New Braunfels Child & Adolescent Psychiatry, PLLC
Katie Skelton, M.D.
2115 Stephens Place, Suite 410-J
New Braunfels, TX 78130
Phone: 830-299-4968 Fax: 844-355-4933
www.nbcap.org

NEW PATIENT INFORMATION

Patient's Name:_____ Date of Birth: _____ Age: _____ □ M □ F

Name of Parent/Legal Guardian:_____

Local Address: _____ City: _____ Zip:_____

Mailing address (if different): _____City:_____ Zip: _____

Home Phone: _____ Cell Phone: _____

Agree to voice messages at: □ Home □ Cell

Email: _____ Agree being contacted via email? □ Y □ N via Text? □ Y □ N

Who referred you to us? _____

PROVIDERS:

Primary Care Physician Name /Tel: _____

Counselor or Therapist Name/Tel: _____

Previous Psychiatrist Name/Tel: _____

Pharmacy Name/Address/Tel: _____

FINANCIAL / INSURANCE INFORMATION:

Insurance: _____ Policy Holder: _____ Date of Birth: _____

Group # _____ Member ID: _____

Address of policy holder (if different): _____City/Zip: _____

Person responsible for financial matters and release to be contacted if needed: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Tel: _____

Address: _____

Name: _____ Relationship: _____ Tel: _____

Address: _____

Revised 1/23/17

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CONSENT FOR TREATMENT

By your signature below, you acknowledge that you are presenting to Katie Skelton, M.D /New Braunfels Child and Adolescent Psychiatry, PLLC, for evaluation, diagnosis, and/or treatment of a psychiatric/medical condition. You give consent and authorize Dr. Skelton or her designees to order and/or perform all exams, tests, procedures, and any other care deemed necessary or advisable for the evaluation, diagnosis, and treatment of this condition. This consent is valid for each visit made to the office, unless and until revoked in writing. By your signature, you acknowledge that you have read and understand the information obtained in this consent and the policies and procedures. You accept the terms of this consent and the policies and procedures of the office, including responsibility for all fees incurred. Please keep a copy of these policies and procedures for your records.

I certify that I am the parent or legal guardian and have legal custody of the above named patient. I, hereby, give my authorization and consent for the patient to receive outpatient evaluation and treatment from Dr. Skelton. I understand that the legal guardian or parent bringing the patient for treatment is responsible for payment at the time of service, regardless of any financial arrangement for payment of the patient's care, either oral or written, with the patient's other parent or responsible party. I also understand that treatment and recommendations will be discussed with the parent present during the visit and it is the responsibility of that parent to communicate the information to the other parent.

Name / Signature: _____Date:_____
Relationship to patient: _____

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for Protected Health Information. I acknowledge that I may print a copy of the Notice of Privacy Practices for Protected Health Information from the website www.nbcap.org or I may request a written copy.

Name / Signature: _____ Date:_____
Relationship to patient: _____

CREDIT CARD PAYMENTS

If a credit card is used to pay for services, I authorize Dr. Skelton to collect my information and process payments.

Name / Signature: _____ Date:_____
Relationship to patient: _____

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PRACTICE POLICIES

Welcome to the office of Dr. Katie Skelton. Please take the time to read the following information carefully about the practice policies. Your understanding of these policies will help you work most effectively with Dr. Skelton.

Professional Services:
This practice focuses on the psychiatric treatment of children and adolescents. Services include assessment, diagnosis, on-going medication management if indicated, and brief supportive and behavioral therapy. The treatment of children/ adolescents requires proper consultation with all providers involved, therefore, with your consent, Dr. Skelton will be in contact with the child's therapist, pediatrician, school, or other providers as treatment necessitates. The success, length, and course of treatment are affected by many things, including the severity of the problem and the motivation of the patient. The best outcome is achieved through collaboration between the patient and provider.

Dr. Skelton does not provide forensic services such as custody evaluations, assessments recommended by probation, ability to stand trial, etc.

Dr. Skelton does not perform disability determinations.

As your psychiatrist, it is important that Dr. Skelton has a professional and therapeutic relationship with you and, therefore, not any other type of social or personal relationship.

Treatment Participation:
Treatment with Dr. Skelton may involve taking medications and engaging in psychotherapy. It is important that you and your child take an active role in his/her treatment including the following:

- Ensuring that medication(s) are taken as prescribed
- Discussing any issues related to the medication with Dr. Skelton
- Being open and honest with Dr. Skelton

If the treatment involves medications, Dr. Skelton will explain the important risks, benefits, and side effects with you and your child. If the patient experiences any unexpected or concerning side effects, please call the office immediately.

Unused appointments:
Dr. Skelton does not overbook appointments. Your appointment time is a reservation just for you. Therefore, if an appointment is not cancelled or rescheduled more than 24 business hours ahead, the standard appointment fee will be applied to your account. Please note that these charges are not reimbursable by insurance companies.

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Insurance Policy:
Dr. Skelton does not accept insurance payment assignment. This means that your treatment with her is not part of your permanent medical record with your insurance company, unless you choose to notify them. In addition, Dr. Skelton can spend more time with you as she is not restricted to a set allowable length of session or a set allowable number of visits that may be indicated by your insurance provider. Payment is made directly to New Braunfels Child and Adolescent Psychiatry, PLLC at the time of service. If you would like to submit your charges to your insurance provider for reimbursement, a detailed billing statement can be generated at your request. Reimbursement of the session fees is dependent on individual insurance agreements.

Confidentiality:
Communication between a patient and his/her mental health provider is held in confidence and will not be revealed to an outside agency without written consent unless specifically required by law (for example: child abuse, imminent threat of danger to oneself or others, court order, etc). Information released to insurance companies for reimbursement for services will be released only at your request.

If the patient is under 18 years of age, the law may give parents/legal guardians the right to access the patient's records. It is Dr. Skelton's preference that parents avoid this so that patients under 18 (especially teenagers) may have privacy in their sessions. Dr. Skelton will of course notify parents immediately if she believes that the patient poses risk of imminent danger to self or others.

Please be aware that the audio or video recording of any session is not permitted secondary to therapeutic and privacy issues. If an unauthorized recording is made, it is grounds for termination of the therapeutic relationship.

Phone calls:
Dr. Skelton does not take phone calls while she is with patients. Phone hours are Monday to Friday 9am - 6:00pm. Brief phone calls are not charged. Longer, more involved calls are charged as outlined in Professional Fees. Most routine calls are returned within 24- 48 hours during the work week. Dr. Skelton will attempt to return urgent calls as soon as possible.

This phone service is not available for emergencies. In the event of a medical or psychiatric emergency, call 911 or go to your nearest emergency room. For psychiatric crisis, you may also call the Hill Country MHDD/Comal County Crisis Hotline at 1-877-466-0660, which is operated 24 hours a day, 7 days a week.

Medication Refills:
Dr. Skelton ensures that you will have adequate medication until your next follow-up visit. If you cancel or reschedule your appointment, it is your responsibility to contact Dr. Skelton if you need additional medication until your next visit. Dr. Skelton will only refill medication for patients active in treatment. Dr. Skelton may refuse to give a refill if she has not seen you recently and feels that an office

appointment is clinically indicated. Please allow 48-72 business hours to process refill requests. Refills are not processed over weekends or holidays.

Labs:
At times Dr. Skelton will need to order laboratory studies. Please be aware that the cost of labs is not included in your visit charge and is your responsibility.

Financial:
Payment is due at the time of service. Dr. Skelton accepts cash, credit cards, debit cards, and checks. Overdue accounts may be referred to collection agencies as a last resort. There is a $35 charge for unpaid returned checks.

Fee schedule for services provided:
The initial examination is a 90 minute assessment. Typically, medication management follow up visits will be 25 minute visits.

Psychiatric diagnostic initial interview examination for Child or Adolescent, 90 min $350.00
Medication re-evaluation with psychotherapy, 60 min $300.00
Medication re-evaluation with psychotherapy, 45 min $275.00
Medication re-evaluation with supportive therapy, 25 min $175.00
Family Therapy without patient, 60 min $275.00
Extended phone calls, (over 10 min), $40.00 per 15 min

Other services and fee schedule by Dr. Skelton can be discussed on an individual basis.

Medical Record Requests, Letter, and Forms:
Session fees cover the cost of the visit and paperwork associated with completing the visit. This includes letters or records sent to your other doctors/therapists in regard to your direct treatment. Routine, brief forms are completed at no charge. Extended or complex forms, summaries, letters, or similar documents that are not related to your direct treatment will be billed at a rate of $300/hour in 5-minute increments. Medical record requests require a signed Release of Information Form. Records are sent directly from Dr. Skelton's office to the requesting physician's office. Medical records requested for the patient's own use carry a charge (35 cents per page, $300/hour in 5-minute increments) and may be provided in the form of a treatment summary at the discretion of the physician. Insurance does not cover these fees.

Court appearances /legal letters of medical opinions:
If a subpoena were to occur and the doctor needs to appear in court, the patient will be responsible for payment of applicable fees, which may include: $400 physician hourly fee, applicable charges for medical records copies/clerical work hour, and all legal fees incurred by the physician, staff or practice for the purpose of complying with the court subpoena or record request.

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Safety:
Weapons of any kinds, with or without license to carry, are strictly prohibited from this office.

Coverage:
If Dr. Skelton is out of town, appropriate coverage by a psychiatrist will be provided.

Discontinuation of Treatment:
Dr. Skelton may discontinue treatment with a patient only after a reasonable amount of discussion and usually for one of the following reasons:
(1) non-payment of your account, (2) canceling/missing appointments too often, or (3) non-compliance with treatment recommendations.
If you foresee problems in any of these areas, please let Dr. Skelton know your concerns.

If you decide to discontinue treatment, you can do so at any time in person, by phone, or in writing. As your treating psychiatrist, Dr. Skelton would like the opportunity to confer with you about your decision and/or assist you in transferring your care to another provider. In the event that you discontinue treatment without notifying Dr. Skelton, she will assume that your therapeutic relationship with her terminated 90 days after your last visit, unless you have an appointment scheduled for a future date, beyond which Dr. Skelton carries no further responsibility for your care. You may re-enter treatment with Dr. Skelton as long as your treatment ended in good standing.

Thank you for reading through this important information. Dr. Skelton looks forward to working with you.