

Melvin S. Gale, M.D. and Associates

Welcome to Our Office!

Introduction

We believe as a patient here, it is important that you understand your rights and responsibilities. Ask your care provider if you have any questions.

Mental Health Treatment

Our office is a general psychiatry practice serving adults and older adolescents. We provide a variety of services, including evaluation and diagnosis, medication management, and psychotherapy. Treatments are individually developed for each patient, often involving reducing the symptoms of a mental illness, learning new methods of problem-solving, learning more about yourself, your emotions and your relationships, and developing more effective ways of coping with life problems.

Some individuals need short-term treatment, and for some problems, longer term treatment may be needed. The estimated length of treatment will be discussed with you at the beginning of treatment, and may be revised.

Mental health treatment has risks and benefits. It often involves talking about difficult aspects of your life, so you may temporarily experience uncomfortable feelings. If this occurs, it is important that you discuss these reactions with your care provider. On the other hand, treatment has been shown to benefit people, often leading to increased feelings of well-being, better relationships and solutions to specific problems. This is what we will try to help you achieve, but people's responses to treatment vary. We can not guarantee how you will respond or to what degree you will benefit. Treatment is most helpful if you take an active role in the therapeutic process.

To best help you, we ask that you provide accurate and complete information about your current complaints and your life history. It is your responsibility to inform us that you understand the recommended treatment plan, and to inform us of any sudden/unexpected changes in your condition. The results of mental health treatment depend significantly on your cooperation. Share questions and concerns with your care provider immediately.

It is your right to stop treatment at any time or to choose not to follow recommendations. You then assume responsibility for this course of action. In a similar manner, your care provider may make a referral for you or suggest ending treatment, if he/she believes it is in your best interest. We hope this will always be a collaborative process, but if services must be ended, you will receive a certified letter indicating you have 30 days to find alternative psychiatric care. During that 30 day period, we will provide only emergency treatment to you.

Because treatment is most beneficial when you take an active role in the process, repeated failed appointments and/or repeated cancellations will likely lead to treatment being terminated. Please discuss this with your care provider.

You have a Right to be Informed About:

1. Your care provider's qualification to practice, including training, credentials, areas of specialization and limitations, and years of practice. If you are seeing a licensed independent social worker, you are entitled to a copy of his/her professional disclosure statement.
2. The limits of confidentiality (see below), and the extent of recorded notes of therapy and their accessibility.
3. Your diagnosis.
4. Your care provider's recommendation for the use of medications, including the benefits and risks of a medication regimen, possible side effects, possible consequences of not taking a prescribed medication and/or abruptly stopping a medication, and alternatives to the prescribed treatment.
5. The care provider's estimation of the approximate length of therapy to meet the agreed upon goals.
6. Fees for therapy and our financial policies (see separate statement).
7. The office policies on such issues as emergency coverage and missed appointments.
8. You have the right to refuse any intervention or treatment strategy.
9. You may discuss any aspect of your therapy with others, including consulting with another therapist.
10. You may give or refuse permission for your care provider to use aspects of your case for a presentation or a publication.
11. You may refuse to answer any questions.
12. You may terminate therapy at any time.

Appointments and Cancellations

Appointments must be canceled **48** hours in advance to avoid a charge for the time we have set aside for you. (You may leave a message with our office or answering service 24 hours a day.) These charges are not paid by any insurance. Our charges may be up to the full amount of your session, not your co-pay amount. You should discuss this with your care provider for further clarification.

Telephone Policy

If you have an emergency that cannot wait until your next appointment, please call us. We have an answering service when the office is closed. We try to respond as quickly as possible to emergencies. Since these return calls are often from our homes, make sure you turn off the privacy block on your telephone. There is a charge for phone calls with a care provider. If you cannot wait for your care provider to return your call, go immediately to an Emergency Room.

For questions about medication, you can leave a message with the office staff or the patient portal and we will respond to your question. There is no charge for questions left with the office staff. There is a charge of \$8.00 to review prescription requests if between appointments.

If our office needs to call you, we will call your home number. If you are not there our policy is to leave a message on your voicemail/answering machine or with the person who answers. The message will be: "This is Dr. Gale's office or Ms./Mr. ___ at 241-1811. Please call." **If you do not want calls at home, please notify us of where we can call you. If you do not want us to leave any message, please tell us.**

Confidentiality

Issues discussed during the course of treatment remain confidential. We will not discuss your case without your consent. Exceptions to confidentiality include but are not limited to:

1. Situations of patient potential harm to self or others.

When a patient discloses or implies a plan for suicide and is unwilling to develop a safety plan, a mental health professional is required to notify legal authorities and make a reasonable attempt to notify the family of the client. When a patient discloses intentions or a plan to harm another person, a mental health professional is required to warn the intended victim and report this to legal authorities.

2. Situations of abuse and/or neglect of children or vulnerable adults.

In situations of suspected abuse/neglect of children or vulnerable adults, the care provider is required to notify the appropriate authorities.

3. Many insurance companies require information from us before they will authorize treatment. This information may include type of services, dates of service, diagnosis, treatment plan, description of problem, progress of therapy, case notes, and summaries.

4. You may waive the privilege of confidentiality. If you request that some information be discussed with/or sent to another person, we will ask you to sign a release of information form.

5. With your permission, it is our policy to send an initial letter, and then periodic updates to your primary care physician to assure continuity of care. We will not do this without your consent, but we believe it is good practice.

6. For the purposes of quality control and continuity of care, your situation will be discussed in brief consultations between Dr. Gale and your care provider.

Professional Relationships

Your relationship with your care provider is an integral part of your treatment. Each of the care providers in our office has an ethical and legal obligation to ensure that the therapeutic relationship remains solely professional, and that dual relationships or conflicts of interest are avoided. Everyone in our practice is committed to treating you with respect and professionalism.