RENÉE BIBEAULT, M.D.

PSYCHIATRY FOR WOMEN

TREATMENT POLICIES AND CARE AGREEMENT

COMMUNICATION

I manage all scheduling via email and communicate with patients on other matters via email or phone. Texting is also acceptable for time-sensitive matters such as telling me you're running late. Typically, email is returned within a few business hours but in rare instances can take up to 48 hours. Routine calls are generally returned on the next business day. You hereby give your consent to doctor-patient communication via email, phone and text. You understand that even when all reasonable security measures are employed, electronic communication cannot be guaranteed as entirely private and confidential, and that emails and texts you send will be included as part of your medical chart. You can revoke this permission in writing at any time.

Initials _____

EMERGENCIES

Patients experiencing a psychiatric emergency, including suicidal or violent thoughts, should call 911, call the community crisis line at 1-866-4CRISIS, or go to their local emergency room. For urgent but non-life-threatening issues, you may call me directly; urgent phone calls may take up to 12 hours for a response. Please do not email about an urgent issue.

Initials _____

ARRIVAL, CANCELLATIONS AND MISSED APPOINTMENTS

You agree to arrive on time for your appointments. If you arrive late, I will see you for the time remaining in the appointment but missed time cannot be made up. If you're 10 or more minutes late for a 20-minute visit, I cannot see you that day and will charge a missed appointment fee for the visit. When possible, if running late, you agree to notify me by text, voice message or email. You agree to provide 48 hours' notice of a cancellation or a reschedule request. If you provide less notice, you agree to pay the full appointment fee. I reserve the right to waive or modify the cancellation policy in exceptional circumstances. New patients who arrive 15 or more minutes late to the first appointment cannot be seen, will forfeit the deposit and be offered rescheduling.

Initials _____

PRESCRIPTION POLICIES

To provide safe and error-free care, I provide medication refills only during follow-up appointments. I don't authorize refills in response to requests from your pharmacy, so please don't initiate refill requests with them. You understand that I will prescribe enough medication to last until the next recommended visit. You agree to track your supply of medication and remaining refills, and to request prescription refills only during my appointments. You're responsible for making a timely appointment request that ensures an adequate supply of

medication. If that responsibility isn't met, and I deem a refill to be medically necessary, you agree to pay the between-visit refill fee. Prescriptions for controlled substances such as sleep, anti-anxiety or ADD medication will only be provided during appointments. You agree that while being prescribed a controlled substance, you'll need to be seen monthly for the first several months, and then at least every 3 months, without exception. I subscribe to the Washington 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. You agree to my policies regarding prescriptions and controlled substances.

Initials _____

CONFIDENTIALITY AND RELEASE OF MEDICAL RECORDS

Your status as my patient and all information related to your care is treated confidentially. I 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 me. By initialing here you agree that you've had any questions related to confidentiality satisfactorily answered. You agree to provide me with medical records I consider necessary to your care. You agree to keep me updated about changes in your health conditions and prescriptions from other doctors. You have the right not to share your health information with me, but that this may jeopardize your treatment. In that case, I may choose to end care with you.

Initials _____

HEALTH HABITS

Being honest with me about your lifestyle habits allows for the best outcomes. You agree to disclose to me at the onset of care and on an ongoing basis your health-impacting habits such as diet, exercise, smoking, internet use, gambling, sex, alcohol and drug use, and sleep habits. You agree that maximizing healthy habits and self-care is vital to your treatment.

Initials _____

ALTERNATIVES TO IN-PERSON APPOINTMENTS

I offer telephone and video-conference medical appointments. Insurance plans differ in whether and how they reimburse for these modalities. Using an alternate modality is not always medically appropriate, and I may decline to provide such a service. Initial visits for new patients can only be conducted in person. You agree to complete a separate telemedicine consent form if needed and to pre-pay the cost of any scheduled telemedicine services. You understand that even when all reasonable security measures are employed, these alternate modalities cannot be guaranteed as entirely secure and confidential.

Initials _____

SOCIAL MEDIA

Psychiatric care works best when conducted in a confidential, safe, well-defined setting. As a matter of policy, I refrain from interacting with patients on social media and online communities.

Initials _____

PATIENT SATISFACTION

I'm strongly committed to being an excellent, compassionate and conscientious physician. Your satisfaction and positive outcome are my number one goals. Additionally, open and direct communication is an essential part of an effective treatment relationship. To that end, I ask that if you have any concerns about or dissatisfaction with your care, you discuss it with me. You agree that if you're dissatisfied with some aspect of your care, you'll a) inform me in writing and b) give me the opportunity to discuss it with you in person to potentially remediate it. If you choose to terminate your treatment with me, you agree to do so in writing. You agree to follow these steps before choosing to publicly share your concerns or negative opinions. If you decide to make your dissatisfaction public, you agree to do so in a factual, constructive and respectful manner.

Initials _____

Name (please print) _____

Signature _____ Date _____

SUBMIT