

Karen D. Miles, MD, PLLC

Agreement to Treatment

Patient Name: _____ **Date of Birth:** _____ **Today's Date:** _____

Karen D. Miles, MD, PLLC offers psychiatry and psychotherapy services to children, adolescents, adults, and families. Providers within the group are:

Karen D. Miles, MD
Rebecca Farrell, LCSW
Susan Johnson, LCSW

Sara Wilder, LCSW, LCAS, CCS
Mary Whalen, LCSW
Alicia Freeman, LCMHC

The psychotherapy that you and/or your child will receive will work toward goals of desirable changes in functioning. Psychotherapy has risks and benefits. Minimal risks include discussing unpleasant aspects of one's life and potentially experiencing uncomfortable feelings, such as sadness, anxiety, anger, and/or helplessness. Potential benefits include positive changes in individual and family functioning, better relationships, solutions to problems, and significant reduction in feelings of distress and/or specific symptoms. If treatment with medication is indicated, the risks and benefits of each individual proposed medication will be discussed at the time of initial prescription.

The first, and possibly second and third, meetings will consist of an assessment of your needs. By the end of the assessment period, a clinical diagnosis and treatment plan will be discussed. A specific plan for psychotherapy and/or medication monitoring will need to be mutually agreed upon.

The services at Karen D. Miles, MD, PLLC may be considered out-of-network for your insurance company. You will be provided with a receipt of service with adequate information to submit to your insurance company for out-of-network reimbursement. If the provider is considered in-network with your insurance company, you may still be responsible for co-pay, co-insurance, or deductible payment. The fees (in-network payments or out-of-network fees) are due at the time of service. For any balances accrued during treatment, you agree to receive electronic correspondence regarding your account(s).

The fee schedule is presented below, unless other arrangements have been made:

- For participating insurance plans, you are only responsible for your co-payment, co-insurance, or deductible at the time of service.
 - These typically range from \$20-\$60 per visit, depending on your plan. However, you may have to pay the full insurance negotiated charge if you have a deductible plan.
- For non-participating insurance plans:
 - Appointments with Dr. Miles:
 - Psychiatric evaluation - \$300
 - One hour return appointment - \$225
 - 30 minute return appointment - \$160
 - Appointments with Associates:
 - Initial evaluation - \$175
 - One hour psychotherapy sessions- \$200
 - 45 minute psychotherapy sessions- \$175
 - 30 minute psychotherapy sessions- \$90
 - Crisis appointments - \$225
 - Group Therapy - \$50
- Clinical Consultation fee (outside of session): \$25 for every 15 minutes
- Returned check fee - \$25

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Late cancellation and No show policy: There is an expectation of 24 hour notice provided prior for cancellation of a scheduled appointment. Each client is allowed one grace late cancellation/no show each calendar year without being charged the full fee for the appointment. Insurance will not pay this fee. The provider reserves the right to waive this fee in the case of unforeseen circumstances. We reserve the right to utilize the services of a collection agency to obtain unpaid balances, if necessary.

Confidentiality is further described in the HIPAA notice of privacy practices, of which you will be offered a copy. In summary, the confidentiality of information obtained during the assessment and therapy sessions will be guarded except where prescribed by law. Possible legal exceptions to confidentiality may occur if necessary to protect individuals from child abuse or neglect, or in cases of potential harm to self or others. In such cases, confidentiality would only be broken to protect individuals from significant harm or death. Prescribers have the right to access the controlled substances database, communicate with other prescribers, and place a copy of the database report in the medical record.

If you and/or your child are working with multiple providers in the agency, this serves as consent for these providers to communicate regarding treatment in order to coordinate care.

For concerns that arise when the office is closed, there are instructions regarding reaching a provider available via the regular office number or website (www.KarenDMilesMDPLLC.com).

Signature

Date

Printed Name