

Weekend Behavioral Health

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## Consent for Evaluation & Treatment / Practice Polices

Please read carefully, initial on each page, sign and date on the last page.

### **SERVICES OFFERED:**

#### INITIAL INTAKE:

One of the most important aspects of treatment relationship is the goodness-of-fit between psychiatrist and client. Hence the initial intake is an opportunity for client, responsible party (if applicable) and Dr. Wang to determine if Dr. Wang is a good fit for the client. At your initial visit, Dr. Wang will conduct a thorough review of client's current complaints and of client's background. By the end of the initial visit Dr. Wang will provide client and responsible party (if applicable) with his preliminary impressions and discuss potential treatment options. **No physician-patient relationship will be established until the following conditions are met: 1) completion of initial Intake, 2) all parties agreed to treatment terms, and 3) all parties signed and initialed all pages of the "Consent for Evaluation & Treatment/ Practice Polices" form.** If any parties feel that Dr. Wang is not a good fit for client's needs, Dr. Wang would be happy to provide potential referrals to other mental health professionals.

#### PSYCHOTHERAPY:

Psychotherapy, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help decrease or control troubling symptoms so a person can function better and can increase well-being and healing.

Psychotherapy is a long-term process that requires motivation, hard work and discipline. Clients can have different degrees of success depending variety of individual factors. In addition, clients should be aware that the process of psychotherapy may be challenging at time which could potentially have impact on current relationship you may have. If this occurs, it is very important to address these issues in session.

Depending on capability/goodness-of-fit between psychiatrist and client, Dr. Wang may recommend client to conduct therapy with himself or recommend other mental health providers/agencies.

Client or responsible party (if application) Initial: \_\_\_\_\_

### MEDICATION MANAGEMENT:

Depending on client's treatment needs, medications may be indicated. Dr. Wang will discuss with client and responsible party (if applicable) medication options that are available to meet the client's treatment needs. Dr. Wang will discuss with client and responsible party (if applicable) medication mechanism, dosage, frequency, expected benefit, risks, side effects, drug interactions, withdrawal effects if medication was abruptly stopped. By the end of the discussion client and responsible party (if applicable) will have the information needed to rational decision/ informed decision as to which medication is right for client.

If client is already receiving psychotherapy from another therapist, and are referred to Dr. Wang for medication management, Dr. Wang will make effort to coordinate care with client's therapist (client and responsible party (if applicable) consent required). Dr. Wang believes communication between mental health professionals is key to providing high quality care.

Not everyone is an appropriate candidate for medication therapy. Medication therapy requires strict adherence to dosage, and frequency, close follow-up, blood test and sometimes additional medical workup/clearance. Your ability to adhere to medication and treatment recommendations will be taken into consideration in making the decision to start medication therapy.

Overall, Dr. Wang strongly believe in bio/psycho/social model of medical treatment. Treatment that considers client's biological factors, your psychological development factors, and social issues together will likely yield the best chance for success in achieving client's treatment goals.

### FREQUENCY AND DURATION OF VISITS:

At your initial visit, Dr. Wang will work with client and responsible party (if applicable) to decide the structure of client's treatment. If medications are prescribed, or adjusted, 30-minute follow-up in 1 to 2 weeks is highly recommended to ensure proper administration, assess response, and address any potential side effects. If client's symptoms have stabilized, follow-up visits can be spaced out at 1-2 months intervals. If you are to undertake psychotherapy, weekly 60-minute sessions will provide the best results. We may discuss an alternate treatment structure depending on your circumstances.

### FEES:

For child and adolescent initial evaluation (90 minutes), my fee is 750.00. For adult initial evaluation (60 minutes), my fee is 500.00. For follow up medication management appointments (30 minutes) my fee is 250.00. For psychotherapy or combination (psychotherapy and med management) appointments (60 minutes), my fee is 500.00. Other miscellaneous services such as filling forms, telephone correspondence, prior authorizations, court hearings, etc. will be billed at rate of 125.00 per 15 minutes increment with a minimal charge of 15 minutes (125.00). Fees may be subject to change. If Dr. Wang's fees are to increase, Dr. Wang will provide you a 30-day notice to alert you to the change.

### CANCELLATIONS AND NO-SHOWS:

Client or responsible party (if application) Initial: \_\_\_\_\_

If appointments must cancel or reschedule, Dr. Wang requires at least 48-hour notice (weekends not included). If your appointment is on a Monday, the cancellation must be made by the same hour on the preceding Friday. Cancellations that occur with less than 48-hour notice or failure to show to an appointment will be charged the full fee for the session.

PAYMENTS:

Payment will be charge at the beginning of each session, unless we have agreed on other arrangements. Dr. Wang accepts cash or major credit cards. If payment is 60 days past due, Dr. Wang reserve the right to utilize legal resources such as collection agencies or small claims court in order to obtain payment for my services.

INSURANCE POLICIES:

Dr. Wang do not currently accept most insurance policies. Hence Dr. Wang will be considered “out of network.” If client or responsible party (if applicable) wishes to be reimbursed for sessions, it will be client or responsible party (if applicable)’s responsibility to consult client’s insurance company regarding their out of network provider policies and apply for reimbursement is allowable by client’s insurance company. Dr. Wang is able to provide client or responsible party (if applicable) a “super bill” that client or responsible party (if applicable) can submit to your insurance company for potential reimbursement.

MEDICAL RECORDS:

Dr. Wang is required by law, to keep medical records. Dr. Wang’s medical records will be electronic and encrypted. Any written records including the initial consent forms, letters, outside medical records, will be uploaded to HIPAA compliant electronic medical record system. Client and responsible party (if applicable) are entitled to review client medical record at any time, unless Dr. Wang feels that by viewing client’s records, could jeopardized client’s emotional or physical well-being. If client or responsible party (if applicable) wishes to view client’s records, it is recommended that Dr. Wang review them together with client or responsible party to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and summarizing the medical record will be charged the appropriate fee (see above)

CONFIDENTIALITY:

The security of client’s sensitive information is of utmost importance to Dr. Wang. Dr. Wang is bound by law to protect client’s confidentiality. Any disclosure of client’s treatment to others will require client or responsible party (if applicable)’s explicit written consent. As described above, basic information about client’s treatment may be disclosed to client’s insurance company for purposes of prior authorization if necessary. There are exceptions to this confidentiality, where disclosure is mandatory. These include the following:

Client or responsible party (if application) Initial: \_\_\_\_\_

- If there is a threat to the safety of others Dr. Wang will be required by law to take protective measures including reporting the threat to the potential victim, notifying police, and seeking hospitalization
- When there is a threat of harm to client's self, Dr. Wang is required to seek immediate hospitalization, and will likely seek the aid of family members or friends to ensure client's safety.
- If a mental illness prevents client from providing for your own basic needs such as food, water, shelter, Dr. Wang will be required to disclose information to seek hospitalization.
- In legal hearings, client has the right to refuse Dr. Wang's involvement in the hearing. There are rare circumstances, however, in which Dr. Wang will be required by a judge to testify on your emotional, or cognitive condition.
- In situations where a dementing illness, epilepsy or other cognitive dysfunction prevent client from operating a motor vehicle in a safe manner, Dr. Wang will be required to report this to the DMV

These situations rarely occur in an outpatient setting. If they do arise, Dr. Wang will do his best to discuss the situation with client and responsible party (if applicable) before taking actions. In rare circumstances Dr. Wang may find it helpful to consult with other professionals specialized in such situations (without disclosing client's identity to them).

#### MY PRACTICE:

Dr. Wang shares office space with other mental health professionals. However, Dr. Wang is part of Weekend Behavioral Health and not part of other group practices in Ethera (office space rental company). Dr. Wang's medical records are kept secured in HIPAA compliant electronic medical record system. No other person operating in Ethera (office space rental company) will have access to client's records without client or responsible party (if applicable)'s written consent. Dr. Wang is fully responsible for the services he provides to client. If client does see a therapist in Ethera (office space rental company) for psychotherapy, or another community therapist/physician, it may be helpful to collaborate and coordinate client's care, and this will require client or responsible party (if applicable)'s written consent. Any clinician to whom Dr. Wang refer client will be responsible for the care they provide to client.

#### CONTACT INFORMATION:

Dr. Wang's cellphone/voice mail 718-415-6803 is the best way to contact Dr. Wang outside the office. Dr. Wang carries his cell phone with him at all times, and check my voicemail regularly. When you leave a message, please state your name clearly, your phone number(s) (even if you think I have it), reason for calling, and let me know when is the best time to contact you. When a message is left Dr. Wang will be notified immediately. Please note that I may be with a client, but will make every effort to address your issue as soon as possible. For non-urgent matters, please allow 3 business days for a response. Messages left late in the day, on weekends or holidays, may not be returned until the next business day. If you or someone close to you is in immediate danger, please call 9-1-1 or proceed to the nearest emergency room. If you choose to contact me via e-mail, please be aware that e-mail is not a secure means of

Client or responsible party (if application) Initial: \_\_\_\_\_

communicating sensitive mental health information. I do not check my e-mail regularly so it is not an appropriate way of contacting me in an emergency.

TREATMENT CONSENT:

By signing below, you certify that you have read and understand the terms stated in the Treatment Consent Form. You indicate that you understand the scope of my services, session structure, fees, cancellation/no-show policies, payment policy, insurance reimbursement, confidentiality, the nature of my practice, and my contact information, and that you agree to abide by the terms stated above during the course of our therapeutic relationship.

Client name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Client name's signature: \_\_\_\_\_

Responsible party (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship between responsible party and client: \_\_\_\_\_

Responsible party name's signature: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Date: \_\_\_\_\_

Psychiatrist signature:  
\_\_\_\_\_

Client or responsible party (if application) Initial: \_\_\_\_\_