

TREATMENT CONSENT FORM: Please read carefully, initial on each page, sign and date on the last page.

SERVICES OFFERED:

Psychiatric

Psychiatric evaluation is your initial appointment, Dr. Barias will conduct a thorough review of your current psychiatric issues, history, treatment and medications. By the end of your initial visit Dr. Barias will offer his preliminary impressions, we will discuss your treatment options. Sometimes, psychotherapy alone will suffice. Often, however, a combination of psychotherapy and medication management is optimal. One of the most important curative aspects of a therapeutic relationship is the goodness-of-fit between doctor, therapist & client, so, my goal is to provide you a referral to Dr. Peros and/or Kai Johnson, LMHC, LMFT, MCAP and I will manage your medication, so you can reach the optimal benefits.

Psychotherapy

Psychotherapy, or talk therapy, is powerful treatment for many mental complaints. It offers benefits of improved interpersonal relations, stress reduction, and a deeper insight into one's own life, values, goals, and development. It requires a great deal of motivation, discipline and work on both parties for a therapeutic relationship to be an effective one. Client's will have varying success depending on the severity of their complaints, their capacity for introspection, and their motivation to apply what is learned outside of sessions.

Medication

Medications may be indicated when your mental symptoms are not responsive to psychotherapy alone. When a mental illness markedly impacts your ability to work, maintain interpersonal relationships, or properly care for your basic needs, medication may offer much needed relief. If it is agreed that medications are indicated, I will discuss with you the medication options that are available to treat your current condition. I will present information in language that you can understand. You will learn how the medication works, it's dosage and frequency, its expected benefits, possible side effects, drug interactions, and any withdrawals affects you may develop. Experiences if you stop taking the medication abruptly. By the end of the discussion you will have all information you need to make a rational decision as to which medications is right for you.

If you are already receiving psychotherapy from another therapist and are referred to me for medication management, I will make a strong effort to coordinate care with your therapist. You will need to sign a consent. I believe communications between mental health professionals is key to providing effective care.

Not everyone is a good candidate for medication therapy. Such therapy requires strict adherence to dosage, and frequency, close follow up and sometimes regular blood work. Your ability to adhere to medication treatment will be taken into consideration in making the decision to start such therapy.

The Brain Spa LLC

DR. EDWARD BARIAS
DR. MARIEL PARALITICI-MORALES
DR. JOANNA PEROS
KAI JOHNSON, LMHC, LMFT, MCAP

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Suite 3102
Jupiter, FL 33458

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Overall, I am a strong proponent of the bio-psycho-social model of medical treatment. Treatment that considers your biological status, genetics, your psychological development, and social issues together will yield the best chance for success in achieving your goals.

Frequency and duration of visits

At your initial visit, we will decide together the structure of your therapy. If medications are prescribed, or changed, I prefer to conduct follow-up visits every two weeks to get your medications stabilized. This is necessary to ensure proper administration and minimize any side effect you may experience. If your symptoms improve, follow-up visits can be spaced out a monthly interval. For clients on maintenance therapy, follow-up visits can be held at three-months intervals. We may discuss an alternate treatment structure depending on your circumstances.

Cancellations and No Shows

If you must cancel or reschedule an appointment, we require at least 24-hour notice (weekend not included). If your appointment is on a Monday, the cancellation must be made by the same hour on the preceding Friday. Cancellations that occur with less than 24-hour notice or failure to show to an appointment you will be charged the full fee for the session.

Payments

Payment is expected at the beginning of each session, unless we have agreed on other arrangements. I accept cash and major credit cards. If payment is 60 days past due, I reserve the right to utilize collection agencies and/or legal options to collect our fees.

Insurance Policies

We will accept your insurance if we are in-network. Co-Insurance/co-pays are paid at the time of service. Insurances are verified. Your deductible must be met or you're responsible for payment at time of service. We can provide a statement if your wish to file for out of network benefits. Many insurance companies have limitations on the number and frequency of visits, not all medications are covered. Occasionally, certain forms of treatment or prior authorization need to be completed we will need to provide information about your diagnosis, history and treatment plan to your insurance company.

Medical Records

We are required by law to keep complete medical records. Most of our records will be electronic, encrypted and secure. All paper records are kept in a lock cabinet. You are entitled to review your medical record at any time. If you wish to view your records, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying and summarizing the medical record will be charged the appropriate fee.

Confidentiality

The security of your sensitive information is of utmost important and we are bound by law to protect your confidentiality. Any disclosure of your treatment to others will require your written consent.

Phone: 561-406-6561

Fax: 561-406-6629

Website: www.thebrainspa.net

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There are exceptions to this confidentiality, where disclosure is mandatory. These include the following:

- If there is a threat to the safety of others we are required by law to take protective measures including reporting the threat to the potential victim, notifying police and seeking hospitalization;
- When there is a threat of harm to yourself, we are required to seek immediate hospitalization and will likely seek the aid of family members or friends to ensure your safety;
- In legal hearings, you do have the right to refuse my involvement in the hearing;
- There are rare circumstances, however, in which we will be required by a judge to testify on your emotional, or cognitive condition;
- In situations where a dementing illness, epilepsy or other cognitive dysfunction prevent you from operating a motor vehicle in a safe manner, we will be required to report this to the DMV;
- If a mental illness prevents you from providing for your own basic needs such as food, water, shelter, we will be required to disclose information to seek hospitalization.

These situations rarely occur in an outpatient setting. If they do arise, we will do our best to discuss the situation with you before acting. In rare circumstances we may find it helpful to consult with other professionals specialized in such situations (without disclosing your identity to them).

Contact information

Our office phone number is 561-406-6561. This is the best way to contact us. We check our messages regularly. For all non-urgent matter, calls will be returned within 24 hours. Dr. Barias might provide his mobile phone under special circumstances, he will respond to text messages only. Make sure you leave your full name, your phone numbers (even if you think he has it), reason for call and the best time to call you back. Dr. Barias will return your call at his earliest convenience. If you or someone close to you is in immediate danger call 911 or proceed to the nearest emergency room.

Treatment consent

By signing below, you certify that you have read and understand the terms stated in the TREATMENT CONSENT FORM. You indicate that you understand and agree to the scope of our services, session structure, cancellation/no shows policies, payment policy, insurance reimbursement, confidentiality, the nature of our practice, and our contact policy. You are agreeing to abide by these terms during our therapeutic relationship.

Client's name (please print): _____ Date: _____

Client's signature: _____