Service Agreement for Psychiatric Services

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. For more detailed policies, please refer to my website, kimpsychiatry.com

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. During the first meeting, I will collaborate with you to determine a course and duration of treatment that is tailored to your needs. Once the decision is made to pursue a course of treatment after initial consultation, we will meet for a 55-minute session at a regular interval, usually weekly. The exact frequency depends on your needs and preferences.

Insurance

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 & Bridgespan plans
- First Choice plans

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

Please confirm coverage eligibility prior to your first appointment. If you wish to use your insurance, I will bill your insurance company directly. Your insurance may cover a part of the cost of treatment, but you may be responsible for deductibles and copayments. Certain services may not be covered by insurance. If I am not in-network with your insurance company, you will have to pay me out of pocket and then seek reimbursement for services from your insurance carrier. I can provide you with an invoice which can be submitted for this purpose.

Fees

By signing this agreement, you agree to pay for any statement balance that is not paid by your insurance plan. 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. Your copay and other outstanding balances are due upon receipt of your monthly statement. 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. Missed appointment or cancellations with less than 24 business hours' notice will be charged at the rate of $240. 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 verbal or written permission. However, under the following circumstances, the law authorizes and/or requires disclosure of protected health information:

(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 your 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 my work. It is of course your choice whether to permit such contact or not.

Grievance

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 State 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)

By signing below, I, _____ acknowledged that I have received a written report of the above practice information and polices. I understand and agree to the above policies and procedures. I acknowledge that I am responsible for all balances on my account. I understand that if I terminate services with an unpaid balance, Seong-Hun Kim MD PhD PLLC will make every effort to collect these debts. Any attorney fees or costs resulting from the collection efforts will be an additional charge to my balance owing. I understand that nothing in this Service Agreement shall be interpreted to limit or modify my rights and obligations under our Notice of Privacy Practices.

Client's Signature_____ Date_____