Sheryl M. Hakala, M.D., P.A.

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Consent for Treatment And Financial Policy

Sheryl Hakala M.D., P.A.

This establishes the terms and conditions pursuant to which services are provided and are binding. I am committed to providing you the best possible care based on my expertise and education. My initial evaluations range from 60-90 minutes with a fee of $575. If the evaluation is longer than 90 minutes, an additional fee may be charged. My follow-up appointments for medication management are 15 minutes with a fee of $175, 30 minutes sessions with a fee of $225, and 50-60 minutes sessions with a fee of $295. Longer than 60 minute sessions may also be available for additional fees. The initial evaluation with the Advance Registered Nurse Practitioner or Physician Assistant range from 60-90 minutes with a fee of $250, and follow-ups are $100 for 15 minutes, $150 for 30 minutes, and $200 for 60 minutes.

Once I have decided on a diagnosis, I will expect the patient to become an active member of the treatment process. I will set follow up appointments depending on the diagnosis and availability of appointments. I expect you to follow through with the prescribed treatment, taking medications as prescribed, calling when side effects or emotional difficulties occur, in addition to homework, readings, and appointments with other health care professionals and attending your sessions. In the event that you do not follow through with your prescribed treatment, after 12 weeks of no contact from you, I will document in your chart that this was a treatment failure due to non-compliance. You have the right to discontinue treatment for any reason including that you feel better or changed psychiatrists at any point. All I need from you is a letter or a call telling me of this decision.

If you have health insurance, I will give you a receipt in order to allow you to submit it to the insurance company. If any further documentation is required, I may or may not be able to provide this. It is your responsibility to work with the insurance company. I need your help in understanding my payment policy. Payments for services are due at the time the services are rendered.

I accept cash or check. Returned checks will be subject to a $25.00 process fee. Balances over 90 days will be collected through a collection agency, thus releasing your name for collection of unpaid balances. Checks that are dishonored by the bank and not covered by the patient will also be sent to collections along with an attached collection charge of $35.00.

What I offer my patients is my time. Therefore, charges will also be made for No Shows or broken appointments. My No Show fee is the full charge of the appointment which must be paid by you before the next appointment is made. If you need to cancel or reschedule an appointment, please feel free to do so 24 hours before scheduled appointment. You may leave it on my confidential voice mail. All calls are dated and time stamped for your convenience.

I understand that my medical records are electronic, and all original copies of documents are shredded after they are saved electronically.

_____ ____/____/_____

Patient Signature Date

If patient is a minor, parent or legal guardian must sign.

Your signature constitutes a legal contract between you and Sheryl M. Hakala, M.D., P.A.