

STACI R. JOHNSON, M.D.

"OUR SEASONS"

15338 Central Ave. Suite #103  
Chino, CA 91710

(909)742-9724

## CONSENT FOR SERVICES

THIS LETTER OF AGREEMENT CONFIRMS THAT STACI R. JOHNSON M.D. HAS BEEN ASKED BY YOU TO PROVIDE MENTAL HEALTH SERVICES.

### GENERAL POLICIES

#### GENERAL

OUR OBJECTIVE IS TO HELP YOU GET BETTER. THERE IS AN EXPECTATION, BUT NO GUARANTEE. THE OPPORTUNITY FOR IMPROVEMENT INCREASES THE MORE OPENLY AND FEELY YOU TALK ABOUT YOURSELF. IN ORDER TO FACILITATE THE TREATMENT PROCESS, YOU ARE ENCOURAGED TO ENGAGE WITH THE PROVIDER. IT IS UNDERSTOOD THAT SOME QUESTIONS OR TOPICS MAY SEEM ODD OR CAUSE INTENSE EMOTIONS OR EMBARRASSMENT WHEN PRESENTED. YOU ARE NOT OBLIGATED TO ANSWER ALL THE QUESTIONS. HOWEVER, WE ASK THAT YOU LET THE PROVIDER KNOW IF SOMETHING CAUSES YOU TO FEEL UNCOMFORTABLE. RECOMMENDATIONS FOR MEDICATION AND/OR THERAPY MAY OR MAY NOT BE MADE.

#### CONFIDENTIALITY

WHAT IS DISCUSSED DURING APPOINTMENTS WILL NOT BE REVEALED TO ANYONE ELSE WITHOUT YOUR PERMISSION, EXCEPT WHERE DISCLOSURE IS REQUIRED BY LAW. THE EXCEPTIONS INCLUDE: (1) ABUSE OR NEGLECT OF A CHILD, DEPENDENT, OR ELDER ADULT, (2) DANGER OF HARM TO YOURSELF OR OTHERS, (3) GRAVE DISABILITY TO ONE'S FUNCTIONING OR SURVIVAL, OR (4) PURSUANT TO LEGAL PROCEEDINGS. WE MAY ASK YOU TO SIGN A RELEASE OF INFORMATION TO COORDINATE CARE WITH YOUR OTHER HEALTH CARE PROFESSIONALS. YOUR INFORMATION WILL NOT BE DISCLOSED TO YOUR HEALTH INSURANCE CARRIER WITHOUT PRIOR WRITTEN CONSENT.

INITIAL HERE TO INDICATE UNDERSTANDING  
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### GENERAL POLICIES CONT.

#### RISKS AND BENEFITS

MEDICATIONS AND PSYCHOTHERAPY EACH HAVE RISKS AND BENEFITS. RISKS OF MEDICATION WILL BE DISCUSSED IN APPOINTMENTS BEFORE STARTING NEW PRESCRIPTIONS. RISKS OF PSYCHOTHERAPY INCLUDE EXPERIENCING UNCOMFORTABLE LEVELS OF EMOTION. IN THE WORST CASE SCENARIO, RISKS OF PSYCHOTHERAPY MAY INCLUDE TEMPORARY WORSENING OF PSYCHIATRIC SYMPTOMS. TREATMENT OFTEN REQUIRES RECALLING UNPLEASANT ASPECTS OF YOUR HISTORY AS WELL AS THE EXPERIENCE OF EMOTIONAL PAIN IN THE PRESENT. MEDICATIONS, AS WELL AS PSYCHOTHERAPY, HAVE BEEN SHOWN TO HAVE BENEFITS FOR PEOPLE WHO UNDERTAKE THEM, OFTEN LEADING TO A SIGNIFICANT REDUCTION OF SIGNS AND SYMPTOMS AS WELL AS IMPROVED RELATIONSHIPS AND RESOLUTION OF THE SPECIFIC CONCERNS.

#### LIMITS OF SERVICE

IN THE EVENT OF A MEDICAL EMERGENCY CALL 911 OR GO IMMEDIATELY TO THE NEAREST EMERGENCY ROOM. CONTACT STACI R. JOHNSON, M.D. AFTER YOUR DISCHARGE TO ENSURE A PROPER FOLLOW UP APPOINTMENT. INSURANCE DISABILITY EVALUATIONS AND WORKMAN'S COMPENSATION EVALUATIONS ARE NOT PROVIDED BY STACI R. JOHNSON, M.D. IN THE EVENT THAT YOU INTEND TO APPLY FOR MEDICAL OR LIFE INSURANCE OR FILE A CLAIM FOR DISABILITY OR WORKMAN'S COMPENSATION WHILE UNDER THE CARE OF STACI R. JOHNSON, M.D., PLEASE DISCUSS THIS WITH HER SO THE PROPER AUTHORIZATION CAN BE PROVIDED.

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### GENERAL POLICIES CONT.

MEDICATION REFILLS	PRESCRIPTIONS ARE PROVIDED IN THE OFFICE DURING APPOINTMENT. MEDICATIONS ARE NOT ORDINARILY REFILLED OVER THE TELEPHONE, EXCEPT IN THE CASE OF EMERGENCY. YOU WILL RECEIVE A PRESCRIPTION VALID FOR A SUFFICIENT PERIOD OF TIME UNTIL YOUR NEXT APPOINTMENT. YOU ARE FREE TO CONTACT STACI R. JOHNSON, M.D. AT ANY TIME IF YOU HAVE PROBLEMS WITH MEDICATIONS SUCH AS ADVERSE SIDE EFFECTS. CERTAIN PRESCRIPTIONS PERMIT NO REFILLS AND REQUIRE A MINIMUM OF ONE APPOINTMENT MONTHLY FOR THOSE PRESCRIPTIONS. IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU HAVE AN APPOINTMENT SCHEDULED BEFORE YOUR MEDICATIONS RUN OUT.
TELEPHONE CALLS	PHONE CALLS ARE NOT BILLED GENERALLY. HOWEVER, IF THE CALL BECOMES LENGTHY AND REQUIRES 15 MINUTES OR MORE, IT WILL BE BILLED THE SAME FEE AS REGULAR OFFICE APPOINTMENT.
CANCELLATION POLICY	THE SCHEDULING OF AN APPOINTMENT INVOLVES THE RESERVATION OF A PHYSICIAN'S TIME SPECIFICALLY FOR YOU. IF YOU NEED TO CANCEL OR CHANGE AN APPOINTMENT, PLEASE INFORM US IN NO LESS THAN 24 HOURS IN ADVANCE, OTHERWISE YOU WILL BE BILLED.
CONTACT	ROUTINE PHONE CALLS WILL BE RETURNED WITHIN ONE BUSINESS DAY. E-MAIL IS NOT USED FOR PROFESSIONAL COMMUNICATION AS IMPORTANT INFORMATION SHOULD BE CONVEYED SECURELY OR IN PERSON.

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### GENERAL POLICIES CONT.

#### RECORDS

CONFIDENTIAL RECORDS OF YOUR TREATMENT THAT INCLUDE APPOINTMENT TIMES, BILLING RECORDS, INDICATIONS FOR MEDICATION USE AND RESPONSE AND CERTAIN CONTENT OF THE APPOINTMENTS WILL BE KEPT SECURE. YOU/FUTURE TREATING PHYSICIAN MAY REQUEST COPIES OF YOUR MEDICAL RECORDS. COPIES FOR PATIENTS ARE ASSESSED FEES WHICH ARE AVERAGE FOR THE COMMUNITY. PSYCHOTHERAPY NOTES BELONG TO STACI R. JOHNSON, M.D. AND ARE NOT A PART OF THE MEDICAL RECORD, THEREFORE, THEY CANNOT BE REQUESTED TO BE VIEWED. IN THE UNFORTUNATE CIRCUMSTANCE YOU SUE, YOU WAIVE YOUR CONFIDENTIALITY AND YOUR RECORDS WILL BE PRESENTED WITHOUT YOUR CONSENT.

### FINANCIAL TERMS

#### INSURANCE REIMBURSEMENT

CURRENTLY, STACI R. JOHNSON, M.D. IS CONSIDERED AN "OUT-OF-NETWORK" PROVIDER AND DOES NOT PROCESS PAYMENTS FROM HEALTH INSURANCE COMPANIES; CLAIMS MAY BE SUBMITTED TO YOUR INSURANCE COMPANY FOR THEM TO REIMBURSE YOU AS THEIR POLICY ALLOWS. IT IS YOUR OPTION WHETHER TO SEEK REIMBURSEMENT FROM YOUR INSURANCE COMPANY FOR YOUR APPOINTMENTS. A "SUPERBILL" CAN BE PROVIDED WHICH YOU MAY IN TURN SUBMIT TO YOUR INSURANCE COMPANY. SENSITIVE INFORMATION REVEALS YOUR DIAGNOSES AND DIAGNOSTIC CODES ON THIS FORM. HOWEVER, NO OTHER INFORMATION WILL BE DISCLOSED TO YOUR HEALTH INSURANCE CARRIER. CONSEQUENTLY, THIS MAY RESULT IN THE DENIAL OF PAYMENT FROM THEM FOR SERVICES RENDERED TO YOU.

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**CONSENT FOR SERVICES**

**GENERAL POLICIES CONT.**

**PAYMENT**

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. THE ONLY FORM OF PAYMENT ACCEPTED BY STACI R. JOHNSON, M.D. IS CREDIT CARD. OVERDUE CHARGES WILL INCUR A 5% COMPOUNDING MONTHLY FEE. ONCE SERVICE HAS BEEN RENDERED, FEES ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES.

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I AGREE TO THE TERMS & CONDITIONS IN THE AGREEMENT FOR SERVICES WITH  
STACI R. JOHNSON, M.D..

\_\_\_\_\_  
SIGNATURE OF PATIENT/REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME OF PATIENT/REPRESENTATIVE

\_\_\_\_\_  
DATE

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OFFICE SERVICE FEES

INITIAL ASSESSMENT/CONSULTATION

INCLUDES DIAGNOSTIC IMPRESSION AND TREATMENT PLAN

\$375.00/60-90MINUTES

MEDICATION MANAGEMENT

EVALUATING MEDICATION EFFICACY AND SIDE EFFECTS

\$125.00/15MINUTES

PSYCHOTHERAPY-MINIMAL

SUPPORT, STRATEGIES

WITH/WITHOUT MEDICATION MANAGEMENT

\$175.00/25-30MINUTES

PSYCHOTHERAPY-MODERATE

IN-DEPTH SUPPORT, STRATEGIES

WITH/WITHOUT MEDICATION MANAGEMENT

\$275.00/45-55MINUTES

LIFE COACHING (WITHOUT MEDICATION MANAGEMENT)

SIX WEEK MINIMUM COMMITMENT/6-ONE HOUR SESSIONS

\$150.00/60MIN

ASSISTANCE WITH CREATIVE PROCESS/ENHANCED ATHLETIC PERFORMANCE

THREE 30MIN SESSIONS MINIMUM COMMITMENT

\$125.00/30MIN

IMAGE CONSULTING WITH REFERRAL TO PERSONAL STYLISTS

\$100.00/45MIN

CALLING IN PRESCRIPTIONS BETWEEN APPOINTMENT

\$25.00

DISCUSSIONS BY PHONE/PHONE SESSIONS (ESTABLISHED CLIENTS)

\$30.00/10MIN

FORM COMPLETION (ESTIMATE)

85.00

\*\*\*THE FEES FOR HOME VISITS VARY AND TYPICALLY ARE \$50.00 HIGHER THAN THOSE LISTED ABOVE. (ESTABLISHED CLIENTS)

\*\*\*15% OF THE INITIAL ASSESSMENT COST CAN BE APPLIED TO YOUR FIRST FOLLOW-UP VISIT; 10% DISCOUNT WITH ADVANCED AGREEMENTS, MINIMUM OF 3 VISITS AFTER INITIAL ASSESSMENT

CANCELLATION/RESCHEDULING POLICY REQUIRES A MINIMUM OF 24 HOURS NOTICE. PLEASE INFORM US AT LEAST 24 HOURS IN ADVANCE IF YOU NEED TO CHANGE/CANCEL AN APPOINTMENT. THE RIGHT IS RESERVED TO BILL FOR THE MISSED APPOINTMENT. IF YOU CANCEL WITH AT LEAST 24 HOURS NOTICE, YOU WILL NOT BE BILLED. IF YOU ARE RUNNING LATE, PLEASE CONTACT THE OFFICE. YOU WILL STILL HAVE ACCESS TO YOUR FULL APPOINTMENT IF IT DOES NOT ENCROACH UPON ANOTHER. THE SAME COURTESY WILL BE EXTENDED SHOULD THE PERSON BEFORE YOU RUN LATE FOR THEIR APPOINTMENT.

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\_\_\_\_\_  
PATIENT (OR REPRESENTATIVE) SIGNATURE

\_\_\_\_\_  
PRINTED NAME

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