

# GEORGE F. JACKSON III, MD

## PSYCHIATRY

### Psychiatric Treatment Consent Form

#### Initial Evaluation

A complete psychiatric evaluation is conducted during the initial appointment. The assessment is to determine the best treatment plan specific to each patient. Recommended treatment may include psychotropic medications, psychotherapy or a combination of the two. If you are already taking medication, recommendations will be made to continue as previously prescribed or to make adjustments. Please be aware that I may not continue prescribing certain medications or provide refills. Psychotherapy may be recommended to address patterns of thoughts, behaviors and emotions as well as underlying issues. I may recommend that you see another therapist with a specific treatment specialty who might better serve your needs. A follow-up appointment will be arranged based upon the recommended psychiatric treatment plan. The timeframe for follow-up appointments is generally within one to four weeks.

#### Follow-up Appointments

Appointments for medication management are generally 15 minutes. However, if the complexity of medication treatment warrants, 30-45 minutes will be scheduled. Psychotherapy appointments are 45 minutes. Combination medication management and psychotherapy appointments are also scheduled for 45 minutes.

#### Appointment Cancellations

Notice of cancellation must be made within 48 hours of the scheduled appointment time. The required 48 hour notification is during business hours and does not include weekends or holidays. Please make sure to cancel appointments as soon as it is known that you cannot attend and well prior to weekends or holidays. Cancellations can be made via telephone or email to the contact information listed below. Missed or late canceled appointments after the 48 hour period will result in a charge of 50% of the cash payment appointment fee. See the Professional Service Fee section for additional information. Please note that missed appointments or late canceled appointment fees are your responsibility and not covered by insurance. Payment for these appointments will be automatically processed to the credit card on file. Repeated missed appointments or late cancellations may result in discontinuation of my psychiatric services.

#### Contacting Dr. Jackson

If any questions or concerns arise, Dr. Jackson can be contacted via telephone or email. The contact information is listed below. Please allow 24 hours to receive a response. For emergent psychiatric needs, please call 911 and/or go to the nearest emergency department. Please note that email should not be used for urgent or emergent matters. For medication refill needs, first contact your pharmacy to initiate a refill request. If this process is unsuccessful, contact Dr. Jackson via telephone or email at the contact information listed below. Provide your name, telephone number, date of birth, pharmacy name and number, as well as medication details. Please allow 48 hours for the medication refill request to be processed.

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### Professional Service Fees and Insurance Reimbursements

You will be provided a Quote of Benefits which includes you estimated cost of services. Service fees are based on the type of visit. If you are not using insurance for services, private payment for options available. A cash payment agreement would be provided to you which outlines the cash-based fees for a 45 minute psychiatric assessment, a follow-up 45 minute psychotherapy or combination psychotherapy/ medication management appointment and medication management appointments, whether 15, 30, or 45 minutes. Cash payments are due at the time of service. Dr. Jackson is on the following insurance panels, HMA, LifeWise, Molina, Premera, Regence and RGA. Your insurance company will be directly billed. Please note that any co-payments are due at the beginning of an appointment. Payments can be directly submitted through the payment link on the website. All insurance questions should be directed to Revenue Concepts Billing Services. A link to that website is provided under the Insurance + Billing section of this website. Please note that Dr. Jackson does not perform disability evaluations, forensic evaluations, labor & industry (L&I) assessments, nor court-ordered or work-ordered evaluations and treatment. Additionally, he does not provide letters for emotional support or service animals.

### Medical Records and Confidentiality

Medical records are required and protected by law. All medical records are kept within an electronic medical record. You are entitled to review or a copy of your medical records at any time. Confidentiality is maintained, essential, and also protected by law. Any disclosure of your medical records, including information regarding evaluation or treatment, personal demographics or insurance requires your written consent. A release of information form is available to in the Contact section. Please note that your insurance company may require such information be disclosed for reimbursement purposes.

### Administrative Fees

Administrative activities outside of direct patient care will result in an additional fee. The fee is \$400 per hour and billed in 15 minutes segments, based on the required time. A time estimate will be provided, permission granted and payment received prior to administrative requests being processed.

### Acknowledgment and Authorization for Treatment

By signing below, you certify having read, understand and agree to the terms detailed above in the Psychiatric Treatment Consent Form. By signing below, you also agree to abide by the terms stated above throughout the course of the psychiatric treatment.

Name of patient (print): \_\_\_\_\_

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dr. Jackson: \_\_\_\_\_ Date: \_\_\_\_\_