JOSIE HOWARD, MD
PSYCHIATRY AND PSYCHODERMATOLOGY
490 Post Street Suite 1703 San Francisco, CA 94102 tel. and fax 415.217.0017

GENERAL INFORMATION AND PRACTICE POLICIES

Welcome to my practice. These are some basic guidelines for our work together. I will be glad to discuss them further with you if you have questions.

Scheduling and cancellation –Your appointment time is reserved for you. Please provide at least 48 hours (2 business days) notice for any cancellations or changes.

Any appointment that is cancelled or rescheduled with less than 48 hours (2 business days) notice will be billed at the full fee.

Medication Refills – Please ask your pharmacy to fax a refill request to my office at 415.217.0017 at least *4-7 days* before you anticipate needing a refill. You may also leave a message with the medication name and pharmacy information on my voicemail.

Fees and payment – The fee for an initial 75 minute session is $495, and the fee for an extended 80-100 minute session is $595; subsequent 50 minute sessions are $340, and 25 minute sessions are $275. A discount will be given for payment by cash or check *only if it is received on or before the time of service*. The discounted fee is $485 for the 75 minute session, $585 for the 80-100 minute session, $330 for a 50 minute session, and $265 for a 25 minute session.

- Payment is due at the start of each visit. You will receive a statement at the end of each appointment which you may send to your insurance company for reimbursement.

- Extended phone conversations (longer than 5 minutes) will be billed at a rate equivalent to the hourly fee.

Confidentiality – All information discussed in treatment sessions is confidential, and I am obligated by law and the psychiatry code of ethics to protect your right to confidentiality. This means I must have your permission before revealing any information about you to anyone, with the following exceptions:

- **Legal limitations** – I am obligated by law to disclose information under certain legally defined situations. These situations include: (1) if you are a danger to yourself or others; (2) an incident of child abuse by you or someone else; (3) an incident of abuse of someone over age 65 or of a disabled adult; (4) if you are unable to provide food, clothing or shelter for yourself.

- **Insurance information** – If you submit my statement to your insurance company, be aware that the company may request certain information from me as a requirement of your reimbursement. This information could include date of appointments, diagnoses, medications prescribed, and treatment summary (the minimum necessary). It is my policy not to release copies of my psychotherapy notes to an insurance carrier, unless you request this release.

- **Communications with other professionals** – It is often helpful to communicate with other health care professionals working with you. It may be necessary under certain circumstances. These communications will be discussed with you, and I will obtain your written consent before they take place.

Emergencies – If you experience what you believe is a psychiatric emergency, please call or go to your nearest emergency department. You may also call Mobile Crisis (415.355.8300), Westside Crisis (415.353.5050), or 911. Please note that I do not provide emergency psychiatric services, and am not easily reachable after business hours or on weekends. However, you are always welcome to leave a message, and I will return your call as soon as possible, usually within one business day.

Please sign below to indicate that you have read and understand these guidelines. I look forward to working together.

Sincerely,

Josie Howard, MD

I have read the foregoing and understand its content. I agree to treatment with Dr. Josie Howard, under the conditions stated above. I understand that I can withdraw my consent and terminate treatment at any time.

Signature: _____ **Date:_____**