



Timothy Veal, MD.
Diplomate of American Board of
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INFORMED CONSENT MEDICATION MANAGEMENT

Disclosure & Services Agreement

This Services Agreement explains office policies, procedures, and practices. Please read it carefully and let me know if you have any questions. At the end of this handout, I ask you to sign it, indicating that you have read, understand and accept this agreement and the other documents I may have included with it. Although it might seem like a lot of information, it is very important that you read this and any other handouts I have included so we can discuss questions you might have.

Mental Health Services

Below, I have provided information about the Health Insurance Portability and Accountability Act (“HIPAA”). This is a federal law that provides you with certain rights and protections for your Protected Health Information (“PHI”). It is important for you to know how your health information can be disclosed or used for the purpose of treatment, payment, and health care operations. I have also provided you with a separate Notice of Privacy Practices form which tells you more about your privacy rights. That form explains in greater detail what HIPAA is and how it applies to your health information.

Credentials and License

I am a Diplomate of American Board of Psychiatry and Neurology, Inc., a member Board of the American Board of Medical Specialties.

Confidentiality and Privacy Policy

I will respect your privacy. I understand that your personal health information is very sensitive. In most situations, I can only release information about your treatment to others if you have signed a written authorization form that meets certain legal requirements imposed by state law and/or HIPAA that authorizes me to release that treatment information. The content of all discussions and the information you disclose is



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considered confidential and will generally not be released without an Authorization for Release of Health Information form.

However, the State of California does allow me to confer with other health care providers who are providing health care services to you, without a written release as a means of ensuring continuity of care. I cannot ensure confidentiality in sessions with two or more persons since we cannot guarantee that others present will keep the information in confidence.

Your participation in therapy, the content of sessions, and any information you provide to me is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give written consent to have the information released to another party;
- In the case of your death or disability your personal representative acquires the right to authorize the disclosure of your information;
- If you waive confidentiality by bringing legal action against me;
- In response to a validly served subpoena that neither you nor your attorney has communicated to me any objection to my complying with the subpoena;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency;
- Limited data in compliance with mandated Public Health Disclosures;
- With any other legal duty, obligation, or right to report.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children, suspected abuse or neglect of vulnerable adults, or as otherwise required in proceedings under CA law. Emails and texts are not a secure form of communication. Please keep this in mind if you send emails or texts and share any personal information about yourself.



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Payment policies and fees

Payment in full is due at the time of service unless other arrangements have been made in writing ahead of time.

Fee Schedule for clients:

- Initial evaluation (60 mins): \$295
- Follow up visits with or without medication management (30mins): \$175
- Visits exceeding 30 minutes will be prorated at \$175 / hour. Payment will be required in advance of your appointment.

A receipt for services can be available upon request and will contain what would reasonably be expected to be the information necessary for your insurance carrier to process your reimbursement, if applicable. Fees for services provided outside of scheduled appointments: \$295 per hour. This excludes activities deemed by me to be clinically essential, such as interacting with other clinicians directly involved in your care and executing routine duties such as providing medication refills, filling out routine authorization requests and brief clinically-focused return of patient phone calls. Phone calls exceeding five minutes will be billed as a 15-minute appointment and prorated as such.

Cancellation policy

When you schedule an appointment, you are reserving a time. **All appointments canceled with less than 24 hours-notice will be charged full price.** There will also be a full charge for missed appointments (“no shows”). If you are 10 or more minutes late for a medication management appointment, this will be considered a missed appointment. If you are 15 or more minutes late for an initial evaluation appointment, this will be considered a missed appointment. I do understand that there are some circumstances that are beyond our control, and a missed appointment fee may be waived at my discretion.



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Emergencies

Emergencies may arise from time to time. If for any reason, you do not get a callback and you need to speak with a professional right away, please call the Access and Crisis Line at 1-888-724-7240. If you are experiencing a medical emergency call 911 immediately or go to the nearest hospital Emergency Room.

Treatment Approach

The first appointment is an opportunity for us to evaluate if we will continue a working relationship. Neither of us is under any obligation to do so. If I feel that we will not be able to work together effectively or if you would prefer not to continue in treatment, I will do my best to refer you to other qualified professionals.

Treatment is generally terminated when we mutually agree that sufficient progress has been made towards your goals. You are under no obligation to continue treatment if you are dissatisfied or do not feel your treatment is effective. If you feel that you would like to work with another provider for any reason, please let me know, and I will be glad to refer you to another clinician who can assume care for you. If in the course of treatment, it becomes clear that another clinician would be more professionally suited to treat your specific needs, then I may discontinue treatment and give you referrals to other clinicians. If I conclude that I am not able to provide the care you need, I will give you the names of other mental health clinicians qualified to provide treatment for you. Please feel free to discuss any concerns you have about terminating treatment.

The nature and character of the proposed treatment

The treatment I will provide to you will include psychotherapy and medication management as indicated by your individual circumstances.



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The anticipated results of the proposed treatment

I cannot make any guarantees regarding specific outcomes or results of the treatment I provide to you. However, I will discuss with you my observations, and your evaluation, of the treatment I provide to you in order to best monitor the progress and results.

The recognized possible alternative forms of treatment

There are alternatives to the modality and treatment I provide. You have the right to choose alternative treatments, including no treatment at all. I will be happy to provide you with a referral to a different treatment provider if you so request.

There are possible risks of alternative forms of treatment, including non-treatment. These risks can include aggravation or an increase in severity of your underlying mental and/or physical condition or symptoms.

Risks of Treatment

There are various medical and psychological risks to taking medications. Given that different medication classes have different risks associated, I will go over the risks of each medication(s) if prescribed. In addition, you may experience some reactions to psychotherapy including uncomfortable feelings, emotions and personal experiences or the temporary worsening of some symptoms. You may find some of these experiences to be difficult or troubling. If you experience any negative feelings, emotions, or experiences, please inform me as soon as possible.

Prescriptions

If therapeutically appropriate, I may prescribe medication as part of my medical treatment. It is important that you understand that all medications may have unwanted side effects from benign to life threatening. I will discuss the specific known side effects and possible benefits of any medication that may be indicated. When prescribing any medication, I will review with you the medication's potential side-effects and interactions with other drugs. If you begin to experience anything you believe may be a side effect or



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interaction, even if you don't recall my having discussed it with you, you should notify me immediately. It can be very harmful for you to discontinue or alter the dosing of your medication without the guidance of a qualified healthcare provider. If you feel that your current medication and/or dosage is not appropriate, please let me know. As a solo provider, I am not always able to refill medications the same day the refill is requested.

In general, I request one week notice to refill a medication (should have at least 1-2wk supply remaining). If you are requesting refills of non-controlled substances, you should call your pharmacy directly. If you are requesting a refill of a controlled substance, I must see you in person no less than once every three months.

It is your responsibility to keep track of the amount of medication and the total number of refills you have remaining so that you do not unexpectedly run out of medication.

It is also your responsibility to ensure that your medication is maintained in a secure manner to avoid theft or inadvertent ingestion by a third party. Any request for replacement of medication due to destruction, theft, or other loss, will be predicated on planning to prevent such future losses.

In order to best assess potential adverse impacts on your health including, but not limited to, medication interactions, you must inform me whenever another provider prescribes you a new medication or other therapeutic agent.

Agreement to participate in services and consent for care

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA and Washington State Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions. By signing this document, you are attesting to your consent to participation in my services.

Patient's Signature

Date