

DANIEL FILENE, MD
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PSYCHIATRIST – CLIENT SERVICES AGREEMENT

Thank you for your interest in my private psychiatric practice. This document contains important information about my professional services and business practices. Please read it carefully and return a signed copy to me at or prior to our first meeting.

SERVICES

I treat adults and older adolescents for a variety of psychiatric issues, including depression, anxiety, bipolar disorder, addictions, PTSD, grief, adjustment problems, and stress. I have particular interest in treating anxiety-related issues such as obsessions/compulsions, panic attacks, and social anxiety. However, what brings you to seek help may simply be a sense that something is wrong, troubling, or less than ideal in your life; we can work together to define such issues and help you overcome them.

I provide both psychotherapy and medication management. Many clients find it advantageous to see the same individual for both therapy and medications. Other clients see me for medication management while continuing to work with a separate psychotherapist. Either plan can work well.

Please see my website (www.danfilenemd.com) for additional information about treatments I offer.

PRACTICE STRUCTURE

I work in an office suite with other independently-practicing mental health professionals. While I share office space with them, I am independent of other professionals in providing you with clinical services.

OFFICE HOURS

I am generally at my office Monday to Thursday, 9am – 5pm. However, these days and times vary depending on my client and personal schedule. I also occasionally am out of the office to provide services at Riverview Psychiatric Center.

INITIAL EVALUATION PHASE

Our first meeting will last approximately 1 1/4 hours. We will discuss the issues that have led you to seek assistance, your past history, current life status, and treatment goals. By the end of this meeting, my goal is to provide you with a sense of whether and how I may be able to help you. We may be able to work out an initial plan of treatment by the end of this meeting, but often an additional meeting or two is needed to fully develop a plan.

ONGOING SESSIONS

The nature and frequency of our ongoing meetings depends on a variety of factors:

If you will be seeing me primarily for medication management, we will usually meet for 20-30 minute sessions (after the evaluation phase). These meetings may occur as often as weekly

(during initial medication trials, at times of particular medication problems, or during periods of stress) or as infrequently as three times a year (if you are feeling well and your medications are stable.) Except in unusual circumstances, we will need to meet at minimum once every four months; this is essential for maintaining good contact and oversight of your medications.

If you will be seeing me for psychotherapy, we will generally meet for 50 minute sessions on a more regular basis, often 2-4 times monthly. The exact frequency depends on your needs and preferences.

CONTACTING ME

The best way to contact me is generally my office phone (774-0046). If I am in the office and not with a client, I will answer the phone in person. Otherwise, please leave a message. I do generally check messages daily when out of the office, but if the matter is not urgent I may not return your call until I am back at the office.

Email is often the most efficient way to reach me for very routine matters such as scheduling appointments and requesting medication refills. My email address is drfilene@gmail.com. You may also access email to me via the “Contact Me” page on my website, www.danfilenemd.com. Please consider that email may have a lower level of privacy than the telephone; if you choose to use email, please do not use it to communicate about sensitive clinical matters.

In an urgent situations, please see “Emergencies”, below.

MEDICATION REFILLS

It is our shared responsibility to ensure that you do not run out of your medications between appointments. It is safest and most efficient for me to write you new prescriptions when you are at the office in person, so please check on your supply of medication (and refills) prior to our office visits.

If you are running low on medication between visits, ***please contact me at least five days before you run out.*** This ensures that I will have time to access your file, call in your prescription, and sort out any problems that might arise. As I will sometimes be out of the office when I receive your request for a refill, you can help me fill your prescription completely quickly if you leave ***all*** of the following information in your message:

- Your date of birth
- Your pharmacy phone #
- Your phone #
- The full medication name (e.g., Effexor XR, Ambien CR)
- The medication strength (e.g., 1mg, 20mg)
- The exact way you take the medication (e.g., “one-half tablet in the morning and two tablets at night.”)

If I do not have all of this information, I will not be able to call in your prescription until I am at the office with your file, which may mean a delay of several days (e.g. if you call on Thursday evening and I am not in the office until Monday morning.)

EMERGENCIES

As a private solo practitioner, I do not have continuous “crisis management” services other than myself. If you anticipate (or have had a history of) needing frequent crisis services, you may be

better served by working with an agency that can provide more comprehensive coverage from a variety of practitioners; this is something we can discuss during your initial visit.

However, I do strive to be available to clients whenever there is an urgent situation, and encourage you to contact me whenever a crisis arises. Please take the following steps to reach me in an emergency:

- 1) During usual office hours (M-F, 9-5), first call my office (774-0046). If I do not answer, leave a brief message stating that you have an urgent problem.
- 2) If you did not reach me at the office, or if after hours / weekend, call my cell phone (329-3888). If I do not answer, either leave a voice message or press “5” to leave a page.
- 3) If you still have not reached me, have not heard back from me quickly, and are in a hazardous situation, please do one or more of the following:
 - a) If you are in Cumberland County, call the Cumberland County Crisis line at 774-HELP (774- 4357) or 1-888-568-1112
 - b) If you are outside of Cumberland County, call 1-888-568-1112
 - c) Go to the nearest hospital emergency room, or,
 - d) Call 911

Please know that having strong thoughts or impulses to harm yourself (or others) *is* a medical emergency; in such a situation it is completely appropriate to contact 911 or seek help at an emergency room. The personnel there will be able to get you help in a crisis.

PRIVACY

I believe privacy is a critical component of psychiatric treatment. Unless you are confident that the information you share with your psychiatrist is completely confidential, you will be held back from achieving your goals. I believe that operating as a solo private practitioner affords my clients the highest level of privacy protection. At larger clinics or agencies your personal information may be seen by receptionists, administrative assistants, dictation typists, billing clerks, etc. This is not the case in my practice; I am the only person with access to your file. As a rule, unless you provide specific authorization, I will release no information about you to anyone.

For details, including emergency exceptions to confidentiality, please see my full Privacy Policy. I will provide this to you at or before our first meeting. The policy is also available on the “Privacy” and “Forms” pages of my website.

PAYMENT

My practice operates on a fee-for service basis. This means that your fee for each meeting will be due at the session. In certain circumstances we can arrange a billing situation (for example, if another person will be paying for your treatment.) As payment I accept personal checks (preferred) or cash.

FEES

Initial Evaluation, 90 minutes: \$300

Follow-up, 50 minutes: \$175 (therapy only) / \$225 (therapy & medication management)

Follow-up, 20-30 minutes: \$125

Writing of reports, letters, etc. \$150/hr

Telephone calls: No fee for brief calls. Calls >10 minutes pro-rated at hourly rate.

Legal services: Please contact me for fees.

Suboxone Initial Evaluation & Induction: \$350

INSURANCE

I do not participate directly in any insurance networks or HMO panels. I find that involving insurance companies in mental health care can compromise the quality of care and clients' privacy. However, I can provide you with a detailed service receipt at each of our meetings, and many of my clients are able to obtain at least partial reimbursement for my services by submitting these receipts to their insurance companies. Many of my clients also now have insurance coverage with high annual deductibles or healthcare savings accounts; payments for my services may help count towards your deductible or be reimbursable to you from your HSA. You may wish to contact your insurance company to inquire about these matters prior to beginning treatment with me.

Even if you have insurance, you may wish to consider whether it might be worthwhile paying out-of-pocket for mental health services. To read further about why this might be in your best interest, please see the "Privacy" page of my website.

CANCELLATIONS

When you make an appointment with me, it is time that I reserve exclusively for you. Barring emergencies, I will be ready to see you at our scheduled time. I do not double-book or over-book my schedule.

Because of this, I ask that you provide me with as much notice as possible should you need to cancel or change an appointment, by calling my office phone at 774-0046 (please do *not* contact me on my cell phone for cancellations; cell phone is for urgent/emergency situations only.)

My cancellation policy is as follows:

Cancellation 24 hours or more before appointment:	No charge
Cancellation less than 24 hours before appointment:	50% of visit fee
Cancellation without notice (no-show):	75% of visit fee

The associated fee must be paid prior to our rescheduling an appointment.

In case of extreme weather conditions *only*, you may request that we hold our meeting by telephone instead of in person. In such case, please call my office at or before your scheduled appointment time to let me know.

VACATIONS

I believe that changes of scenery, travel, and new experiences are beneficial to mental health. I encourage my clients to take vacation time away from their routine lives, and I do so myself from time to time. If I will be away for more than a short period of time, and/or if I will not be able to check messages or respond to my cell phone, I will leave information about my absence on my office telephone message, as well as on the homepage of my website. If I will be away and/or unavailable for an extended period, I will generally arrange clinical coverage with a colleague. Information on how to contact the covering colleague will also be found on my phone message and website. In certain cases, such as if you are experiencing acute problems at the time I am leaving for an absence, I may ask your permission to discuss your situation with my covering colleague prior to my departure. This will make it much easier for him or her to help you, if needed, while I am away.

RISKS ASSOCIATED WITH TREATMENT

Please be aware that there can be risks associated with both psychiatric medications and psychotherapy. It is my goal to protect your safety and well-being at all times. However, in many situations progress cannot be made without assuming some risk of adverse effects.

1) Risks associated with medications

All medications can have side-effects, some of which may be quite serious. Prior to starting any new medication, it is my responsibility to discuss with you the most common and most serious potential side-effects, and to help you weigh these risks against the potential benefits. I will answer any questions you may have about the medications I recommend, at any time. Please be aware, however, that I cannot practically inform you of every possible side effect of each medication.

Your responsibility lies in keeping me informed of any serious side-effects you experience, changes in your medical conditions, and new medications prescribed by other providers. I may also ask you to complete a written consent form for some medications.

I encourage you to read more information about specific medications you are taking. Please visit the links found on the "Pharmacology" page of my website, or ask me for direction to resources for more information.

2) Risks associated with psychotherapy

Many forms of psychotherapy carry risks of short-term emotional discomfort or anxiety in the process of achieving long-term improvement. For example, our work may at times cause you to experience distressing or painful memories, to expose yourself to situations or sensations that are anxiety-provoking, or to practice challenging new ways of thinking or behaving. However, these "side-effects" of therapy should not become intolerable or hazardous to you. If you feel that they are becoming so, please let me know immediately.

LIMITS TO OUR RELATIONSHIP

When we negotiate a treatment plan, we will discuss the nature and scope of our relationship. Please understand that in following the standards of my profession and the ethical guidelines of the American Psychiatric Association, I can only be your psychiatrist. I cannot have other roles in your life, such as friend, romantic partner, or client of your work or services.

As we live in a relatively small community, it is entirely possible that we will encounter each other outside of the office setting, for example at a restaurant or theatre. To protect your privacy in such circumstances, it is my policy not to acknowledge you first; please do not misunderstand this as a lack of recognition or caring! If you wish to acknowledge me and exchange a brief greeting, that is perfectly fine.

STATEMENT OF PRINCIPLES

I strive to comply with the advisories and ethical principles of American Medical Association and the American Psychiatric Association. If you have concerns about our work together, please let me know. If you feel that I, or any other medical or mental health professional, has treated you unfairly or unethically, please tell me.

Your signature below indicates that you have read this agreement and agree to abide by its terms. You have the right to revoke this agreement in writing at any time.

Signature of Client / Parent / Guardian

Date

Printed Name

Daniel R Filene, MD

Date