

Mentis Forensic Psychiatry LLC

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Initial Consultation

It is important that you find a doctor that you can work well with. The main purpose of the first visit is for me gather information about you. This includes background information such as your medical history, psychiatric history, and relevant family and social history. It is also a time for us to determine what the best plan is for your treatment going forward, including whether I am a good “fit” for you and able to meet your needs. If we decide that treatment with me may not be the ideal plan of action, I will provide you with names and phone numbers of providers who may better serve your needs. A consultation is not a guarantee that treatment will continue.

Confidentiality

Doctor-patient confidentiality protects our communication. Without your written permission, I will not disclose that you are in treatment with me, nor will I disclose the details of this treatment. If you give me written permission to reveal this information to anyone, you may revoke that permission at any time.

There are legal exceptions to this confidentiality. They include, but are not limited to, the following:

1. There is cause to believe that you are threatening serious bodily harm to yourself or others. In this case, police, a crisis/psychiatric emergency department, and/or potential victims may need to be notified to ensure safety.
2. Abuse is suspected toward you or toward individuals under your care. New Jersey law requires that physicians disclose this information to the appropriate state agency.
3. In the case of a medical/psychiatric emergency, I may provide information necessary or helpful for your treatment.
4. A court order may require me to release your medical record.

Collaborative Treatment

When in treatment with me, you have the choice of a 30-minute or 60-minute appointment. A 30-minute appointment is appropriate for a “medication check” and to briefly discuss any topics you’d like addressed. A 60-minute appointment allows for further discussion and “talk therapy”. Some patients will already be receiving therapy from a different provider and may only require medication checks in that case. If you are in therapy with another provider, I require that your therapist and I speak at regular intervals so that I can give you the best care possible. I require that you sign a release of information so that your therapist and I can communicate about your treatment, and I expect that your therapist will be reasonably available to me and willing to speak with me regarding your care. In the rare case that this not does occur, I will provide you with names and phone numbers of providers who may better serve your needs.

Medication

Medication refills should be handled during scheduled appointments. If you will run out of medication prior to your next appointment, please contact me for a refill. It is important to note that any controlled substances require a written prescription and cannot be called into the pharmacy.

We will need to meet on a regular basis not to exceed 3 months for medication management. Beyond this timeframe, and unless there are extenuating circumstances, I cannot refill your medication as a matter of sound practice. Please keep this in mind when scheduling your appointments.

Please note that new prescriptions will not be written for any medications that are used improperly or run out early.

Billing Policy

Fee Schedule: \$300.00 initial consultation –60 minutes
\$300.00 - 60-minute follow-up
\$175.00 – 30-minute follow-up

Payment is due after each session in the form of check or cash. There will be a \$50 fee for returned checks. If payment is not received, sessions will be temporarily suspended.

I do not accept insurance; however, I will provide you with a receipt of services that contains the required information for you to submit a claim for reimbursement. It is your responsibility to ask your insurance provider about your out-of-network mental health benefits, including your deductible and reimbursement amount. It is your responsibility to submit a claim for reimbursement through your insurance.

Cancellation Policy

Please give notice of cancellation 24 hours prior to the scheduled appointment.

Authorizing Signature(s):

I have read, understand, and agree with Mentis Forensic Psychiatry LLC’s practice policies, and I have been given a copy. My signature below indicates that I agree to abide by these policies.

Signature of Patient

Printed Name of Patient

Date

Signature of Consenting Party
(if patient is under 18 years old)

Printed Name of Consenting Party

Date