



Silver Psychiatric Services, PC
Randie Schacter, DO
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www.silverpsychiatric.com

Guidelines and Policies

Please review guidelines and sign below if in agreement with these terms.

Sessions are by appointment only.

Confidentiality

All information between patient and psychiatrist is held strictly confidential unless:

1. The patient authorizes release of information with his or her signature.
2. The patient presents a physical danger to self.
3. The patient presents a danger to others.
4. Child/elder abuse/neglect is suspected.

Financial Terms

Payment is expected in full at the time of service. Payment is accepted in the form of cash, check or charge.

Cancelled/Missed Appointments

A scheduled appointment means that the time is reserved only for you. If an appointment is missed or cancelled with less than 24 hours notice, the patient will be billed according to the scheduled fee. Monday appointments must be cancelled by noon on Friday to avoid being charged.

Telephone Calls

Dr. Schacter can be reached on her office line at **704-847-0424**. Patient communication is essential to alleviate concerns and to promote a healthy doctor-patient relationship. All necessary calls will not be charged to patient. If Dr. Schacter is unavailable to take your call, please leave a message on her confidential voice mail and she will respond as quickly as possible. When leaving a voice mail, please leave your full name, your number where you can be reached, and who you are calling about, the best time to contact you, and a brief message with your question or concern. Due to confidentiality concerns, email is not a form of communication used by the office. After hour calls, past 3pm Monday thru Thursday, will be answered on the next business day. Calls received Friday will be answered the next business day. In the event of a severe psychiatric emergency, you are encouraged to call 911 and/or proceed to your nearest emergency room.

Name: _____

Signature: _____

DOB: _____

Once an established patient the following guidelines will also apply

Refills

Refills are customarily handled during visits. Please be aware of what medications will need refills prior to the visit. If calling for a prescription, please call ahead and allow for at least three business days for physician to pharmacy communications. Weekends calls for refills will be initiated the next business day. Occasionally, you will be asked to come in for an appointment if Dr Schacter feels she needs to discuss dosage or change in treatment, before refills are given.

Psychopharmacology (medication management) Medication is prescribed when appropriate based on the cluster of most predominant symptoms. The goal is to reduce and if possible control the symptoms that have brought you to the office. At the time of initiating treatment side effects will be reviewed as well as possible treatment alternatives. We will review risks and benefits and a written set of potential side effects will be given to you for your convenience. If you are struggling with side effects it is your responsibility to contact Dr. Schacter to discuss them. It is important during the beginning stages of medication trials to meet more frequently to address the side effects and determine alternatives as needed. Please be aware that although medication may help its benefits are most often enhanced by combining it with psychotherapy. Please recognize that medication trials are not 100% successful and that some medicine may take time to show their full benefits while others may show a more rapid response.

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems which the patient brings. There are a number of different approaches which can be utilized to address your problems. It is not like visiting a family doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Psychotherapy often requires recalling unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

Shared Treatment

If I am in treatment with another therapist, it is my responsibility to sign consent for both parties to communicate. It is understood that not all details need be discussed for confidentiality purposes, however changes in function, attendance and treatment collaboration is likely to be discussed with the therapist as appropriate.

After hours contact

In the event that you **must** reach me after hours you will be able to contact me on my cell phone. This will be addressed in more detail during the initial visits. If I am unavailable and it is a true emergency you will need to go to the nearest emergency room and or call 911.

Name: _____

Signature: _____

DOB: _____

Termination

That successful termination of treatment is determined when my therapist and I agree that the treatment goals have been substantially completed. I understand that I may be discharged from the clinic by Dr. Schacter for the following reasons:

1. I have successfully completed the treatment program to which I initially agreed, implying that I have made significant progress toward meeting treatment goals;
2. I choose to terminate treatment;
3. I need to withdraw due to medical, financial, or legal problems, geographic relocation, lack of parental consent, or other financial demands;
4. My lack of attendance and/or motivation prevents further progress toward goal achievement. (If I have not appeared for face-to-face contact for one hundred-twenty (120) days, I will be automatically terminated);
5. I demonstrate inappropriate behavior relative to self, staff, or other clients which is disruptive to the therapeutic process (i.e., threatening and/or intimidating behavior);
6. Modification of medications being prescribed by Dr. Schacter is made by me without consulting with Dr. Schacter or a covering physician.
6. I refuse to make appropriate financial arrangements to pay for therapeutic services (when I have the financial ability to do so, and this is seen as a treatment issue);
7. I fail to comply with the provision of this Treatment Agreement.

I have been informed of the proposed treatment, the services which may be provided, and any attendant benefits, risks, and/or consequences. I give my consent to treatment, understanding that I maintain the option to terminate the consent at my discretion. I give my permission to be contacted for follow-up studies.

Consultations may be billed to the undersigned’s account at the discretion of Dr. Schacter. Consultations include, but are not limited to, such persons as: spouse/partners; therapists; ministers; physicians; attorneys; family members.

Dr. Schacter does not admit, nor attend to, hospitalized patients. Should you ever need psychiatric hospitalization, you will be referred.

The undersigned agrees that he/she is solely responsible for payment of this account, regardless of payment or lack of payment by any insurance carrier or other guarantor for payment.

Name: _____
Signature: _____

DOB: _____