



## **SERVICES OFFERED**

Please note, initial visits are always on a one-time, consultation-only basis; no doctor-patient relationship is established until both you (patient) and I (Dr. Bharucha) agree that this is an appropriate arrangement. If your condition requires a different skill set, I will make every effort to refer you to someone more competent to address that particular condition.

### **Psychotherapy (talk therapy):**

Psychotherapy, or talk-therapy, either alone or in combination with medication treatment, is highly effective for many mental health problems. It offers benefits of improved interpersonal relationships, stress reduction, and deeper insights into one's own life, values, goals, and development. Psychotherapy requires a great deal of motivation, discipline, and work from both parties for a therapeutic relationship to be an effective one. Patients will have varying levels of success, depending on the severity and duration of their problems, their capacity for introspection, and motivation to apply what is learned outside of sessions.

Patients should be aware that the process of psychotherapy may bring about unpleasant memories, sensations, and feelings, such as guilt, anxiety, anger, or sadness, especially in its initial phases. It is not uncommon for these feelings to have an impact on your day-to-day functioning and current relationships. If this occurs, it is very important to address these issues in session. Usually these unpleasant experiences are short-lived.

At your initial visit, I will conduct a thorough review of your current complaints and of your background. By the end of the initial visit I will offer my preliminary impressions, and we will discuss your treatment options. Oftentimes a combination of psychotherapy and medication management is optimal (see below).

Due to the severe shortage of psychiatrists nationally, most psychiatrists prefer to collaborate with therapists in the community to ensure that you receive the appropriate type, consistency, and intensity of psychotherapy you need. I will gladly provide names of local therapists who may be a good match for you. With your written informed consent, I will also gladly collaborate with your therapist. One of the most important curative aspects of a therapeutic relationship is the goodness-of-fit or "chemistry" between therapist and patient; if you feel that your current therapist is not ideally suited to your needs, I will provide you with referrals to other mental health professionals.

### **Medication Treatment (Psychopharmacology):**

Medications may be indicated if and when your symptoms are not responsive to psychotherapy alone. When a mental illness markedly impacts your ability to work, maintain interpersonal relationships, or properly care for your basic needs, medication(s) may offer much needed relief. If it is agreed that medications are indicated, I will discuss with you all of the medication options that are available to treat your current condition. I will present information in language that you can clearly understand. You will learn how the medication works, its dosage and



frequency, expected benefits, possible side effects, interactions with other medications you may be taking, and any withdrawal effects that you may experience if you stop taking the medication(s) abruptly. By the end of the discussion, you will have the information you need to make a rational decision as to whether to start a medication, and which medication(s) is right for you. At your request, I will gladly provide references for further research on medication(s) recommended for you. Links to educational resources are posted on my website ([www.transformationspsychiatry.com](http://www.transformationspsychiatry.com)).

If you are receiving therapy from another provider, I would strongly recommend that you sign a release of information form for me so that I can collaborate with your therapist on your care. I believe communication between mental health professionals, as well as with your primary care or specialty medical care provider(s), is key to providing safe, comprehensive, and effective care. Blank copies of release of information forms TO and FROM other providers, along with all of my practice policies, are posted on my website ([www.transformationspsychiatry.com](http://www.transformationspsychiatry.com)) for you to print and complete.

Not everyone is a good candidate for medication therapy. Such therapy requires strict adherence to dosage and frequency, close follow-up, and occasionally, regular blood tests or other medical tests such as brain imaging. Your ability to adhere to medication treatment will be taken into consideration in making the decision to start such therapy. Overall, I am a strong proponent of the bio-psycho-social model of medical treatment. Treatment that considers your biological status, genetics, your psychological development, and social issues together will yield the best chance for success in achieving your goals.

### **SCHEDULING APPOINTMENTS**

In most instances, your follow-up appointment will be scheduled at the end of every visit, unless you indicate otherwise. Appointments may be scheduled via my office phone number, 570-212-9261, or email ([ajb@ajbharucha.com](mailto:ajb@ajbharucha.com)), Kareo online scheduler that is connected to my website, or the contact form on my website ([www.transformationspsychiatry.com](http://www.transformationspsychiatry.com)).

Kareo will send you appointment reminder emails and/or text messages or voicemails at desired times prior to your appointment. If you are not receiving the emails, please check your junk or spam folders, and inform me as soon as possible.

My schedule typically fills up **4 to 6 weeks out**, so please keep this in mind when seeking an appointment.

### **FREQUENCY AND DURATION OF VISITS**

At your initial visit, we will decide together the structure of your treatment. If medications are prescribed, adjusted, or changed, I prefer to conduct a 30-minute follow-up visit in approximately four weeks or sooner, depending on the complexity of your medical, psychiatric, and social situation. This is necessary to ensure proper administration and to minimize any side effects that you may experience. Once an optimized stable regimen is established, follow-up visits can be



spaced to every 2 to 6 months with our mutual agreement. Controlled substance prescriptions require follow-up at least every 3 months; if you are not keeping appointments within this timeframe, your prescription will not be refilled until we meet. If you are to undertake psychotherapy, weekly 50-minute sessions will provide the best results. We may discuss an alternate treatment structure depending on your circumstances.

### **CANCELLATIONS AND NO-SHOW POLICY**

If you must cancel or reschedule an appointment, I require a 24-hour notice. If your appointment is on a Monday, the cancellation must be made by the same hour on the preceding Friday. Emergencies certainly come up; your first no-show or less than 24-hour notice cancellation fee will be waived in a single calendar year. After the first no-show or less than 24-hour cancellation in a given calendar year, you may be charged the full fee for the session. Please be advised that health insurance plans do NOT cover charges for missed appointments. Your care will be terminated after two consecutive no-show appointments. A 30-day refill of your medication(s) will be provided for you to transition your care to a provider of your choice. It is your responsibility to keep me informed of your most current home address, phone number, and email address so that my communications are reaching you in a timely fashion.

### **MEDICATION REFILL POLICY**

Identifying the right combination of medication(s) when pharmacotherapy is indicated is a major challenge. Until we stabilize your medication regimen as best we can, we will meet frequently enough (i.e., once a month or more frequently if needed) to make informed treatment decisions jointly. Once your medication regimen is stable, I require follow-up visits at least every six months in order to authorize refills on your medications.

If you are on a psychostimulant such as Ritalin, Adderall, Vyvanse, or similar product, I require follow-up at least every three months (90 days) in order to comply fully with state and federal guidelines. Please review the Controlled Substance Policy carefully to avoid any misunderstandings.

Medications may not be automatically renewed or refilled unless you are actively in treatment as above.

For controlled substances, please request a refill 3 to 5 days before you will run out of the medication to be sure it is submitted in a timely fashion.

### **CONTROLLED SUBSTANCE AGREEMENT**

Psychiatric treatment may necessitate the use of medications that are highly regulated and monitored by the U.S. Drug Enforcement Agency (DEA) and relevant state agencies. Certain types of anti-anxiety, insomnia, pain, and ADHD medications fall within the categories of controlled substances. You (the patient) understand that these medication(s) may lead to physical dependence and/or addiction and may, like other drugs used in the practice of medicine, produce adverse side effects or results. Alternative methods of treatment, possible side effects involved, and the



possibilities of complications will be explained to you should treatment with a controlled substance become necessary for your care.

YOU UNDERSTAND AND AGREE TO THE FOLLOWING TERMS OF TREATMENT WITH CONTROLLED SUBSTANCE(S):

1. This Controlled Substance Agreement relates to my (the patient) use of benzodiazepine medications for anxiety, sedative-hypnotics for insomnia, and psychostimulant medications for ADHD, narcolepsy, or binge eating disorder.
2. Medication(s) for the management of your condition(s) will be provided by Dr. Bharucha so long as you follow the rules, terms, and conditions specified in this agreement. Failure to comply with any of the rules, terms, and/or conditions of this agreement may result in discontinuation of the medication(s) and/or your discharge from Dr. Bharucha's care and treatment.
3. Discharge from Dr. Bharucha's care may be immediate for any criminal behavior.
4. You will use the medication(s) exactly as directed by Dr. Bharucha.
5. Your progress will be periodically reviewed, and if the medication(s) are not improving your quality of life, the medication(s) may be tapered and discontinued by Dr. Bharucha.
6. Use of illegal substances, alcohol, and other mind-altering drugs can lead to dangerous side effects or even death. You agree to submit to urine and/or blood screens to detect the use or non-use of non-prescribed and prescribed medication(s) at any time and without warning on less than 24-hour notice. Any evidence of use of illegal substances, or refusal to comply with urine/blood screening as requested, may lead to discontinuation of the medication(s) and/or care under Dr. Bharucha.
7. You will disclose to Dr. Bharucha all other medication(s) that you take at any time, prescribed by any physician, including over-the-counter medications or herbal preparations.
8. Likewise, you will inform your other physicians(s) of medications prescribed by Dr. Bharucha.
9. You will not share, sell or otherwise permit others, including your family and friends, to have access to your medications. It is **illegal** to share, sell, or otherwise divert controlled substances and may result in felony charges.
10. You will keep my medication(s) and prescriptions in a secure place to prevent theft or loss. Lost or stolen prescription(s) will not be replaced without a copy of a police report.
11. You understand that the **Pennsylvania Prescription Drug Monitoring Program (PDMP)** tracks information provided by pharmacies regarding all controlled substance prescriptions.



Physicians are legally required to check this database prior to authorizing a new prescription for a controlled substance and at any time the physician wishes to monitor controlled substance use.

12. You will notify Dr. Bharucha's office during office hours at least five (5) business days in advance before running out of medication(s) so the appropriate refills can be made.
13. You understand that refills will not be ordered before the scheduled refill date even if your medication(s) runs out. When travelling, arrangements may be made in advance of planned departure date. Your insurance may not authorize refills on controlled substance(s) until the due date.
14. If you decide to discontinue a controlled substance(s), you will first discuss the proper method to do so with Dr. Bharucha. You understand that abrupt discontinuation of some of these substances could lead to severe withdrawal symptoms, seizures or other medical complications, and even death.
15. It is your responsibility to schedule follow-up appointments within a timely fashion as described elsewhere in this document.

### **FEES**

#### **Out-of-Pocket Visits:**

For those paying out-of-pocket, an initial evaluation will cost \$300.00. Follow up psychotherapy or combination (psychotherapy and med management) visits will last fifty-minutes and will also cost \$300.00. The fee for follow-up visits will be \$75.00 per every 15-minute increment (i.e., \$150.00 for 30-minute visit, \$225 for 45-minute visit). Other miscellaneous services such as completing disability forms, telephone correspondence, prior authorizations, court hearings, etc. requiring more than fifteen minutes of my time to complete, will cost \$50.00 per each additional fifteen-minute interval. From time to time, my fees will be adjusted based upon inflationary cost pressures. A thirty-day notice will be provided to you to alert you to the change.

If paying out-of-pocket, I will expect payment at the beginning of each session unless we have agreed upon other arrangements. I accept cash, personal check, and major credit cards. Checks should be made payable to "Transformations: Adult & Geriatric Psychiatry." If payment is sixty days past due, I reserve the right to utilize legal resources such as collection agencies or small claims court in order to obtain payment for my services, and to terminate your care.

#### **Insurance Billing:**

Please note, it is your responsibility to contact your insurance company and determine whether I am an in-network provider for you. Additionally, some insurances are now requiring a referral letter from your primary care physician to me in order to pay for the service. It will be your



responsibility to have such a letter forwarded to me prior to your first visit if your insurance has this requirement.

I accept a limited number of major insurance plans. Each insurance company offers many different products within its umbrella. Please do not assume that I am covered by your specific product without having checked with your insurance company. As a courtesy to my patients, my billing company will file a claim with their insurance company based on information provided to me.

However, patients will be responsible for payment of the office visit, deductible, co-pays, coinsurance, or non-covered services at the time of service. Please bring all insurance cards to the visit.

Patients are responsible to update my office with any changes in insurance or personal contact information such as home address, phone number, or email.

Patient billing statements for outstanding balances owed will be mailed on a monthly basis.

Many insurance companies have limitations on types of medications that will be covered. Occasionally, certain forms of treatment, or large number of sessions, require a prior authorization. If this is the case, I may need to provide information about your diagnosis, history, and treatment plan to your insurance company. Once this information is provided, it will be subject to the privacy policies of the insurance provider and is out of my control.

### **MEDICAL RECORDS**

I am required by law to collect and maintain complete medical records. My medical records are electronic and encrypted. Any written records, including the initial consent forms, letters, and outside medical records, for example, will either be digitally scanned into your electronic health record, or kept locked if the hard copy is very large. You are entitled to review your medical records to the extent required by state and federal law. I reserve the right to decline to make medical records available to you beyond that required by state or federal law or to limit access in certain circumstances based on my clinical discretion and professional judgment. If you wish to view your records, I recommend that we review them together to minimize any confusion or misinterpretation of medical terms. Time spent collecting, printing, copying, and summarizing the medical record will be charged the appropriate fee.

### **MY PRACTICE**

While I may share an office with other mental health professionals, I am in no way part of a group practice. My medical records are kept secure and separate from any other practitioner. No person operating in my office suite will have access to your records without your written consent. I am fully responsible for the services I provide to you.

If you do see one of my office mates for psychotherapy, or if I refer you to another community therapist or physician, we may find it helpful to collaborate and coordinate your care, and this will



require your written consent. Any clinician to whom I refer you will be responsible for the care they provide to you.

### **VACATION AND OUT-OF-OFFICE COVERAGE**

I am typically very responsive to email, text, or phone messages. Please expect a response within 24 business hours. If I am away from the office for an extended period of time, the contact information for my backup provider will be indicated on my phone greeting message or on the email auto-reply function. If you are in the midst of a clinical emergency, please call 911, proceed to your nearest emergency room or contact your county crisis line. Email or text messaging are not appropriate forms of communication during an emergency.

### **CONTACT INFORMATION AND COMMUNICATIONS**

My telephone number is (570) 392-9782 and my email address is [ajb@transformationspsychiatry.net](mailto:ajb@transformationspsychiatry.net). Alternatively, please use your Kareo Portal to message me. I carry a cell phone with me at all times. When you leave a message, please clearly state your name, phone number, and reason for calling. If you have a preferred time for the return call, please indicate so. I may be with a patient or otherwise occupied at the time of your call but will make every effort to address your issue as soon as possible. For non-urgent matters please allow up to 72-hours for a response. Messages left after 5 pm on weekdays, or on weekends and holidays, may not be returned until the next business day. If you or someone close to you is in immediate danger, please call 911, contact your county's crisis line, or proceed to the nearest emergency room.

If you choose to contact me via email or text messaging, please be aware that regular email and text messaging may not be a secure means of communicating sensitive personal or mental health information, even though the above referenced email account [[ajb@transformationspsychiatry.net](mailto:ajb@transformationspsychiatry.net)] is HIPAA-protected on my end. The Kareo Portal is HIPAA-protected as well and would be a private means of reaching me. Telephone is the only appropriate method of contacting me for an urgent or emergent problem.

Please also note that email or phone communications are not a substitute for face-to-face visits. Email and phone access are intended to address brief, straightforward issues, not complicated treatment decisions that require joint input in person. Generally, anything that requires a change in treatment is best discussed in person.

### **TERMINATION OF CARE**

Due to the severe shortage of psychiatrists nationally, I strongly encourage you to research your treatment continuation options several months ahead of time in order to ensure that you will have an appointment in hand by the time you need to be seen. A useful resource might be the American Psychiatric Association's Find a Psychiatrist Link at [www.psych.org](http://www.psych.org). If I am familiar with a trusted provider(s) in the area you are moving to, I will certainly offer their names as well.



I am obligated to provide you with a 30-day supply of medication(s) at the time of termination. Please be prepared to have your new provider (primary care physician or psychiatrist) take over future refills.

With your written informed consent, I will promptly forward your records to your new provider.