



SONAL RANA, M.D.

Patient Service Agreement

Welcome to Spring Grove Counseling. This document (the agreement) contains important information about Spring Grove professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI), HIPPA requires that we provide you with a Notice of Privacy Practices (the notice) for the use and disclosure of PHI for the purpose of treatment, payment, and health care operations. The notice explains HIPPA and it's applications to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that Spring Grove has provided you with this information.

Please read this document carefully and discuss with Dr. Rana any questions that arise.

For parents/legal guardians seeking treatment for their child(ren) and/or family, please note that these policies extend to all members of your family involved in treatment. After you have reviewed this document, please sign and return it to Dr. Rana.

EVALUATION AND SCOPE OF PRACTICE

As an adult, child, and adolescent psychiatrist, Dr. Rana is able to provide both medical and psychotherapeutic interventions. Psychotherapy varies depending on the particular problems being treated and the theoretical approach practiced by the providing therapist. Dr. Rana utilizes evidence-based practices for both psychotherapy and psychopharmacology. Her approach to the use of psychotropic medications is conservative and recommended only if clinically warranted.

Medications, if and when recommended, can facilitate therapeutic interventions. It is important that you take care in selecting a psychiatrist that fits your style and treatment goals.

The first few sessions involve an evaluation of your current problems, concerns, and needs. By the end of the evaluation period, Dr. Rana will offer you her clinical impression and a recommended approach to treatment. Please note that during this time Dr. Rana will be a consultant to you and, where appropriate, your family. You will not yet be in a doctor-patient relationship. If, at the end of the initial evaluation, you feel that working with Dr. Rana would be a good fit, then you and/or your child/family will become an established patient of hers and begin treatment. Therefore, during the initial evaluation, it is important to consider whether Dr. Rana is the best person to provide the

services you need to meet your/your child's specific treatment goals. If indicated (e.g., your presenting problem is outside the scope of Dr. Rana's clinical expertise), a referral to a more appropriate therapist will be provided. If you and Dr. Rana agree to begin psychotherapy, she usually recommends one session per week at an agreed upon time. Psychotherapy sessions, both individual and family, are 50 minutes long. If medications are recommended, the time interval between visits for medication management can vary from 1 week to 3 months.

If you and Dr. Rana agree to work together, you will develop a treatment plan following the initial evaluation. Dr. Rana will discuss with you her working understanding of the problem, treatment options, and therapeutic objectives. If you have any unanswered questions about any of the interventions used in the course of your treatment, their possible risks or benefits, Dr. Rana's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. As noted above, if Dr. Rana believes you are likely to benefit from a treatment that she does not provide, she will provide you with referrals for those interventions.

During the course of treatment, Dr. Rana is likely to draw on various psychotherapeutic approaches as well as potential medication recommendations. These approaches include, but are not limited to, play therapy, parent-child interaction therapy, parent management training for disruptive behavior and/or ADHD, cognitive-behavioral therapy for anxiety, depression, and OCD, mentalization-based therapy for borderline personality disorder, depression, and anxiety, mindfulness (including breath work, meditation, and yoga), psychodynamic therapy, family based therapy for eating disorders, and structural family therapy. Dr. Rana provides neither custody evaluation recommendations nor legal advice, as these activities do not fall within her scope of practice.

Initial here: _____

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychiatrist is protected by law. Records are never shared with anyone else without specific authorization and written consent with the exception of the following circumstances:

- There is reason to believe a patient is at risk for seriously injuring or killing oneself. In these circumstances, we are legally and ethically required to work with the client to prevent this from occurring. This may range from developing a safety plan with family members or others who can help provide protection, arranging for hospitalization with a patient's consent, or in the event of an emergency, facilitating involuntary hospitalization.
- There is reason to believe a patient is at risk for injuring or killing someone else.

In the event that there is an identifiable person or persons at risk, we are legally obligated to take preventative and protective actions to protect others from harm. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization, even if involuntary, for the patient.

- There is reason to suspect a child, elder (age 65 or older), or a dependent adult is being neglected or abused. In these circumstances, we must file an immediate report with protective services or the appropriate state agency.
- In certain cases (i.e., eating disorders), it may be necessary to confer with the patient's primary care physician with regard to his/her psychological treatment or to discuss any medical problems for which he/she is receiving treatment.

Dr. Rana may occasionally consult other professionals about a case. During a consultation, she will make every effort to avoid revealing the identity of her patient. The consultant is also legally bound to keep the information confidential. Furthermore, when Dr. Rana is unavailable (i.e., on vacation, extended sick leave, family emergency), she will provide limited information to a clinician covering for her services.

All mental health professionals are required to keep professional records, which is critical for continuity of care. Although Dr. Rana will make every effort to safeguard her patients' privacy, records may be subpoenaed by a court of law. In most legal proceedings, patients have the right to restrict access to information about their treatment. In some proceedings, such as those involving child custody and those in which the client's emotional condition is an important issue, it is possible that a judge may order that our records and/or testimony be released. Dr. Rana may also disclose relevant information regarding patient care in order to defend herself, if a patient files a complaint or lawsuit against her.

In summary, while protected, patient confidentiality is not absolute. This is especially true in the treatment of children and adolescents. Quite understandably, many parents/caretakers want to know what transpired in psychotherapy or medication management sessions, and in fact, in the case of minors, parental consent for the use of medications is required. However, some degree of confidentiality is essential in order to develop a therapeutic alliance with patients (particularly adolescents). This alliance subsequently improves the quality of their psychiatric care. Therefore, Dr. Rana will use her clinical judgment in deciding whether and when to relay information to parents that has been revealed to her by patients. In most cases, if she feels information needs to be communicated to parents, Dr. Rana will encourage the patient to do it his-/herself to promote agency. In clinically urgent or emergent situations, she may relay the information to parents herself. Dr. Rana will also be happy to answer any questions you have.

Initial here _____

INFORMED CONSENT FOR TELEPHONE, ELECTRONIC AND MAIL CONTACT:

Many individuals feel comfortable communicating via email, because they have installed programs designed to detect spy ware, viruses, or other dangerous software. Even if these programs are used there is no guarantee that such programs will work 100%. Sent and received emails are stored on both Spring Grove and whichever computer you use.

By initialing bellow, I understand the above information in regards to communicating with Spring Grove using email. I also understand that by sending my therapist an email and requesting a response via email that I am aware and willing to accept the risks that may be present with such communication.

Initial here_____

Initial below if you give permission for Spring Grove to initiate sending text messages, emails including, email reminders of upcoming appointments. I also authorize Spring Grove to leave/send messages at the number listed bellow of upcoming appointments. The reminder of appointments is a courtesy that may or may not occur but you are still obligated to inform Spring Grove of any cancelation, 24 hours prior to your appointment for no fee to be assessed:

Print your EMAIL clearly: _____

Cell Phone Number:_____

Cell Phone Carrier (for text messages) (ex. T-mobile): _____

Initial here_____

PROFFERSONAL SERVICES

We are required by law and professional ethics to keep records of our meetings and other contacts in your clinical record. The sorts of information required to be in your clinical record include your diagnosis, symptoms, relevant psychiatric and personal history, medical history, treatment plan and goals, and reports from our office and other providers. Under Texas law, psychological test data are not part of your clinical record because they require special expertise in understanding them. Except in unusual situations that involve danger to yourself or others, you may examine or receive a copy of your clinical record. There will be a fee for copying your chart. If you have questions or concerns about any of the information you share with the psychiatrist please discuss it with your psychiatrist as the situation arises.

Initial here_____

MEDICAL COMPLIANCE POLICIES

Dr. Rana places health and safety as a significant priority because she cares about her patients and their health, wellbeing, and treatment, all of which are directly impacted by their medical health and stability (e.g., eating disorders). By signing this document, you are agreeing to abide by our medical compliance policies as it pertains to the patient for whom treatment is being sought.

As part of Dr. Rana's treatment with your child, you agree to attend all recommended appointments with Dr. Rana, and you agree to have a primary care doctor (if deemed medically necessary) that your child sees as frequently as that physician believes is necessary and recommended to maintain and assess for medical stability. If your child is struggling with something that may impact your child's medical stability (e.g., an eating disorder), you agree to discuss this with your child's primary care doctor and, if recommended or appropriate, seek another primary care doctor who specializes in treating individuals with the diagnosis/-es that your child has.

You also agree to follow the primary care doctor's medical recommendations, including completing any requested laboratory work, and having your child's vital signs checked as frequently as your primary care doctor requests. In commencing treatment with Dr. Rana, you are agreeing that if your child's primary care physician recommends that your child be hospitalized, and that you will comply with the physician's recommendation within the timeframe they recommend. For parents/legal guardians, you are agreeing to sign a Release of Information stating that Dr. Rana may communicate with your child's primary care doctor(s).

If Dr. Rana has concerns about your child's health and safety, she has the right to share this information with the primary care doctor and, for child and adolescent patients, their parents. If you revoke this privilege or Release of Information, Dr. Rana will interpret this as an indication that you no longer wish to continue working with her and she will provide a list of referrals to other therapists.

Initial here _____

MINORS AND PARENTS/LEGAL GUARDIANS

Although only one parent/guardian's signature is required on this document to commence treatment, it is Dr. Rana's policy that a child's participation in treatment be known by both parents (unless otherwise indicated and agreed upon). To this end, parents are expected to communicate with each other about their child's treatment, and Dr. Rana will make efforts to include both parents/guardians during the initial evaluation, treatment planning, and parent check-ins. Unless other arrangements are made in advance with Dr. Rana, please note that if your child is seeing Dr. Rana in an individual session, parents are expected to wait for their children during the session either in the waiting area or within a minute's walking distance from the clinic while also being available by phone.

If you prefer a different arrangement, especially for your teenager, please discuss this in advance with Dr. Rana to confirm whether another plan is agreeable. Finally, if you ever become involved in a divorce or custody dispute and Dr. Rana has been practicing as your child or family's clinician, it is important that you understand and agree that Dr. Rana will not provide evaluations in court. You will be expected to hire a different mental health professional for any evaluations or testimony you require.

Initial here _____

LITIGATION

Due to the nature of the therapeutic process, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Rana to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless we agree otherwise. In the event that you become involved in legal proceedings that mandate Dr. Rana's participation, you will be expected to pay for all of her professional time, including preparation and transportation costs, even if she is called to testify by another party. Because of the difficulty of legal involvement, Dr. Rana's fee is \$500 per hour for preparation, attendance, and travel to/from any legal proceedings.

FEES AND APPOINTMENTS

Dr. Rana charges \$350 for a 45 minute session. For longer appointments, this rate will be prorated to account for the additional time. Longer appointments may be recommended in Family Based Therapy or for structural family therapy.

Initial evaluations for children and adolescents usually require 90 minute session at \$600, so that Dr. Rana can get to know you and/or your family and learn how best she can be of service to you. Dr. Rana's pro-rated charge of \$350 per 45 minutes will be incurred for other needed professional services. Such services may include report writing, preparation of treatment records or treatment summaries, attendance at school conferences or classroom observations, and any other services related to your treatment that you may require. Where applicable, the time it takes to travel from our office to and from such services along with, if more than 5 miles, appropriate gas and toll money may be charged.

Please also note if there is an urgent issue that you would like to discuss over the phone, please note that telephone conversations lasting longer than 10 minutes will be prorated on the same prorated fee of \$350 per 45 minutes.

With regards to medication refill requests, Dr. Rana requires that her patients schedule an appointment to receive prescriptions. Emergencies can arise and in those cases, she will call in a 2 week supply as needed. If you or your family do not think you can present to her office every 1 to 3 months in order to receive your prescriptions, Dr. Rana would recommend that you consider another psychiatrist to provide your care. Medication management visits can last 13 minutes to 25 minutes, depending on complexity of care. The charge for a 25 minute medication management visit is \$225 and for a 13 minute visit \$125.

All outpatient visits must be paid for at the start of each session. Spring Grove Counseling accepts cash, and credit cards (MasterCard, Visa, American Express or Discover).

Dr. Rana does not accept health insurance and is not a member of any managed care provider panels. However, Spring Grove Counseling can provide patients/parents/caretakers with an invoice that includes charges, payments, CPT codes and DSM-IV diagnosis codes; most insurance carriers require this information for reimbursement.

Patients/parents/caretakers can then submit a copy of this invoice to their health insurance company for possible partial reimbursement. Rates of reimbursement vary by insurance carrier and plan. Therefore, you may wish to check with your carrier prior to scheduling an initial appointment.

Initial here _____

SCHEDULING AND MISSED APPOINTMENTS.

Appointments will start and end at their scheduled times, regardless of when the patient arrives for the appointment. Patients may be scheduled back-to-back and Dr. Rana is therefore unable to extend appointment times, as it would be unfair to keep other patients waiting.

Should you need to cancel an appointment, please do so at least 48 business hours in advance. Otherwise, you will be charged at the regular rate for the canceled/missed session. The full professional fee of your missed appointment will be charged. Both telephone and email are acceptable ways to alert Spring Grove Counseling of your cancellation. Business hours are considered weekdays from Monday through Friday and exclude all standard holidays.

Initial here _____

EMERGENCIES

Typically, a Spring Grove employee is available for appointments Monday through Friday. If you need to speak to your Dr. Rana during the week, leave a message with the receptionist or a voicemail at (281) 205-8786 . In a crisis, where the client is in imminent danger, call the police (911) or go immediately to your local emergency hospital.

If you need to contact Dr. Rana in between sessions, please indicate it clearly in your message. Telephone calls are monitored during the day as time allows and we cannot guarantee immediate return calls, but will return your call within 24 business hours.

Initial here _____

Your signature below indicates that you have read and understand this information and have received a copy of this agreement. It also indicates that you (the client/ guardian) give permission to Spring Grove Counseling, PLLC, to provide psychiatric services (to the client) and that this contract is binding to all future sessions you may have with this entity. I understand that violating any of these terms and policies would be a breach of my treatment agreement with Dr. Rana and would be grounds for termination of our treatment together.

