



SERVICE AGREEMENT & CONSENT TO TREATMENT

(Please read this entire document carefully before signing)

Welcome to Berger Psychiatric Services: This agreement provides those who seek treatment from Berger Psychiatric Services with a clear understanding of how we manage our office in psychiatric evaluation and medication management services. This document is intended to provide you with enough information to make an informed consent to participate in treatment. Please read it carefully and do not hesitate to discuss your questions or concerns about this information with Berger Psychiatric Services.

Assessment: Your provider will gather historical information to help them learn about your situation and determine what treatment intervention will be best for you. If your provider determines that Berger Psychiatric Services cannot offer you the services you need after your initial assessment, you may receive a referral to a provider who can offer you appropriate treatment as determined by your initial assessment.

Treatment: Once it has been established that Berger Psychiatric Services is an appropriate resource for you, you and your provider will develop a plan of care to guide your recovery. In order for the plan of care to be successful, you must actively be engaged in your care by informing your provider of any disagreements or issues related to your care then following the agreed up on recommendations such as medication regimens and attending appointments as scheduled. You will be offered services specifically designed for you. These may include medication management with Berger Psychiatric Services or therapy with New Day Counseling.

Appointments: Will be determined by the plan of care as agreed upon by you and your provider. Cancellations must occur at least 24 hours prior to your scheduled appointment time (otherwise you will be charged a late cancel fee of \$55.00). Appointment requests/changes/cancellations should be made by calling 724-923-6124. All other questions/concerns should be directed to Berger Psychiatric Services by calling 412-467-6410. If you arrive late to your appointment, you may have to wait to be seen or asked to reschedule your appointment. Calling the office at 724-923-6124 to notify that you will be late, may decrease your wait time and reduce the likelihood that you will be rescheduled.

Telephone Calls: Berger Psychiatric Services has a 24 hour answering system (412-467-6410), you may leave messages at any time. Messages are reviewed daily but may not be returned until the next business day. If you are in a crisis situation, please do not leave a message. Go to the closest emergency room for treatment, call Resolve Crisis Network at 1-888-796-8226, call the Lawrence county crisis line at 724-652-9000, or text CONNECT to 741741.

Controlled Substances: Berger Psychiatric Services has a strict policy regarding controlled substances. We DO NOT prescribe controlled substances to any individual for any reason. Examples of controlled substances are Vyvanse, Adderall, Concerta, Ritalin, Klonopin, Ativan, Xanax, and Valium. If you feel that you require a controlled substance to be prescribed, you may be referred to another treatment provider. We do not encourage receiving psychiatric treatment from multiple providers so if you are receiving a controlled substance for psychiatric reasons from another provider, we may not be able to offer you treatment at Berger Psychiatric Services. This will be determined on an individual basis after assessment of your psychiatric needs. Berger Psychiatric Services can provide treatment recommendations to your primary care provider (PCP) after an assessment of your psychiatric needs, if you choose to receive medication management services through your PCP.



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Medication Refills: Medication refills are only provided to existing patients. If you have not yet had a psychiatric evaluation at Berger Psychiatric Services, you should contact your most recent prescriber for refills. Medication refills outside of appointments are determined on an individual basis. You may be required to have an appointment prior to receiving a refill or may only receive enough medication to get you to your next scheduled appointment. Please allow for at least 3 business days to receive a response regarding medication refills. Medication refill requests should be made by calling 412-467-6410. Please include the patient's first and last name, the patient's DOB, the relation of the person requesting a refill if not the patient, preferred pharmacy name/phone number, name of the medications being requested, and date of the patient's next scheduled appointment.

Confidentiality: Our services are best provided in an atmosphere of trust. It is important that you and your provider honestly discuss your problems and progress. In order to guard this trust, everything that is discussed during your appointments is held in strict confidence. However, there are limits to our ability to maintain confidentiality. We are required to communicate to insurance companies, managed care companies, and other related organizations involved in approving your medications and services. These communications may occur by postal service or by facsimile machine. We are also required by law to report known incidents of child abuse, felonious crimes, circumstances where this is an immediate danger to your or another person. Finally and importantly, there are limitations to confidentiality in the event of a court order or subpoena.

Professional Records: Both the law and professional standards require that Berger Psychiatric Services keep appropriate treatment records. We handle these records carefully and keep them locked in files to protect confidentiality. We also recommend that you consider very carefully before signing any document releasing your records.

Termination: Termination is inevitable. It should not be done casually. Berger Psychiatric Services' providers can terminate your treatment at any time for non-compliance of your plan of care. Either you or your provider can terminate your treatment.

Complaints: If you are dissatisfied with any aspect of your treatment, please discuss it with your provider. You may also voice complaints by calling 412-467-6410. Berger Psychiatric Services respectfully requests that we be given the opportunity to address your complaints before you post a complaint publicly.

Emergencies: We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care, in case of emergency involving your care, your location, your general condition, or death. If at all possible, we will provide you with an opportunity to object to this use of disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to make reasonable inference of your best interest by allowing someone to pick up a prescription, or other similar forms of health information and/or supplies unless you have advised otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our office staff, outside health or management reviewers and individuals performing similar activities.



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Required by Law: We will disclose your health information when we are required to do so by law (court or administrative orders, discovery request or other lawful process). We will use and disclose when requested by national security, intelligence, or other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement. If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and we will not release the information without your written consent or court order. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others. Abuse or neglect of a minor child will require us to release health information without consent.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, and disease/infection exposure, and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will NOT use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counter intelligence, other national security activities, we may disclose to authorized federal officials.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment at our office by call, text, or e-mail. If you do not wish to be contacted by these methods, please inform the front office.

Alternative Treatment: We may use and disclose health information to inform you about treatment alternatives and other health related benefits that we believe may be of interest to you.

New Day Counseling & Psychiatric Services, LLC: New Day Counseling is a separate business from Berger Psychiatric Services as a result policies may differ. Berger Psychiatric Services has an agreement with New Day Counseling to provide psychiatric evaluation and medication management services at New Day Counseling & Psychiatric Services, LLC physical business location.



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Video appointments/Telepsychiatry: Berger Psychiatric Services offers video appointments through www.bergerpsychiatricservices.org to individuals in the states of Pennsylvania, Oregon, Idaho, Vermont, Nevada, Montana, and Arizona. Patients are not required to be at the office and may be at any private location of their choice for the appointment. Video appointments require access to a device with audio and video capabilities as well as internet connection. Most insurances do not cover video appointments. Video appointments can only be scheduled by going to www.bergerpsychiatricservices.org then clicking Schedule Now. This will take you to a secure video platform to set up an account then schedule an appointment. Video appointments requests CANNOT be made by calling 724-923-6124. Pricing for video appointments is different for Pennsylvania residents due to Pennsylvania being a collaborative practice state. Please contact Berger Psychiatric Services to inquire about video appointment pricing for PA residents. Hours for video appointments may vary from the hours offered at the New Day Counseling physical location - see www.bergerpsychiatricservices.org for hours offered for video appointments.

Election to Self-Pay: If you have a health insurance provider in network with Berger Psychiatric Services but would prefer to self-pay for services, you can do so by signing a form to indicate this. Any services provided prior to the form being signed will be billed to your insurance. You can revoke this at any time by signing a separate revocation form. These forms can be obtained by asking your provider or office staff. Any medical services provided from the time of signing the election to self-pay form until the date of signing the revocation form will not be billed to your insurance and you will be expected to pay as a self-pay client. Any medical services provided after the date of signing the revocation form will be billed to your insurance. Self-pay clients may be offered a discounted rate. You can inquire about self-pay rates by asking your provider or contacting office staff.

Statement of Client Rights & Responsibilities

Client Rights

- I have the right to receive information about my managed care companies' services and treatment providers, clinical guidelines, and client's rights and responsibilities.
- I have the right to be treated with respect and dignity.
- I have the right to privacy and confidentiality.
- I have the right to fair treatment. This is regardless of race, religion, gender, ethnicity, age, disability, or source of payment.
- I have the right to the rights and privileges granted by State and Federal Law.
- I have the right to participate with my treatment provider in decision-making regarding treatment planning.
- I have the right to voice a complaint or appeal should a dispute arise over treatment or claims.
- I have the right to make recommendations regarding clients rights and responsibilities policies that may be implemented.
- I have the right to a candid discussion of appropriate or medically necessary treatment options for my condition(s), regardless of cost or benefit coverage.

Client Responsibilities

- I have the responsibility to provide, to the extent possible, information that my provider(s) need in order to care for me.
- I have the responsibility to follow the plans and instructions for care that I have agreed upon with my treatment provider.
- I have the responsibility to participate, to the degree possible, in understanding my behavioral health problem(s) and developing mutually agreed-upon treatment goals.
- I have the responsibility to inform my provider of changes in my address and insurance coverage.
- I have the responsibility to keep scheduled appointments and comply with my treatment provider's cancellation policy.



Berger Psychiatric Services

A guide for your journey to emotional & mental wellness

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I have read or had this read to me. I understand what it means and agree to participate in the treatment.

Signature of Patient/
Parent or Guardian:

_____ Date: _____

Signature of Witness: _____

Date: _____

Comments: