

**Malika Burman, M.D.**  
Holistic Psychiatry  
12736 SW 55<sup>th</sup> place, Portland, OR 97219

**TREATMENT CONSENT FORM**

**PSYCHOTHERAPY**

Often called talk therapy, this form of treatment can be helpful for some patients. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-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. Burman know if you feel that your goals aren't being met. These issues can be addressed in session. Dr. Burman is also willing to find a therapist that is a better fit for you, if necessary.

**MEDICATIONS**

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 case. Dr. Burman can provide an integrated approach as she is trained to administer both psychiatric medications and psychotherapy. However, she is willing to consider merely managing your psychiatric medications and sharing the psychotherapy with another provider. Often call the 'split treatment' model, this should be discussed in order to determine if it would be a viable option for you. 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, Dr. Burman will always discuss the risks, benefits, side effects, government warnings, and alternative treatments (which always includes not using medications) with you.

**INITIAL EVALUATION & SESSIONS**

Dr. Burman generally conducts a thorough psychiatric evaluation during the initial session – which is typically scheduled for 60 minutes. This assessment focuses on determining the best treatment plan possible and is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring completed patient forms to this appointment and make sure to provide information about previous providers, past psychiatric treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. We will mutually determine if Dr. Burman is the best psychiatrist to provide your individualized care. Under certain circumstances Dr. Burman does make 'house-calls.'

**PROFESSIONAL FEES**

Dr. Burman's fee is \$125 for an initial 60-minute session focusing on assessment and evaluation. Follow-up sessions are billed at the following rates: \$125 for a 50-minute therapy session (with or without medication management) and \$125 for a 25-minute medication management only session. These follow-up rates apply to all appointments even if the initial evaluation must be extended over several sessions. Additionally, other professional services that require longer than 10 minutes of time are billed at \$50 for each 10-minute increment. **This includes report writing, telephone conversations, preparation of treatment summaries,** your insurance company requests for information (if you are filing,) court proceedings (even if required to testify by another party), and any other requested services. House calls are \$250 per visit.

**BILLING AND PAYMENTS**

You are expected to pay for each session at the beginning of each appointment. Alternative payment plans must be discussed with and agreed to by Dr. Burman. 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 Dr. Burman as this is an important part of providing top quality care. Dr. Burman accepts checks and cash. If your account is overdue for more than 60 days, Dr. Burman reserves the right to use legal means to secure payment. This includes utilizing a collections agency or a small claims court. In such cases, only required information is provided to these agencies – which can include name, nature of services provided, and amount due. A \$25 fee is also 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 **at least 48 business hours** advance notice of cancellation. Both telephone and email are acceptable ways to alert Dr. Burman of a cancellation. Business hours are considered weekdays from Monday through Friday and exclude all standard holidays. Please note that insurance companies generally do not reimburse for missed sessions or those canceled too late.

### INSURANCE REIMBURSEMENT

Dr. Burman is a private practitioner and is not a part of any insurance panels. As such, she is considered an “out of network” provider for most PPO 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. Dr. Burman, however, can provide you with a service invoice (or receipt) that you can submit to your insurance company. She will not bill your insurance company directly. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize me 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. If such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

### CONTACTING ME

Dr. Burman attempts to be accessible for all urgent issues. If he is not immediately available by office telephone, please leave a voice message and he 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 Dr. Burman at any time so please provide them with his contact information. When Dr. Burman is unavailable for extended periods of time (i.e., vacation, conferences, etc.), coverage will be provided by a trusted colleague and contact information will be provided on his office voicemail. Please also note that email should never be used for urgent or emergency issues. This is not a confidential means of communication and Dr. Burman cannot ensure that email messages will be received or responded to in a timely fashion.

### PROFESSIONAL RECORDS

Mental health records are standard practice in psychiatry and protected by both law and professional standards. 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 for Dr. Burman to provide you with the full records, 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, I am required to seek hospitalization for the client, 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, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, I 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, I must file a report with the appropriate state agency; (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require my testimony through a subpoena. Although these situations can be rare, Dr. Burman will make every effort to discuss the proceedings accordingly. Dr. Burman also reserves 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.

#### **PRACTICE STATUS**

Dr. Burman is an independent clinician and provides clinical services up to her professional standards. Her professional records are also separately maintained. Dr. Burman practices within a network of other professional colleagues (i.e., primary care doctors, other specialty physicians, psychologists, social workers, therapists, nutritionists, etc.) that she can refer patients to for a multidisciplinary care. If a referral is necessary, this will be discussed in session and Dr. Burman will work to collaborate with these professionals and coordinate your care. Please note, however, that although Dr. Burman attempts to identify top quality professionals with very high standards of care, he cannot be responsible for the services/treatment that they provide. It is always your responsibility to determine if a professional referral is acceptable. Other options can generally be provided.

#### **ELECTRONIC MAIL (EMAIL)**

Always be aware that email is not a confidential means of communication. Dr. Burman also 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, Dr. Burman generally recommends that you hire an independent forensic mental health professional for such services.

#### **Treatment Consent**

Your signature below indicates that you have carefully read the Treatment Consent Form (3 pages), which contains information on psychological services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting me, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.

**Name of patient (print):**

**Patient Signature and date:**

Additionally, I have been provided an opportunity to review the HIPAA Notice of Privacy Practices made available by Dr. Burman as part of her new patient intake forms

**Patient Signature and date:**