

Zev Nathan, M.D., Ph.D.
(805) 962-3530

Dear Patients:

I feel that I am better able to serve you if you are aware of my office practices. Please read over the following and then sign two copies, one of which you should keep.

EVALUATIONS: In order to develop a treatment plan that we can all agree upon, I have found it most productive to begin treatment of children and adolescents, and often adults, after an evaluation period.

CONFIDENTIALITY: All communications between adult patients and myself are kept strictly confidential. Communications between child patients and myself are kept relatively confidential as I explain to children and adolescents that I will have some contact with their parents. There are, however, two exceptions to confidentiality:

If I am convinced that the patient will do harm to him or herself, or to someone else, I am required by law to take appropriate measures to assure the safety of the patient or the safety of anyone else who is threatened.

If a patient reveals child abuse (sexual, physical, or emotional), I am required by law to report such matters to the Child Protective Services or the appropriate authorities.

EMERGENCY PROCEDURE: If you are in crisis and need emergency assistance, contact me at 886-5371. **If you are unable to reach me then call 911 or go to the nearest emergency room.**

CANCELLATIONS: The appointment time has been reserved for the patient. Subsequently, missed appointments and non-emergency last minute cancellations with less than 24 hours notice will be billed. Insurance companies will not pay for missed appointments.

APPOINTMENTS AND FEES: The fee for the first one and a half hour consultation is \$475. Ongoing fifty minute psychotherapy sessions are billed at \$250 per session. Fifty-minute psychopharmacology sessions are billed at \$300 per session. Twenty-five minute psychopharmacology sessions are billed at \$175 per session. Phone calls longer than 10 minutes will be billed at a percentage of the hourly rate. Checks should be made out to Zev Nathan. Payments are to be made at the time of each session.

INSURANCE: In some cases, health insurance plans will reimburse patients for a specified portion of the billed amount. I require that the patient pays the entire bill and then be reimbursed by the insurance company. I will prepare a billing statement at the end of each month for you to attach to the insurance company claim form. I will, of course, be happy to help if necessary.

DELINQUENT ACCOUNT POLICY: Failure to pay your account in a timely manner will result in legal action or use of a collection agency. You will be charged for all costs incurred for this extra service.

Please sign the following:

I have read the above statement and any questions have been answered to my satisfaction.

Signature of patient/parent (if patient is less than 18 years old)