

Murat Z. Akalin, MD

Board Certified in Psychiatry and Family Medicine

Treatment Information and Consent Form

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that you can discuss them at our first meeting. Once you sign this, it will constitute a binding agreement between us.

Services: Dr. Akalin provides clinical services to help adults, adolescents, children and their families with psychiatric and other psychological conditions. Outpatient clinical services include evaluation, medication assessment and management, and psychotherapy. Laboratory testing may be needed for the evaluation and treatment of your condition.

Evaluation: Your first session will involve an initial evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions and make some recommendations. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. If it is determined that I may not be the best professional to provide your medical care, referrals to other providers will be discussed with you. If you have any questions about my procedures, we can discuss them whenever they arise.

Cancellations: Services are by appointment only. Because your appointment time is reserved only for you, it is important that you do not miss any appointments. There is a 24-hour cancellation policy which requires that you cancel your appointment 24 hours in advance of your scheduled appointment to avoid being charged for the full session.

Professional Fees: All services are provided for fee at the time of service, unless prior arrangements have been made. My fees are \$400 per hour. Your Initial Evaluation will be scheduled for 60 to 90 minutes. Follow-up visits are ordinarily scheduled for 30 minutes. It is my practice to charge the same rate per hour on a prorated basis for other professional services you may require, i. . formal evaluations and report writing; attendance at meetings or consultations with other professionals which you may have authorized; preparation of records or treatment summaries; telephone conversations which last longer than 5 minutes; or the time required to perform any other service which you may request of me. Evaluations or appearances for legal proceedings are generally charged at a rate of \$400/hour on a prorated basis. Should you require services that are outside the scope of my practice, we can discuss referrals to other providers.

Billing and Payments: It is your responsibility to pay the amount agreed upon on the day of service. If you have insurance coverage, you may want to consider submitting your bill to them for reimbursement. Each insurance policy reimburses differently depending on your contracted benefit. I can assist you with submitting your claim. There will be a \$25 service charge on all returned checks. In the circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installation plan.

Contacting Me: Outside of our appointments, the most effective and efficient way to communicate with me is by email. I am not immediately available by telephone. When I am unavailable, my telephone is answered by an automatic voicemail which is monitored by my assistant twice daily on weekdays. If you feel that your situation cannot wait for me to return your call, you may call your primary care physician or seek care at your nearest emergency room. In a dire emergency, please call 911.

Please note: Although I am available for communication by email and text messaging, these are not considered to be confidential modes of communication.

Professional Records: Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to a copy of these records. Patients will be charged an appropriate fee for any copying costs or preparation time which is required to comply with an information request.

Confidentiality of Medical Records and Clinical Information:

In general, the confidentiality of all communications between a patient and their provider is protected by law, and we can only release information about you to others with your written permission. However, there are a number of exceptions when a provider might be required to disclose confidential information:

There are some situations in which clinicians are expected or required by California law to disclose patient information, without patient consent, to relevant state or local agencies. We are legally required to take action to protect others from harm, even though that requires revealing some information about a patient's treatment. For example, if we believe that a child, an elderly person, or a disabled person is being abused, we must file a report with the appropriate state agency. If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a patient threatens to harm him/herself, we may be required to seek hospitalization for the patient or to contact family members who can help provide protection. We may also be required to report diagnoses of Alzheimer's Disease and related conditions and disorders characterized by lapses of consciousness. These situations have rarely arisen in our practice. Should a situation occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of the patient. The consultant is, of course, also legally bound to keep information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

In many judicial proceedings, you have the right to prevent me from providing information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony or treatment records if he or she determines that resolution of the issues before him or her demands it.

Authorization for Services: I have read the information in this treatment information and consent form and I have asked questions about anything I have not understood. By signing this form, I freely acknowledge my willingness to participate in professional services with Murat Z. Akalin, MD, MPH.

Signature: _____

Date: _____

Print Name: _____