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Atlas Psychiatry Service Agreement

Welcome

Welcome to Atlas Psychiatry. The following text contains information about how we practice. You will be asked to sign a copy of this form.

Here at Atlas Psychiatry, we provide psychotherapy, medication management, and life coaching. What sets us apart is our holistic approach to mental healing by better understanding all aspects of your life. In other words, we focus on healing rather than merely symptom management. We recognize the limits of psychiatric medications and primarily seek to help facilitate healing without them. We are also available to help those who desire to withdraw from psychiatric medications, as this can be a challenging, yet rewarding process. Our main service combines ongoing psychotherapy with medication management in one appointment, so you don't need to split your time and money between two professionals. We believe the most effective medication management is done by the professional who knows you best, which is often your therapist. This is why we seek to be both. Our approach not only enhances confidentiality, but also prevents the common pitfall of information being lost between multiple mental health professionals.

Our office hours are Monday through Thursday by appointment only. You may leave a message at 319-527-8018. I will attempt to return your call within 24 business hours. Thank you for choosing Atlas.

Benefits and Risks

The psychotherapy, medication management, and life-coaching we provide has many benefits. Our services help individuals help themselves to change feelings, thoughts, and/or behaviors. You determine the changes you wish to make, and we provide the tools. By adopting these tools and techniques, over time, most people will experience successful improvement or resolution of concerns. Of course, we cannot guarantee outcomes, and there are some risks. Counseling can bring awareness to feelings and challenges that may cause discomfort. If after the initial session you decide to continue treatment, we will develop a treatment plan with you, together with instructions and descriptions of purposes, benefits and risks associated with participating or not participating in treatment. We may also discuss alternative treatments if available and appropriate.

I understand that at Atlas Psychiatry, integrative and holistic approaches, such as psychotherapy and nutrition, are the primary and often only interventions utilized over the prescription of psychiatric medication for psychiatric diagnosis. I agree to this style of treatment and understand that if I desire treatment that places a heavier emphasis on psychiatric medication, that I can seek treatment elsewhere/inquire about other local providers.

Tele-Therapy

We may offer HIPAA-compliant tele-therapy services, including interactive audio and video. In addition to the benefits described above, tele-therapy provides greater flexibility, particularly where distance or resources create barriers to receiving the services we offer. Despite technological, administrative and physical safeguards, tele-therapy technology introduces the possibility of technology failures, data breaches, background noise or interference, misunderstanding or missing verbal or nonverbal cues, or feeling that the therapy is not as effective or comprehensive as meeting face to face.

Fees and Payment

Initial appointments: Initial appointments include a thorough evaluation of your life to better understand the factors contributing to why you are seeking help. The initial appointment functions as a foundation for future appointments.

Follow-up appointments: Follow-up appointments include primarily therapy as well as medication management if needed. The majority of time spent in a follow-up appointments will be psychotherapy.

Life coaching: Life coaching involves helping you navigate and orient yourself through acute stress or life changes.

Initial appointments: 50-60 minutes (\$175)

Follow-up appointments: 50-60 minutes (\$175)

Life coaching: 50-60 minutes (\$175)

Payment: All payments will be collected by a payment card kept on file such as an HSA card, credit card, or debit card unless otherwise arranged. Payment arrangements will be made at or before the beginning of the first appointment. An active card will remain on file at all times regardless of other methods of payment used. Your payment card kept on file will be charged after each session. You will be required to keep us informed of any changes to you phone number, address, email address or payment information. Any concerns related to financial matters will be communicated by mail or email, not by phone or text. Fees may be adjusted every year on January 1.

Other Fees

Any check that is returned due to insufficient funds will incur a \$25 service fee

The filling out of forms, letters, disability paperwork, or other administrative requests will be charged a flat fee of \$50.

Court appearances at the request of a client's attorney will be charged \$15 per hour. Court related phone calls, emails or the release of documents will be charged \$50 per

occurrence. Atlas Psychiatry may choose to not provide court related documentation or appear in court, unless otherwise required by law.

Insurance Reimbursement

Atlas Psychiatry is an out of network clinic. However, you may still seek reimbursement through your insurance company. If desired, we will provide a superbill for services rendered with appropriate billing codes to submit to your insurance carrier. Please check with your insurance provider to determine if services with Atlas Psychiatry will be reimbursed. Here is what we recommend you discuss with your insurance provider:

- Let your insurance provider know that you are seeking “outpatient mental health” treatment from an “out of network” psychiatric nurse practitioner.
- Ask about reimbursement for the service.
- Ask what the “usual and customary fee allowable” is for the service.
- Ask what percentage of the usual and customary fee you will be reimbursed or how much you will be reimbursed after the deductible.
- Ask if there are limits to your coverage such as number of appointments allowed in a year.

Some clients will receive a portion of service fees reimbursed to them from their insurance companies. Some clients will not receive any reimbursement. I understand that it is my personal responsibility to pay Atlas Psychiatry all charges for services rendered, despite any lack of coverage by my insurance company or any disputes or disagreements between me and my insurance company.

Late Appointment and Cancellation Policy

Please arrive to your appointment 5-10 minutes early to begin on time. Clients who arrive late will be charged for a full session, but will get to use the remainder of the time. Additional time used at the end of an appointment will be pro-rated.

We ask that you provide at least 48 hours’ notice of a cancelled appointment. If you provide less than 24 hours’ notice or miss an appointment you will be charged a missed appointment fee of \$75.00. Insurance companies do not reimburse fees for missed appointments. After three late cancellations or missed appointments you may be asked to seek service elsewhere as this may hinder others from seeking service at Atlas Psychiatry.

Confidentiality

Information you share with us will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed (i) in life-threatening involving yourself or others, in which case we may be required to notify authorities and warn the victim, or (ii) in situations in which children are put at risk (such as by sexual or physical abuse or neglect), in which case we may be required to report to the Department of Human Resources and may be required to contact authorities. If either of these situations arise, we will inform you

of our responsibilities and actions. If we need to discuss your treatment with a colleague, we will take pains to disguise identifying information, including using a pseudonym.

When treating a minor, we may provide parents with the general content of therapy sessions with their child(ren), but we will not provide full access to a minor's treatment records, unless otherwise required by law. When treating a couple or a family, the couple or family is considered to be the client, and a request for confidential records must be authorized by all members of the family. Information obtained in an individual session may be relevant or essential to the proper treatment of the couple or family, and we reserve the right to exercise clinical judgment regarding disclosure of this information to a couple or family, in order to avoid creating a conflict of interest or need to terminate treatment of the couple or family.

Communication and Emergency Contact

In an effort to maximize confidentiality we ask you to reserve phone or email communication for scheduling issues. Email especially is not secure so please do not add sensitive clinical information via this method of communication. Please attempt to contact us during our business hours. Phone calls lasting longer than 10 minutes will be charged a pro-rated follow-up appointment fee excluding the first 10 minutes. We will provide notice when the 10 minute mark is approaching so you may decide if you would like to continue the phone call. If we do not answer the phone, please leave a message and we will attempt to get back to you within 24 business hours. If it is an emergency, please call 911 or go to the nearest emergency room. You may also contact the suicide prevention hotline (800-273-8255) or call Foundation 2 (319-362-2174) if you are within the Cedar Rapids local calling area, otherwise call 1-800-332-4224 if you are anywhere else in Iowa.

Physician Contact

Physical and psychological symptoms often interact. We encourage you to seek medical consultation if warranted. By signing below, you agree to allow us to contact your primary care provider at any time in order to benefit your treatment at Atlas Psychiatry.

Release of Information

I understand that Atlas Psychiatry has a right to disclose my information, without my consent, for purposes of treatment, payment, or health care operations, as explained in the NOTICE OF PRIVACY PRACTICES. I understand that I have the right to request restrictions on how my protected health information is used or disclosed for treatment, payment or health care operations. Atlas Psychiatry is not required to agree to this restriction, but if it agrees, it will be bound by the agreement.

I grant permission to Atlas Psychiatry to release such information as may be deemed necessary to ensure continuity of care. I understand I may revoke this consent at any time, with written notice, and that it is my duty to let Atlas Psychiatry know if I no longer consent.

Prescription Refills

We ask that you schedule a follow-up appointment every 3 months if you are prescribed psychiatry medication to monitor progress as well as to provide refills if needed. It is your responsibility to have an appointment with Atlas Psychiatry scheduled before you run out of medication and require a refill. Medication refills are intended to last until your next appointment so you should not need to call for refills. If refills between appointments are needed a \$50 fee will be charged.

Freedom to Withdraw

You have the right to end treatment at Atlas Psychiatry at any time. If you wish, we will give you the names of other qualified mental health professionals.

Informed Consent

I have read, understood and agree with the preceding statements. I have had an opportunity to ask questions about them, and I agree to enter a professional psychotherapy relationship with Matthew Huether, PMHNP-BC.

Signed: _____ Date: _____

Parents/Legal Guardians of Minors: I authorize _____ to receive services provided by Matthew Huether, PMHNP-BC. This authorizes any necessary psychological and/or psychiatric evaluation and treatment. My signature below indicates that I agree and give consent to the above services. I also understand that parental participation in one or more of the following ways may be required: assessment, individual counseling, marital counseling, family counseling, parenting skills training or group counseling. I understand that I may be required to provide legal documentation establishing my legal right as an adoptive parent or legal guardian of a minor.

Signed: _____ Date: _____

Signed: _____ Date: _____