

**MICHAEL T. INGRAM, JR., M.S., M.D.**

BOARD CERTIFIED PSYCHIATRIST

AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

## Practice Policies

**Welcome!** Agreement to the following terms and conditions is required for the patient ["you" or "your"] to receive psychiatric services from Dr. Michael T. Ingram, Jr., M.S., M.D. ["provider" or "me" or "I"]. If you do not agree, I will be glad to give you referrals to other providers.

### **Clinical services**

You are providing consent to receive a comprehensive diagnostic assessment. At the end of the evaluation, we will mutually decide if we will continue treatment together. If you are in a life threatening medical and/or psychiatric emergency or you are a threat to public safety, you agree to call 911 immediately or go to the nearest emergency room. For non life-threatening inquiries please feel free to reach me anytime between 8am and 8pm by phone, email, or luminello messaging. Please know I will do everything I can to respond as soon as possible. You can expect a response within 48 hours.

Note that I do not have admitting privileges, nor am I affiliated with or on staff at any hospital. Should I deem more intensive services are needed than I can provide, I will do my best to ensure safety and obtain the appropriate level of care, but I cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the profession require such. You are entitled to receive a copy of these records unless I believe that seeing them would be emotionally damaging. If this is the case, I will be happy to provide the records to an appropriate mental health professional of your choice or to prepare an appropriate summary instead. Because client/patient records are professional documents, they can be misinterpreted and can be upsetting. If you wish to see the records, it is best to review them with me so that we can discuss their content.

### **If you are seeing me for medication management:**

- You agree to contact your therapist first (if applicable) for any psychiatric emergency or crisis, unless it is related to medication. If the emergency or crisis is related to medication, you agree to contact me immediately. HOWEVER, if you are experiencing a life threatening medical and/or psychiatric emergency, you agree to dial 911 or go to the nearest emergency room.
- You agree to inform me if you are considering stopping therapy, or have actually stopped
- You agree to see me in person or via telemedicine video conferencing at LEAST once per month for the first three months. After the first three months, you agree to see me in person or via telemedicine video conferencing at LEAST once every three months.

**MICHAEL T. INGRAM, JR., M.S., M.D.**

BOARD CERTIFIED PSYCHIATRIST

AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

## Practice Policies

### **If you are being prescribed a schedule II or schedule III medication:**

- You agree to see me in person or via telemedicine video conferencing at LEAST once per month. Schedule II or schedule III medications will not be prescribed unless you are seen.
- **NOTE:** State law requires that all patients prescribed scheduled medications be seen IN-PERSON AT LEAST once per year.
- A LIST OF SCHEDULED MEDICATIONS CAN BE REVIEWED BY VISITING <https://www.dea.gov/drug-scheduling>

### **If you are seeing me for psychotherapy ONLY:**

- You agree to contact me for any emergency or crisis, unless it is medication related. If the emergency or crisis is related to medication, you agree to contact the provider who is prescribing the medication first. HOWEVER, if you are experiencing a life threatening medical and/or psychiatric emergency, you agree to dial 911 or go to the nearest emergency room.
- You agree to inform me if you are considering stopping therapy, or have actually stopped
- You agree to see me in person or via telemedicine video conferencing as you prefer. There is no follow up requirement if you are seeing me for psychotherapy ONLY.

### **I reserve the right to STOP or DISCONTINUE prescribing any medication(s) for any of the following reasons at any time:**

1. The policies outlined above are violated
2. Based on my professional and clinical judgement, there is a medical or psychiatric contraindication that necessitates stopping or discontinuing any medication(s)
3. Continuing any medication(s) pose(s) a significant risk to your physical or mental health that is not outweighed by potential benefits.
4. Based on my professional and clinical judgement, there is suspicion of abuse or diversion of medications prescribed for you.

# MICHAEL T. INGRAM, JR., M.S., M.D.

BOARD CERTIFIED PSYCHIATRIST

AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

## Practice Policies

### Risks and benefits of psychotherapy

- Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events. Potential benefits include a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolution of specific problems. Given the nature of psychotherapy, it remains an inexact science and no guarantees can be made regarding the outcome.

### Confidentiality

**There is no guarantee of confidentiality under the following conditions:**

- If I suspect you are in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected (as I am a mandated reporter).
- If a court orders a release of information
- If you initiate a malpractice lawsuit, or a billing dispute with a financial institution
- If you pay by credit card, my name will appear on your credit card statement
- If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party
- Between me and my administrative staff
- With your written permission only: between colleagues with whom I consult professionally.
- If you use text messaging or email to contact Dr. Ingram or his Administrative Assistant which is NOT a HIPAA Compliant means of communication
- If you call Dr. Ingram or his Administrative Assistant by phone which is NOT a HIPAA Compliant means of communication

### Payment

You agree to pay for services and fees as outlined in the PAYMENT POLICY AGREEMENT. You are responsible for full payment, whether your insurance company ends up paying partially, or not at all, for services rendered. I do not communicate with insurance companies directly.

**You are financially responsible for all charges, whether or not:**

- Insurance pays for any services
- We decide to proceed with treatment
- Treatment is successful, for which there cannot be any guarantee

MICHAEL T. INGRAM, JR., M.S., M.D.

BOARD CERTIFIED PSYCHIATRIST

AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

## Practice Policies

**By signing your name below, you confirm you have reviewed all Practice Policies outlined in this form and agree to the terms and conditions of all Practice Policies.**

---

Patient Name (Print)

Patient Signature

Date