

Jena Jamison, MD
Psychiatry and Psychotherapy
720-235-8552
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CLIENT SERVICES AGREEMENT

I am glad we will be meeting for our first visit, and once our evaluation process is complete, we will decide whether to move forward with a treatment plan together. We will take initial steps right away, but may take the first few sessions to decide whether to continue a treatment relationship. It's best if we find a way to meet on a regular basis. For psychotherapy, I've found meeting once a week works best. For a focus on medical-based treatments and preventive aides, frequency may range from weekly to once every few months.

APPOINTMENT POLICIES

I recognize your time is valuable, and in order to get the most benefit out of your sessions, it is best to keep appointments and arrive on time. If you are late to a session, we will still end on time. I ask that if you need to cancel an appointment, you do so at least 48 hours in advance, because my time is valuable too. If you cancel in less than 48 hours, you are still responsible for the appointment, unless I'm able to fill the slot, so I wouldn't need to charge for the time. This policy applies for either in person or tele sessions.

If cancellations or no-shows become a pattern, I'll discuss referral options with you. I offer tele sessions to make appointments more convenient, or if you're having a hard time leaving the house, via a website encrypted to HIPAA standards.

PROFESSIONAL FEES

1 hour initial visit: \$150 for tele session during COVID 19, and \$325 for regular in office visits

45 minute follow ups: \$250

30 minute follow ups: \$150 for tele session during COVID 19, and \$175 for regular in office visits

I understand that as your doctor, we will sometimes have calls or documentation outside of sessions. On the rare occasion you need phone calls, documentation, or other services that last longer than a few minutes outside of our appointments, rates apply.

PAYMENT POLICIES

The credit card information submitted with your documents will be kept on file and used as the payment method for your sessions, but you still have the choice to pay by cash or check in-office. Your billing will typically be processed within 7-10 days of your visit, at which time you will receive your receipt via email.

PRESCRIPTION POLICIES

Refills: I require that you submit refill requests at least 5 days prior to your medication running out. It's my experience that things can happen, and 5 days is the minimum amount of time to make sure your medication is in hand by when you need it.

INSURANCE

While I am not in any health insurance networks, I can provide you with a statement that includes billing codes, which you can submit to your insurance company for reimbursement using your out of network benefits. If you plan to use this option, please check with your insurance carrier to find out your specific out of network benefits, so you will be aware of the overall charges to you.

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CONTACTING ME

Use the information above to contact me. If I'm unable to answer your call, leave a message and I will try to get back to you within 1 business day, and if you haven't heard back from me, there's a chance I didn't get your message, so please try again. If you have an emergency, please call 911 or go to the nearest emergency department, because that's the safest avenue for emergency care. Please be aware that email or text communication is not secure up to HIPAA standards.

CONFIDENTIALITY

I will keep information about your treatment confidential unless you provide written permission for me to share that information with other parties. In rare circumstances, the law may require me to disclose portions of your private information. While these situations are rare, I want you to be aware of the potential circumstances in advance.

- If you communicate a threat of immediate harm to an identifiable victim or victims, along with the intent to carry out that threat, I have a legal obligation to notify police and attempt to notify the potential victim(s). I may also seek hospitalization for you if it seems clinically necessary.
- If I suspect child or elder abuse, exploitation, or neglect, I am legally obligated to report this.
- If you are involved in a legal matter, I may need to provide information about your treatment if ordered by the court, or if I am served with a subpoena. Otherwise, I need your permission to provide this information. If you are involved in a legal matter, please consult with your attorney to determine whether it may be possible that I would be issued a court order or subpoena to provide information about your treatment.

INSURANCE AND PRIVACY LEGALITIES

If you submit claims to your health insurance company, they can access portions of your health records, including but not limited to diagnoses and evidence for those diagnoses. It is likely your company will keep this information confidential, but I do not assume responsibility for how they handle their information. You are agreeing that I can provide requested information to your insurance carrier.

Your signature indicates you have read this agreement, understand it, and agree to its terms during our professional relationship.

Signature

Date