

Monika do Valle
Onsight Integrative Psychiatry
San Rafael, CA 94903
Phone: 415.322.8834 · Fax: 614.633.3826 ·

Treatment Policies and Care Agreement

Please read the italicized sections carefully, as they represent your agreements in this care contract. Your initials after each section and signature at the end indicate acceptance of these policies.

As a patient of Dr. do Valle, you can expect to:

- be treated with consideration and respect
- be viewed as a unique and worthwhile individual with strengths as well as vulnerabilities
- have your experiences heard with compassion and non-judgment
- receive care in a comfortable and private setting
- receive care that is free from discrimination on any basis
- have appointments that start and end on time
- be educated about your condition and options for its treatment, including non-treatment, and be involved in all decisions about your care
- have any concerns and questions addressed in a timely manner
- have every aspect of your care remain strictly confidential, except when the doctor is required by law to do otherwise
- have any grievances or concerns responded to in a respectful and constructive manner
- have access to your medical record, if requested
- be fully informed about financial aspects of your care
- be able to designate a health advocate to help you with decision-making in your care
- be helped to find alternative care if you or the doctor feel that a different care arrangement is in your best interest

Office Hours and Appointments

Office hours are 12 to 8 pm on Mondays, 10 am to 6 pm on Tuesdays, 11 am to 3 pm on Thursdays and Saturday appointments may be available between 1 and 4 pm. New patient appointments are 60 minutes; follow-up visits for medication management are between 20 and 30 minutes. Psychotherapy sessions are 45 to 55 minutes. New patient appointments can proceed only if the requested intake forms are completed and provided in advance of the appointment. *Initial* _____

Communication

Dr. do Valle manages all scheduling via email, and communicates with patients on other matters via email or phone. Typically, email is returned within a few business hours. Email should be used only for non-urgent matters. Routine calls are generally returned on the next business day. *I consent to doctor-patient communication via email. I understand that even when all reasonable security measures are employed, email cannot be guaranteed as entirely private and confidential, and that emails I send will be included as part of my medical chart.* Responses to patient emails that require clinical

expertise incur a consult fee as outlined in the Financial Agreement. In an emergency, or in the case of suicidal or violent thoughts, patients should call 911 or go to their local emergency room. For urgent but non--life--threatening issues, patients may call Dr. do Valle and follow instructions for marking their message as urgent. Urgent phone calls are returned within 12 hours. **Initial _____**

Arrival, Cancellations and Missed Appointments

I will make every effort to arrive on time for my appointments. If I arrive late, I understand that I will be seen for the time remaining in the appointment but missed time cannot be made up. If I am ten or minutes late for a 20--minute visit, I understand I may not be able to be seen that day and will be rescheduled. When possible, if running late, I will notify my doctor by urgent phone message or email. I will provide 48 hours' notice of a cancellation or a reschedule request. Without provision of 48 hours' notice, I agree to pay the full appointment fee as outlined in the Financial Agreement. Dr. do Valle makes an exception to this policy only for women in labor or who have been admitted to the hospital. First--time patients who arrive 15 or more minutes late cannot be seen that day, and will be rescheduled. **Initial _____**

Prescription Policies

I understand that my doctor will prescribe enough medication to last until the next recommended visit. I will track my current supply of medication and remaining refills. I will request prescription refills during my appointments. The responsibility for making a timely appointment request that ensures an adequate supply of medication is mine. If I do not meet this responsibility, I agree to pay the fees (\$40) for interim (between--visit) or urgent refills, as indicated on this practice's website, if my doctor judges such a refill to be medically necessary. Prescriptions for controlled substances such as sleep, anti--anxiety or ADD medication will only be provided during appointments. I understand that while being prescribed a controlled substance, I will need to be seen monthly for the first several months, and then at least every 3 months once stable, without exception. Dr. do Valle subscribes to the California State Prescription Drug Monitoring Program to track patients' use of controlled substances. Misrepresentation about or misuse of controlled substances may be cause for patient discharge. I understand and agree to this office's policies regarding prescriptions and controlled substances. **Initial _____**

Confidentiality and Release of Medical Records

Your status as a patient and all information related to your care is treated confidentially. This office will not share or release health information about you to anyone, including your spouse/partner, without your written consent. There are legal exceptions to this rule, which you can review with the doctor. *I have had any questions related to confidentiality satisfactorily answered. I agree to keep a current consent--to--release--information form on file with this office. I will supply my doctor with all prior mental health records and select physical health records that she requests. I agree to keep my doctor updated about changes in my health conditions and about medications being prescribed to me by other doctors. I understand I have the right not to share my medical records, but that this may jeopardize my overall care and may be cause for cessation of the doctor--patient relationship.* **Initial _____**

Health Habits

Being honest with your doctor about your lifestyle habits allows for the best outcomes. *I agree to disclose to my doctor at the onset of care and on an ongoing basis my habits such as diet, exercise, smoking, internet use, shopping, gambling, sexuality, alcohol and other drug use, sleep habits, stress management and relationships. I understand that maximizing healthy habits and self-care is vital to my treatment.*

Initial _____

Alternatives to In-Person Appointments

Dr. do Valle offers house calls to patients medically unable to come to the office, and to patients seeking counseling around parenting a young child. Insurance generally covers house calls. House calls have geographic and time-of-day restrictions. This office also offers email-based care consults, and counseling sessions via telephone, Skype, Face Time and online chat. Most insurance plans do not as yet reimburse treatment through these modalities. Using an alternate modality is not always medically appropriate, and the doctor may decline to provide such a service and recommend an in-person appointment instead. *If I request a phone, Skype, Face Time or chat session, I agree to pay the full cost of the service. I also understand that even when all reasonable security measures are employed, these alternate modalities cannot be guaranteed as entirely secure and confidential.*

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Social Media and Networking

Psychiatric care works best when conducted in a confidential, safe, well-bounded setting. As a matter of policy, Dr. do Valle does not interact with patients on personal social media or networking sites.

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Patient Satisfaction and Grievances

Dr. do Valle has an unrestricted medical license (20A11322) from the state of California, with no history of complaints or actions against it. The doctor and her staff are strongly committed to patient satisfaction and to working together with patients to ensure they receive high-quality, compassionate medical care. To that end, patients are asked to discuss any concerns or dissatisfaction directly with Dr. do Valle. *I agree that if I am dissatisfied with some aspect of my care, I will a) inform Dr. do Valle in writing that I have a grievance and b) give her the opportunity to remediate it. If no such remedy is possible and I choose to terminate my care, I agree to do so in writing. I also agree that I will follow these steps before posting a negative review of the doctor or her practice in any public forum, and that if I do post a negative online review that I will do so in a constructive and respectful manner.*

Initial _____

Patient Signature

Date

Printed Name

