

Practice Information and Policies

This document explains the policies and conditions of my practice. Please read it carefully and keep a copy for your records. Please discuss any questions or concerns with me prior to signing the document. Effective Date: Apr. 1st, 2016.

Description of Practice

I am a psychiatrist, which means that I completed medical school and a four-year psychiatric residency at an accredited hospital. I provide psychotherapy with and without medication treatment for adults. My approach to psychotherapy is integrative and largely draws upon psychodynamic, existential, and humanistic schools of thought. Over one to a few initial meetings, I will collaborate with you to determine a course and duration of treatment that is tailored to your needs.

Ongoing Sessions:

Once the decision is made to pursue a course of treatment after initial consultation, we will meet for a 55 minute session regularly, usually weekly. The exact frequency depends on your needs and preferences.

Education, Training and Licensure

I have completed the following degrees/training: Medical Degree, Seoul National University, Seoul, South Korea; PhD in pharmacology, Seoul National University; Psychiatric Residency, University of Washington. I am currently a clinical faculty at the Department of Psychiatry and Behavioral Sciences, University of Washington and also work as a consulting psychiatrist at Microsoft. My Washington Medical License number is MD60518541.

Information for In-Network Clients: Premera (Blue Cross), Regence (Blue Shield), and First Choice Plans

I am a preferred provider (“in-network”) for the following insurance carriers only and will bill them directly:

- Blue Cross/Blue Shield plans
- Premera & LifeWise plans
- Regence plans
- First Choice plans

I am not a Medicare, Medicaid, or Apple Health provider.

Please confirm coverage eligibility prior to your first appointment. Please contact your insurance company to understand your out-of-pocket financial responsibility. You are ultimately responsible for understanding your health insurance plan benefits. Here are some good questions to ask: What are my in-network or out-of-network benefits? How much is my copayment? What is my deductible?

Per your request, I will submit claims on your behalf and you will be responsible for copayments and deductibles. Submission of claims to your insurance company does not guarantee payment. Certain services provided in this practice may not be covered by your insurance plan. I will make appropriate efforts to work with insurance companies around this issue, but I reserve the right to determine when such efforts are no longer worthwhile and when to charge you directly for the service. You may also have an unmet deductible that results in higher than anticipated statement balances. You are responsible for any statement balance that is not paid by your insurance plan. Your co-pay and other outstanding balances are due upon receipt of your monthly statement.

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Information for Out-of-Network Clients

For other insurance carriers, I am considered an "out-of-network" provider. In this situation, you would pay me out of pocket at the time of service and then seek reimbursement for services from your insurance carrier. I can provide you with an invoice which can be submitted for this purpose. Many plans offer "out of network" benefits, though some do not. Please be aware that most insurance plans only provide partial reimbursement for out-of-network services. Some plans will not cover out-of-network services until a very high deductible has been met, or will significantly limit the quantity and type of reimbursable services. You are responsible for any statement balance that is not paid by your insurance. You are responsible for understanding the specifics of your insurance plan. Payment is due in full at the end of the initial consultation visit and then monthly thereafter.

Fee Schedule

These are my regular fee schedule:

Initial Consultation (<i>60 minutes</i>)	\$325
Psychotherapy with Minimal or No Psychiatric Evaluation/Management (<i>55 minutes</i>)	\$240
Psychotherapy with More Involved Psychiatric Evaluation/Management (<i>variable</i>)	\$240-\$315
Medication Management Visit without Psychotherapy (<i>25 minutes</i>)	\$175

If you have the Regence, Premera, Blue Cross Blue Shield or First Choice insurance plan, the fee is usually contracted at a predetermined, reduced rate, although the exact amount is different among insurance plans and also depends on the medical complexity and the duration of the session. As stated above, I will directly bill the insurance, and you will be responsible for deductible and copayments. Many visits have two separate fees: one fee for evaluation and management services and the other fee for psychotherapy services. I do have a limited number of sliding scale fee slots if you are an undergraduate or graduate student, and do not have one of these insurance plans.

Services provided outside of the usual appointment time, including telephone conversations lasting longer than 15 minutes, preparation of documents, or extensive interactions with insurance companies will be billed at a pro-rate of \$240 per hour. Payment may be made with cash, check or credit card (only that is associated with health savings account). There will be a \$35 charge for returned checks. Accounts past due over 90 days will be referred to a collection agency.

Missed Appointment Policy

When you make an appointment with me, it is time that I reserve exclusively for you. Because of this, please provide me with as much notice as possible should you need to cancel or change an appointment. Cancellations with less than 24 business hours' notice will be charged with the exception of medical illness and emergency situations. Full fees of \$240 will be charged for missed appointments, and the insurance company does not cover no-show fees. Regular, consistent visits are an important part of psychotherapy and inability to attend appointments on a regular basis will constitute grounds for termination of treatment.

Confidentiality

Your confidentiality as a patient is protected by state and federal law and by the ethics code of the medical profession. All information we discuss is completely confidential including the fact that you are seeing me and I will not release information about you or your treatment without your written permission. However, under the following circumstances, the law authorizes and/or requires disclosure of protected health information:

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- (1) Suspected abuse of a child, developmentally disabled person, elder or other dependent adult
- (2) Imminent or planned harm to yourself or others
- (3) As otherwise required by a court of law (*see HIPAA disclosure document*).

If you choose to use your insurance for our visits, it will be required to disclose information regarding your diagnosis and treatment plan to the insurance company.

I may also ask your permission to allow contact with your primary care physician or others whose care may interact critically with our work. It is of course your choice whether to permit such contact or not.

Communication and Emergencies:

E-mail can be used for scheduling but I recommend patients to communicate about most other matters by leaving a message on my office voice mail (206-906-9013). If e-mail is used for a clinical matter, please keep in mind that even with reasonable security measures, it cannot be guaranteed as entirely private and confidential. Emails about clinical matters will be included as part of a patient's medical chart.

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office between 9AM and 5PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of late evening, weekends and holidays.

If there is a life threatening emergency or you are unable to wait for my return call, please call 911 or go to your nearest emergency room. You may also call the King County Crisis Line at (206) 461-3222. When I am not available, another psychiatrist may be covering for me. In this event, my voicemail will provide instructions for contacting the covering psychiatrist.

Non-Therapeutic Services

Unless we explicitly agree otherwise at the beginning of the treatment, I do not provide evaluations nor complete paperwork for legal purposes, for disability or for work-related claims. If we work together, I will not agree to talk with lawyers, guardians-ad-litem, or other parties not directly involved in your treatment. I generally feel these services interfere with the therapeutic relationship and should be contracted separately.

Risks Associated with Treatment

Please be aware that there can be risks associated with both psychiatric medications and psychotherapy. It is my goal to protect your safety and well-being at all times. However, in many situations progress cannot be made without assuming some risk of adverse effects.

Risks Associated with Medications

All medications can have side-effects, some of which may be quite serious. Prior to starting any new medications, it is my responsibility to discuss with you the most common and most serious potential side-effects, and to help you weigh these risks against the potential benefits. I will answer any questions you may have about the medications I recommend. Please be aware, however, that I cannot practically inform you of every possible side effect of each medication. Your responsibility lies in keeping me informed of any serious side-effects you experience, changes in your medical conditions, and new medications prescribed by other providers.

Risks Associated with Psychotherapy

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Many forms of psychotherapy carry risks of short-term emotional discomfort or anxiety in the process of achieving long-term improvement. For example, our work may at times cause you to experience distressing or painful memories, to expose yourself to situations or sensations that are anxiety-provoking, or to practice challenging new ways of thinking or behaving. However, these 'side-effects' of therapy should not become intolerable or hazardous to you. If you feel that they are so, please let me know immediately.

Medication Prescription Policy:

It is our shared responsibility to ensure that you do not run out of your medications between appointments. It is safest and most efficient for me to write prescriptions when you are at the office in person. If you are running low on medication between visits, please contact me at least five days before you run out. This ensures that I will have time to access your file, call in your prescription, and sort out any problems that arise. I do not provide prescriptions for controlled substances such as sleep, anti-anxiety, or ADHD medication outside of scheduled appointments. I do make use of the Washington State Prescription Drug Monitoring Program to track patients' use of controlled substances.

Clients' Rights

You have the right to be an active participant in decisions regarding your evaluation and treatment. You have the right to refuse evaluation or treatment, the right to choose the mental health provider and practice modality that best suits your needs, and the right to receive a referral from me to another mental health provider. If you have any questions or concerns about your treatment, please discuss them with me. In addition, you may contact your health insurance plan or behavioral health benefit manager. Finally, if you find the problem is serious and/or you have not reached resolution through the aforementioned mean, you have the right to contact the Washington Department of Health at the below address to register a complaint.

Washington State Department of Health
Health Professions Quality Assurance P.O. Box 47865
Olympia, WA 98504-7865
(360 236-4700)

Authorization:

By signing below, you attest to the following: I, _____,
acknowledge that I have received a written report of the above practice information and policies (a total of 4 pages). I understand and agree to the above policies and procedures. I acknowledge that I am responsible for all balances on my account.

Signature : _____ Date : _____