



Christine D. Dittmer, MD, MPH

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dittmerneuropsych@hotmail.com

- DATE: _____
- NAME: _____
- EMAIL: _____

• Mailing Address:

• Physical Address (if different):

- Date of birth/Age: _____
- Relationship Status: _____
- Occupation/Student Status: _____

• Phone (Please provide only numbers at which you give me permission to call you):

- Home: _____
- Work: _____
- Cell: _____

• Emergency contact (Name & Phone): _____

• Primary Care Physician (Name & Phone): _____

• Medical History: list medical problems

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

- Current Medications: include date started and dosages

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

- Previous Psychiatric Medications:

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

- Allergies: include reaction to drug

1. _____
2. _____

3. _____
4. _____

- Do you smoke tobacco? (if yes, include date started and amount): _____

- Do you drink alcohol? (if yes, include date started and amount): _____

- Do you use illicit substances? (if yes, include type, date started and amount)

- Hospitalizations: Medical, Psychiatric, Substance Abuse (include facility and year)

- Family history of Mental Illness or Substance Abuse:

1. _____
2. _____
3. _____
4. _____
5. _____

- How did you hear about Dr. Dittmer's services?

- What would you like to gain from working with Dr. Dittmer?

CONSENT FOR TREATMENT:

Your signature below indicates that you have read the “Dr. Dittmer - Client Service Agreement” and agree to its terms and also serves as an acknowledgement that you have received the HIPAA notice form.

Signature of Client (or Guardian if under 18)

Date

Printed Name (and relationship if under 18)

RECORD RELEASE AUTHORIZATION:

I hereby authorize Dr. Dittmer to furnish information to insurance carriers concerning my illness / treatment. I acknowledge that the data released MAY INCLUDE material that is protected by law, including: mental health, drugs and alcohol, HIV/AIDS and other communicable diseases, and genetic testing.

Signature of Client (or Guardian if under 18)

Date

Printed Name (and relationship if under 18)



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Credit Card Payment Authorization for Professional Services

VISA

MasterCard

Name on Account (exactly as it appears on credit card)

Street Address

City

State

ZIP Code

Credit Card Number

Exp. Date

I authorize Dr. Dittmer to bill the above credit card for professional services.

Signature of Cardholder

Date

I authorize Dr. Dittmer to bill the above credit card when I do not give advanced notice for a late cancellation (less than 48 business hours) or no-show, as per the "Client Services Agreement."

Signature of Cardholder

Date



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CLIENT SERVICE AGREEMENT

Welcome to Neuropsychiatry of North Carolina. This document (the Agreement) contains important information about our professional services and business policies.

The Agreement contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and healthcare operations.

HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. This law requires we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between you and Dr. Dittmer.

You may revoke this Agreement in writing at any time. That revocation will be binding on Dr. Dittmer unless she has acted in reliance on it; if you have not satisfied any financial obligations you have incurred.

PSYCHIATRIC SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist/psychiatrist and the patient, and the concerns you are experiencing. There are many different methods to deal with the concerns that you hope to address. Psychotherapy calls for an active effort on your part. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with Dr. Dittmer. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about Dr. Dittmer's procedures, they should be discussed whenever they arise.

Psychiatric medication management is often a component of the treatment a patient receives. Because of the importance of proper and safe management of medications, it is important that patients provide all clinical information related to medical history (including relevant family history) and physical symptoms. That information allows for the current psychiatric presentation to be evaluated for a physical component or cause and for the selection of the most tolerable and safest medications in treating your condition. It is extremely important that your primary care doctor and all other clinicians providing you medical care are aware of the diagnoses and treatments that you have been given by each member of your total treatment team (both physical and mental health care providers). It is extremely important that you keep an open dialogue with your doctors regarding how you are tolerating the medications so that appropriate interventions if needed can occur in a timely fashion. That underscores the necessity of your keeping all scheduled appointments with your psychiatrist and taking medications as they are prescribed. Your psychiatrist may not provide medication management to anyone who repeatedly does not take medications as agreed upon and prescribed.

MEETINGS

Dr. Dittmer normally conducts an evaluation that lasts from 1 to 3 sessions. During this time, we can both decide if Dr. Dittmer is best suited to provide the services you need in order to meet your treatment goals.

Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 business hours advanced notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

PROFESSIONAL FEES

In addition to appointments, Dr. Dittmer charges for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require Dr. Dittmer's participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if called to testify by another party.

BILLING AND PAYMENTS

Payment is due in full for all services at the time services are rendered.

LATE ARRIVALS

Patients are seen by appointment. If you arrive late, the appointment must end as scheduled and you will be charged for the full amount of your scheduled visit. This will allow us to see each patient when they are scheduled.

INSURANCE REIMBURSEMENT

For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Dr. Dittmer may help you fill out forms and provide you with whatever assistance she can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of her fees. It is important that you find out exactly what mental health services your policy covers. Dr. Dittmer is not in-network with any insurance company. You will need to file Dr. Dittmer's billing receipt with your insurance company using your out-of-network benefits.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, Dr. Dittmer will provide you with whatever information she can based on her experience and will be happy to help you in understanding information you receive from your insurance company.

CONTACTING DR DITTMER

While Dr. Dittmer is usually available between 9AM and 5PM, she will not answer the phone when she is with a patient. Our telephones are answered by a voicemail and monitored frequently. You may call Dr. Dittmer's voicemail 24 hours a day and leave a message. Dr. Dittmer will make every effort to return your call on the same day you make it, except for weekends and holidays. If you are difficult to reach, please inform Dr. Dittmer of times when you will be available. Do not leave phone numbers for Dr. Dittmer to return your call if you would not want Dr. Dittmer to identify herself to someone who answered the phone (family member, roommate, etc.) If you are unable to reach Dr. Dittmer and feel that you can't wait for Dr. Dittmer to return your call, you may: contact another treating provider if you have one, contact your family physician, call the Hopeline at (919) 231-4525, call Holly Hill Hospital Respond Line at (919) 250-7000, or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. In the event of a life-threatening emergency call 911.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychiatrist. In most situations, Dr. Dittmer can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and 42 CFR. There are other situations that require only you to provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

Dr. Dittmer may occasionally find it helpful to consult other health professionals about a case. During a consultation, Dr. Dittmer makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not

tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called “PHI” in our Notice of Neuropsychiatry of North Carolina’s Policies and Practices to Protect the Privacy of Your Health Information).

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

If Dr. Dittmer believes that a patient presents an imminent danger to his/her health or safety, she may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Dr. Dittmer reserves the right to look up any of her patients on the North Carolina Controlled Substance Reporting System. If she feels that there are drug-drug interactions that put her patient in imminent danger of overdose or death, Dr. Dittmer reserves the right to contact the prescribing physicians or pharmacists in the system. Dr. Dittmer will do her best to discuss this with the patient should it arise. Privacy of active felonious activity (doctor shopping) is not protected under HIPAA or 42 CFR.

There are some situations where Dr. Dittmer is permitted or required to disclose information without either your consent or authorization:

If you are involved in a court proceeding and a request is made for information concerning the professional services that you have been provided, such information is protected by the doctor-patient privilege law. Your provider cannot release any information without your written authorization, or a court order. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your provider to disclose information.

If a government agency is requesting the information for health oversight activities, your provider may be required to provide it for them.

If a patient files a complaint or lawsuit against Dr. Dittmer, Dr. Dittmer may disclose relevant information regarding that patient in order to defend herself.

If a patient files a worker’s compensation claim, and Dr. Dittmer’s services are being compensated through workers compensation benefits, Dr. Dittmer must, upon appropriate request, provide a copy of the patient’s record to the patient’s employer or the North Carolina Industrial Commission.

There are some situations in which Dr. Dittmer is legally obligated to take actions, which she believes is necessary to attempt to protect others from harm and we may have to reveal some information about a patient’s treatment. These situations are unusual.

If Dr. Dittmer has cause to suspect that a child under 18 is abused or neglected, or if there is reasonable cause to believe that a disabled adult needs protective services, the law requires that a report be filed with the County Director of Social Services. Once such a report is filed, Dr. Dittmer may be required to provide additional information.

If Dr. Dittmer believes that a patient presents an imminent danger to the health and safety of another, we may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, Dr. Dittmer will make every effort to fully discuss it with you before taking any action and limit the disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be quite complex, and Dr. Dittmer is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of our professions require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and Dr. Dittmer believes that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, Dr. Dittmer recommends that you initially review them in her presence or have them forwarded to another mental health professional so you can discuss the contents.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights regarding your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and our privacy policies and procedures.

TERMINATION

Clients are under no obligation to continue services should they decide to terminate at any time. However, we strongly urge that Dr. Dittmer be notified in person so that it can be discussed openly.

COMPLAINTS

Dr. Dittmer will take reasonable precautions to minimize risks, ensure your safety, and provide you with a positive experience. If at any time you believe that Dr. Dittmer has not been diligent in performing services, or you believe that your privacy rights have been violated by Dr. Dittmer, please bring it to her attention so we can address the matter.