

*Timothy D. Sheehan III, M.D.
5656 Bee Caves Road Suite D-205
West Lake Hills, TX 78746*

Informed Consent for Psychiatric Services

It is my pleasure to have the opportunity to work with you. Please read this document carefully as it contains important information about my professional services and business policies. Before signing, please feel free to ask me any questions. Once this document is signed, it will constitute a binding agreement between us.

Services

I am a licensed psychiatrist in the state of Texas. As a physician, I am able to prescribe medication if we both agree this is a necessary and appropriate treatment for you. I am also an experienced provider of psychotherapy and may recommend this form of treatment alone, or in addition to, medication. All treatment requires an active effort on your part.

At the conclusion of your initial assessment, I will offer you some impressions of what our work may entail and possible treatment recommendations. You should assess this information and your own initial impressions to decide whether you feel comfortable working with me. If at any time you have questions regarding my professional training or clinical procedures, please feel free to discuss them with me.

Confidentiality

Trust and safety are paramount in the treatment of mental health conditions. Therefore, I take confidentiality very seriously. Moreover, federal law prohibits me from releasing information about our work without your written permission. However, there are a few exceptions:

1. If I believe you could harm yourself or others
2. If I suspect child or elder abuse
3. If a court subpoenas your records
4. If an on-call physician in this office needs information to treat you appropriately in my absence

Emergencies

During business hours, please contact our office at (512) 710-1200 or you can reach my assistant, Jennnifer, directly during office hours at 512-871-8455 or through email at sheehansecretary2018@gmail.com. The best way to contact me is through the Patient Fusion portal, so please ask me about how to get started. I make every attempt to respond to all calls within one business day. If you need more rapid attention or are in crisis, call 911 immediately or report to the nearest emergency room or psychiatric hospital.

Prescription Refills

If you begin taking a medication it is very important that you are safely monitored for its effectiveness and side effects. You will be given ample medication and refills until your next appointment. It is your responsibility to schedule follow-up appointments before you run out of your prescription. In return, you will find that I am conscientious about the cost of medical care and do not request unnecessary visits. If I do refill a medication between visits, it is usually my policy to prescribe only enough medicine until the next visit. If you continue to request refills and do not schedule a follow up appointment I will deny the prescription and inform the pharmacy to notify you to call our office to make a follow up appointment. It is never my intention to discontinue a medication that is helpful, but I can not continue prescribing a medication without proper follow up. If ever you are running low on a prescription or need a refill, please either contact your pharmacy and they will notify me or reach out directly to myself through the Patient Fusion portal or to Jennifer.

*Timothy D. Sheehan III, M.D.
5656 Bee Caves Road Suite D-205
West Lake Hills, TX 78746*

Contacting You

It is your responsibility to keep your contact information up to date. I cannot be your treatment provider if I am not able to contact you. If your information changes, please contact our office and update our staff as soon as possible.

Contacting Me

I encourage you to contact me if you have questions or concerns about your treatment. You may call me during office hours and leave a message through the Patient Fusion portal or call 512-710-1200 or my assistant Jennifer at 512-871-8455. I will not interrupt appointments to take calls except in absolute emergencies. However, I will make every effort to return calls as soon as possible.

Payment and Fees

Initial evaluations are \$350.00,
50 minute follow-up appointments are \$250.00
30 minute follow-up appointments are \$175.00.

For those on insurance, only your health insurance plan can describe your benefits to you or verify provider eligibility. Our office will do our best to obtain this information from your health insurance plan, but it is best for you to contact your health insurance plan directly for verification. If charges are denied by a health insurance plan they become entirely your responsibility, even if you had understood from your health insurance plan that the charges would be paid by them.

Late Cancellations and Missed Appointments

All office visits are by appointment only. Cancellations must be made 24 hours in advance (Friday for a Monday appointment) by contacting my office. Failure to do so will result in the full charge for the missed appointment. Patients covered under the Seton Health Plan or Blue Cross Blue Shield will be required to pay the full fee for missed appointments (not just the copay). Repeated no-shows or late cancellations will be carefully discussed and may be cause to discontinue treatment.

Unpaid Bills

Bills are due 30 days from receipt of statement or other notification. If you are unable to pay your bill due to some sort of financial hardship please discuss this with me to see if we can arrive at a mutually agreeable payment plan that allows you to continue treatment. Seriously delinquent accounts may be referred to a collections agency and may lead me to end our relationship as doctor and patient.

I have read and understand the office policies regarding financial arrangements, fees, and charges for missed appointments or late cancellations. I voluntarily consent to treatment and understand that informed consent ends with the termination of the professional relationship. I may terminate this relationship at any time.

Signature _____ Date _____

Parental Guardian (if under 18) _____ Date _____