

# *Maryam Eskandari, M.D.*

2252 Fillmore Street, Suite 304 — San Francisco, CA 94115 — tel. 415.255.2220

## CONSENT TO TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it and we can discuss any questions you have at our next meeting. If you decide to begin treatment with me I will ask you to sign this form, which will represent an agreement between us. Please keep a copy for your records.

### PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist & patient, and the particular issues you bring to treatment. Progress depends on many factors, including motivation, effort, and other life circumstances. Treatment length varies depending on the nature and severity of the issues being addressed, as well as the previously mentioned factors.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness or helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have questions about my practices, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### PSYCHOTHERAPY MEETINGS

I normally conduct an initial assessment that will last from **2 to 4 sessions**. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

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If psychotherapy is begun, I will usually schedule a 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. On rare occasions, I may have to reschedule our regular session time. If this occurs, I will attempt to find a satisfactory alternative time to meet with you, however this is not always possible. I typically take one month off sometime during the year, as well as a number of briefer breaks at other times of the year. I will notify you of these absences in advance.

## CANCELLATION POLICY

It is understandable that on occasion you may need to cancel or reschedule a session. Psychotherapy, however, is unique and unlike other types of doctor's appointments, in that we meet at a regular weekly time. In order for me to sustain a schedule where I set aside a weekly time for individual patients, that time must be consistently used by that individual. As such, my cancellation policy for psychotherapy patients is that I allow 2 free cancellations per year (each requiring at least 24 hours notice), but after that patients are held financially responsible for their appointment time slot, even if they cannot attend a session. *Please note that insurance companies do not cover missed sessions, so if you miss a session, you will be responsible for paying the full fee yourself.*

## PROFESSIONAL FEES & BILLING PRACTICES

Sessions are typically 50 minutes and the fee is \$260 per session. I periodically raise my fees with reasonable advance notice. Payment is due by check or cash at the end of the session unless other arrangements have been made. I charge the same fee for other professional services you may need, such as report writing, telephone consultations lasting longer than 15 minutes, or preparation of records or treatment summaries. **If the time spent is 15 minutes or less, then there will be no charge, but if it is over 15 minutes, you will be charged for the full time spent.**

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party, at the rate of \$450.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

I request direct payment from you, by cash or check, at the time of service. If a payment is not made within 10 days of receiving an account statement, a re-billing fee of \$35 will apply. Interest may be charged on any payments deferred more than 30 days. Delinquent accounts, past 90 days, may be referred to a collections agency.

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## **INSURANCE**

**I am an out-of-network provider.** If your insurance plan provides out-of-network benefits, you may be able to receive partial reimbursement from your insurance company for the fees you pay me for your treatment. I will provide you with monthly statements that you may choose to submit to your insurer for reimbursement.

## **CONTACTING ME**

The best way to contact me is by phone at (415) 255-2220. Although I am often not immediately available by telephone, a message can be left at this number any time of day or night. I check my voicemail 1-3 times per day, Monday through Friday, during normal business hours. For urgent matters on evenings or weekends, you may try me at (415) 255-5475.

## **EMERGENCIES**

Although you can leave me a message at any time, I am often not available to call you back quickly. As a result, if you have an emergency requiring immediate attention, please call 911 or go to your nearest Emergency Room, so that you can receive immediate psychiatric attention.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychiatrist are protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your psychiatric condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, disabled person, or dependent adult is being abused, I must file a report with the appropriate state agency.

If a patient threatens to harm her/himself, I may be obligated to seek hospitalization for her/ him or contact family members or others who can help provide protection. In such a situation, I will discuss the situation with my patient and consider the option of hospitalization if I am concerned that this patient is in danger of committing suicide.

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If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting police, and/or seeking hospitalization for the patient. Also, if someone else tells me that my patient may be preparing to seriously harm another person, I am also required to take protective actions.

**ENDING TREATMENT**

You have the right to terminate therapy or take a break at any time. If you choose to do so, I will encourage you to talk with me about the reason for your decision and to allow us to bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychiatrists continue therapeutic relationships only so long as it is reasonably clear that patients are benefitting from the relationship; to do otherwise would be unethical. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

**CONSENT TO TREATMENT**

**I acknowledge that I, \_\_\_\_\_, have read and understand the information included above in Dr. Eskandari's Consent to Treatment and I agree to abide by its terms during our professional relationship. I have had the opportunity to discuss any concerns with Dr. Eskandari, and I hereby consent to treatment.**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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