

DuPont Associates, P.A.  
6191 Executive Boulevard  
Rockville, Maryland 20852  
301-231-9010

## PATIENT SERVICES AGREEMENT

Welcome to DuPont Associates! This document contains important information about our professional services and business policies. Signing this document will represent an agreement between us. You may revoke this agreement in writing at any time.

### Professional Services:

Patients at DuPont Associates may meet with a social worker or psychiatrist, and may be seen for therapy or for medication management, or a combination of both. At DuPont Associates we strive to personalize your care, and encourage you to collaborate with us in every appointment. Your first few sessions will include an initial consultation and assessment, and then we will review with you our diagnosis, our recommended treatment plan with its risks and benefits, as well as possibilities for other treatment options. There are no guarantees of what you will experience in treatment at DuPont Associates, and much of the progress depends on your active participation both in and out of appointments. We welcome your questions and suggestions. Once we complete the initial Intake sessions you should have a clear sense of the therapeutic goals we will work towards. By signing this document, you are agreeing to a general consent for treatment.

Your treatment recommendation may be for therapy. Therapy may include cognitive-behavioral therapy for anxiety, phobias and obsessive-compulsive disorder often includes exposure to feared situations. There is a significant amount of evidence that supports the use of exposures in the treatment of these disorders. No patient is ever forced to do any exposure, and in fact, the client is the one to determine the pace of the practice plan. There are significant benefits to exposure therapy and few risks. A possible risk of exposure, which occurs infrequently, is that a fear can sometimes be reinforced (strengthened) by exposure, but often this occurs when the exposure is brief and infrequent. Another risk is that the patient may feel an uncomfortable and unpleasant increase in anxiety.

Your treatment recommendation may be for medicine. Your doctor will let you know about the risks and benefits of the medicine that you are prescribed.

### Business Policies:

Appointments are for 30- or 60-minutes, though you will meet with your clinician for 25 minutes with 5 minutes for note-writing, or 50 minutes with 10 minutes for note-writing. Your clinician may offer you the opportunity to have phone sessions. Please note that most insurance companies do not reimburse for phone sessions.

Payment is expected at the time of service. Payment can be made with checks or cash. A statement will be provided at the end of each visit that you may submit to your insurance carrier for out-of-network services reimbursement, if covered by your plan. DuPont Associates does not participate in any insurance agreements, managed care plans, or Medicare. If you are over 65 you will need to sign an additional form to note that you understand that these sessions are not covered by Medicare.

Please be prompt for your appointments, and if you need to cancel or reschedule, provide us with 24 hours' notice of the change. Missed appointments or appointments cancelled within that 24-hour timeframe will be billed to you.

Patients of DuPont Associates who have not seen their provider for ninety days or within the time agreed upon by you and your clinician, will be considered inactive and will have their file closed, thereby ending any provider-patient responsibility by DuPont Associates. We will be very happy to reopen and activate your file if you wish to return to see us in the future.

#### Emergencies

In case of an emergency, do not wait for your clinician to get back to you. We recommend the following options:

- For life-threatening situations, dial 911
- Go to the nearest emergency room for immediate medical care
- If you are suicidal call 1-800-SUICIDE
- In Montgomery County call the Crisis Line 240-777-4000
- In DC call 1-888-7WE-HELP

For after-hours questions or problems of an urgent but not life-threatening nature, you may call our Dr. Robert DuPont at 301-657-8194.

#### Patient/Clinician Agreement

I have read the terms and conditions outlined in this document. I understand them, and agree to be bound by them. I agree to a general consent for treatment.

Patient (or parent/guardian): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

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