



**ANDRES MONTALVO, MD**

**Psychiatrist**

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## **INFORMED CONSENT FORM**

Welcome to **Professional Psychiatric Services**. This document contains important information about our professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them during our meeting. When you sign this document, it will represent an agreement between us.

My name is **Andres Montalvo** and I am a psychiatrist with license to practice medicine in the state of Florida (License ACN 557), graduated from Upstate Medical School, Syracuse, NY and I have been practicing psychiatry for 30 years.

### **PSYCHIATRIC SERVICES**

Psychiatry is the medical specialty devoted to the study of mental disorders for the prevention, evaluation, diagnosis, treatment and rehabilitation of individuals who are mentally ill and for ensuring that the individuals feel independent and adapt to their living conditions. A fundamental element in psychiatry, since it is a medical discipline, is performing a diagnosis, which implies the ability to differentiate mental disorders from behavioral changes due to other causes.

### **MEETINGS**

We will usually schedule one 45-minute per session for the first psychiatric evaluations, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to assist unless you provide **24 hours advance notice of cancellation** or unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, we will try to find another time to reschedule the appointment.

### **PROFESSIONAL FEES**

If you have no health insurance, we have agreed our hourly fee is \$200.00. In addition to regular appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if you work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require our participation, you will be expected to pay for the professional time even if we have called to testify by another party. Because of the difficulty of legal involvement, a charge \$300 per hour for preparation and attendance at any legal proceeding will be charged you.

### **INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you are responsible for full payment of our services. It is very important that you find out exactly what mental health services your insurance policy covers and what the reimbursement procedure entails.

**CONTACTING US**

The doctor often not immediately available by telephone and probably will not answer the phone when we are in session with a patient. We do not have specified call-in hours. When we are unavailable, you may leave me a message on my confidential voice mail, which we monitor frequently. We will make every effort to return your call within a reasonable time, with the exception of weekends and holidays, unless you specify that it is an emergency. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. If it is a life threatening situation, you should call 911. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

**PROFESSIONAL RECORDS**

The laws and standards of our profession require that we have to keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead.

**CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a physician is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent us from providing any information about your treatment.

**TREATMENT TERMINATION**

If at any time during the course of your treatment the doctor determines cannot continue, we will terminate treatment and explain why this is necessary. Ideally, treatment ends when we agree your treatment goals have been achieved. Additional conditions of termination include: You have the right to stop treatment at any time. If you make this choice, referrals to other physicians will be provided and you will be asked to attend a final 'termination' session.

Your signature below indicates that you have read the information in Informed Consent document and agree to abide by its terms during our professional relationship.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient (if applicable): \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_