). If paying by cash or check, payment must be received at least 48 hours in advance by dropping it off at the office. If paying by card, payment must be received at least 48 hours in

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advance unless the office provides a different instruction. If payment is not received on time and no alternative arrangement has been made, we reserve the right to cancel the appointment.

CREDIT CARD ON FILE: You authorize AT Psychiatry, PLLC to store your payment method on file and to charge it for approved fees, including scheduled appointments, late cancellations/no-shows, professional services you request, returned-check fees, and any outstanding balance. You may revoke this authorization by written notice; however, revocation may require alternative payment arrangements and may affect scheduling.

If payment does not occur within an agreed timeframe, we reserve the right to use lawful means to secure payment (e.g., invoices, collections, or small-claims court). Information disclosed for collections may include your name, the nature of services provided, and the amount due. A $50 fee is charged for returned checks.

CANCELLATIONS, NO-SHOWS, AND LATE ARRIVALS

Once your appointment is scheduled, you are expected to pay the professional fee unless you provide notice of cancellation. Telephone and email are acceptable ways to cancel.

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. Additionally, if you do cancel a scheduled appointment 24 hours beforehand and receive a refund, you will lose the processing fee charged by our billing system which is ~3.25%.

LATE ARRIVALS: If you arrive more than 15 minutes late, you may be required to reschedule unless your provider determines the session can still be completed and agrees to proceed.

INSURANCE REIMBURSEMENT

AT Psychiatry, PLLC is contracted with many insurance plans and bills insurance directly and through third party billers. If AT Psychiatry, PLLC is out-of-network with your health insurance plan, you are required to make full payment for services prior to your visit. You may be eligible for reimbursement depending on your health insurance plan policies. We can provide a service invoice/receipt (sometimes referred to as a superbill) for you to submit to your insurer. If you pursue reimbursement, insurers often require clinical information (e.g., diagnosis, treatment plan, and sometimes records). Information provided to insurers becomes part of their files and may be used in future coverage/insurability decisions. AT Psychiatry, PLLC is not responsible for your insurer reimbursement decisions. You are responsible for all charges not paid by your insurance carrier, including deductibles, copayments, coinsurance, and non-covered services.

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TELEHEALTH

Telehealth is the delivery of services by phone and/or secure video. Benefits can include convenience and reduced exposure to illness. Limitations may include reduced ability to observe certain clinical signs and the possibility of technical interruptions.

PRIVACY: Telehealth sessions are not recorded unless you provide written consent. You are responsible for participating from a private location where others cannot overhear you. There is a small risk that electronic communications could be intercepted despite reasonable safeguards.

LOCATION AND LICENSURE: At the start of each telehealth session, you agree to confirm your physical location. You must be located in a state where your provider is licensed at the time services are provided. Telehealth is not appropriate for emergencies. (See: CO: C.R.S. § 10-16-123; CA: Bus. & Prof. Code § 2290.5.). You authorize us to use this information to contact emergency services if necessary.

You may request telehealth visits or continue with in-person visits at any time. Telehealth visits cost the same as in-office sessions.

CONTACTING YOUR PROVIDER

For urgent issues, call the office at 719-377-3993 and leave a voicemail if needed. Calls are generally returned within one business day. You may also use the electronic health record system (Osmind™) to electronically communicate with your provider. Electronic messages are reviewed during business hours; please allow up to three business days for non-urgent messages.

If your situation is an emergency, call 911 immediately or go to the nearest emergency room. Emergency services are provided through hospital emergency departments.

When your provider is unavailable for extended periods (e.g., vacation, conferences), a trusted colleague may provide coverage.

EMAIL/PORTAL: Email and electronic messages are not appropriate for emergencies. Email may not be secure. Please allow up to three business days for non-urgent messages and refill requests during business hours.

PROFESSIONAL RECORDS

Law and professional standards protect mental health records. Although you may request access, records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially harmful to provide records directly, they may be provided to an appropriate mental health professional of your choice. Alternatively, we can review records together and/or provide treatment summaries. Professional fees may apply for preparation time.

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CONFIDENTIALITY

Confidentiality is a cornerstone of mental health treatment and is protected by law. Aside from emergency situations, information can only be released with your written permission, except as permitted or required by law (HIPAA, 45 C.F.R. § 164.502; CO privileges generally: C.R.S. § 13-90-107; CA medical information protections: Civ. Code § 56.10).

Exceptions that may require disclosure include:

- Danger to self: If there is a threat to harm yourself, we may seek hospitalization or contact others who can help provide protection.
- Danger to others: If there is a threat of serious bodily harm to others, we may take protective actions, which may include notifying the potential victim, notifying law enforcement, and/or seeking hospitalization.
- Grave disability or severe impairment: If, due to mental illness, you are unable to meet basic needs (food, clothing, shelter), we may disclose information to access services.
- Suspected child, elder, or dependent adult abuse: If there is an indication of abuse, we must file a report with appropriate authorities.
- Certain judicial proceedings: Under some circumstances, a judge may require testimony or records through a valid court order. We will make reasonable efforts to discuss this with you when legally permitted.

We may consult with other professionals when appropriate. In those circumstances, your identity will not be revealed when feasible, and consultants are also legally bound to maintain confidentiality.

ELECTRONIC MAIL (EMAIL)

Email is not a confidential means of communication. We cannot guarantee that email messages will be received or responded to in a timely fashion. Email is not appropriate for urgent or emergency issues.

LEGAL TESTIMONY

Legal matters requiring testimony of a treating mental health professional can be damaging to the treatment relationship. As such, we generally recommend hiring an independent forensic mental health professional for legal opinions, evaluations, or testimony.

Administrative and legal requests (e.g., disability forms, fitness-for-duty evaluations, emotional support animal letters, court-related reports) may require separate clinical services and fees and may not be appropriate within the treating relationship.

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SOCIAL MEDIA & RECORDING POLICY

To protect confidentiality and professional boundaries, we do not communicate with patients through social media. Recording of sessions is not permitted without prior written consent from all parties.

TERMINATION OF TREATMENT

Treatment may be terminated when clinically appropriate for clinical, legal or safety reasons including (but not limited to) non-payment, repeated missed appointments, failure to follow the treatment plan, abusive or threatening behavior, safety concerns, or the need for a higher level of care. When feasible, we will provide referral options and emergency resources.

ACKNOWLEDGMENT AND SIGNATURES

By signing below, you acknowledge that you have read and understand this Treatment Consent for Psychiatric Services, you have had the opportunity to ask questions, and you agree to abide by its terms during our professional relationship.

Name of patient (print): _____

Name of legal guardian (print): _____ (if applicable)

Signature of patient or guardian: _____ Date: _____

Signature of psychiatrist/clinician: _____ Date: _____

AT Psychiatry, PLLC

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