TENTIE
PSYCHIATRY
José M. Torrijos, MD
Adult Psychiatry · In person in Houston and by telehealth across Texas

Consent for Treatment, Outpatient Services Agreement and Practice Policies

Please read this document carefully before your first appointment. When you sign it, it becomes an agreement between you and Tentie Psychiatry. You will be given a copy after signing upon request.

PROFESSIONAL SERVICES

Dr. José M. Torrijos is a board certified adult psychiatrist. This practice treats adults 18 years of age and older. Services include comprehensive psychiatric evaluation, diagnosis, medication management when warranted, and brief supportive and behavioral interventions provided as part of medication follow-up.

Care is delivered in person at the Houston office and by secure telehealth to patients located anywhere in Texas. The same physician, the same appointment length and the same standard of care apply either way. Consultations are available in English and in Spanish, directly with Dr. Torrijos, without an interpreter.

With your written consent, Dr. Torrijos will communicate with your therapist, primary care provider, or other treating clinicians when coordination is clinically indicated. The success, length and course of treatment are affected by many factors, including the nature and severity of the problem and your participation in the plan. The best outcomes come from collaboration between patients and physicians.

This practice does **not** provide forensic services, including custody evaluations, fitness-for-duty determinations, competency or disability determinations, or expert witness testimony.

This practice does not treat active eating disorders, substance use/abuse/dependency disorders.

CONFIDENTIALITY

Communication between a patient and psychiatrist is held in confidence and will not be disclosed to any outside person or agency without your written consent, except where disclosure is specifically required or permitted by law. Examples include suspected abuse or neglect of a child, an elderly person or a person with a disability; an imminent threat of serious harm to yourself or an identifiable other; and a valid court order.

Information released to an insurance company or other payer is released only with your authorization. Detailed limits on the use and disclosure of your health information are described in the separate Notice of Privacy Practices.

Audio or video recording of any session is not permitted, for both therapeutic and privacy reasons. If there is a specific clinical reason for a recording, it must be agreed to in advance by both parties. An unauthorized recording is grounds for termination of the treatment relationship.

Psychiatrists frequently find it helpful to consult with colleagues about a case. In these consultations, details that would identify you are avoided, and the consultant is likewise ethically and legally bound to maintain confidentiality.

SOCIAL MEDIA AND ELECTRONIC COMMUNICATION

To protect your confidentiality and to avoid dual relationships, Dr. Torrijos does not accept friend requests or contact requests from patients on any social networking platform. Adding patients as contacts on these sites can compromise your privacy and blur the boundaries of the treatment relationship. If you have questions about this, please raise them at your appointment.

Email and text message are not secure and are not appropriate for clinical content or for urgent matters. They may be used for scheduling and administrative purposes only. Exceptions apply and we can discuss them during your visit.

APPOINTMENTS, CANCELLATIONS AND MISSED APPOINTMENTS

Appointments are offered in person at the Houston office or by secure telehealth. Your appointment time is reserved exclusively for you.

> **24-hour cancellation policy**
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> Appointments cancelled with less than 24 hours' notice, and appointments not kept, are charged the full appointment fee. These charges are not reimbursable by insurance. Genuine emergencies can be discussed.

As a courtesy you will receive a reminder by text and/or email, but you remain responsible for keeping track of your appointments. A reminder that does not arrive is not grounds for waiving the cancellation fee.

If you are unable to cancel a routine, non-urgent follow-up in time, a telephone appointment may be possible at the standard appointment rate. Telephone appointments are rarely reimbursable by insurance.

If appointments are repeatedly missed without notice, Dr. Torrijos reserves the right to end treatment and provide referrals elsewhere.

Telehealth appointments

You must be physically located in the State of Texas at the time of a telehealth appointment. Please make sure you are in a private setting where your confidential information cannot be overheard, that you are not driving, and that you have a reliable connection. If a connection fails, Dr. Torrijos will attempt to reach you by telephone to complete the appointment.

TELEPHONE CALLS, COMMUNICATION AND LETTERS

Messages are checked during the workday, Monday through Friday. The best way to reach the practice is by calling **+1 (346) 655-5152**. Brief telephone calls are not charged. Longer or more involved calls are charged as set out in the fee schedule below.

Urgent messages should not be left on voicemail after hours. Voicemail is not monitored on weekends, holidays, or after 6:00pm on weekdays.

> **This practice does not provide emergency or crisis coverage**
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> There is no after-hours answering service. If you are having a medical or psychiatric emergency at any time of day, call 911 or go to your nearest emergency room. You may also call or text 988 to reach the Suicide & Crisis Lifeline, 24 hours a day.

From time to time, forms need to be completed for employers, disability carriers, or other third parties. Brief, routine forms are completed at no charge. Extended or complex forms, letters and full psychiatric reports are charged as set out below.

PRESCRIPTION REFILLS

Prescription refillsmay be requested through the Patient Portal on Charm Health, or left by voicemail at **+1 (346) 655-5152**. Please allow two full business days for a prescription to be sent electronically to your pharmacy. This practice does not issue paper prescriptions.

Please do not modify prescribed medication without discussing it first. Abruptly stopping some psychiatric medications can have serious adverse effects. Tell Dr. Torrijos about any medication change, including medications started or changed by another provider.

Controlled substances, when prescribed, are governed by a separate Controlled Substance Agreement, which you will be asked to review and sign.

PROFESSIONAL FEES

The fees below constitute a Good Faith Estimate rendered by Tentie Psychiatry, PLLC for services provided, in accordance with the No Surprises Act. A separate written Good Faith Estimate will be provided to you before your first appointment.

SERVICE	LENGTH	FEE
Initial psychiatric evaluation (adults 18+)	Up to 90 min	**$550.00**
Routine medication management follow-up	Approx. 30 min	**$260.00**
Extended follow-up	Approx. 45 min	**$390.00**
Extended telephone call (over 10 minutes)	Per 15 min	**$50.00**
Extended or complex forms, letters and reports	Per document	**$100.00**
Coordination of care (over 15 minutes)	Per 15 min	**$75.00**
Copying records — first 20 pages	—	**$25.00**
Copying records — each additional page	Per page	**$0.50**

Follow-up appointments include review of your response to treatment, assessment of the effectiveness of interventions, monitoring for side effects, review of vital signs where appropriate, and supportive or behavioral interventions as warranted. Coordination of care covers contact with therapists, primary care providers, other physicians, employers or social services on your behalf.

Fees are subject to change annually. You will be given written notice at least 60 days before any fee change takes effect.

PAYMENT AND INSURANCE

Payment is due at the time of service.

Tentie Psychiatry is a private-pay practice. **It is not contracted with any insurance panel, does not accept managed care or private insurance plans, and does not file claims on your behalf.**

Because coverage varies widely between insurance policies, no guarantee can be made that these services will be reimbursed by your carrier. If you wish to seek out-of-network reimbursement, a superbill including diagnosis and billing codes will be provided on request. Some carriers additionally require documentation of the diagnosis and a treatment plan or summary.

You are responsible for all fees. This practice accepts major credit cards, Apple pay, ACH transfers, health savings accounts (HSA) and flexible spending accounts (FSA). Cash and personal checks are not accepted. A card is kept on file and charged after a service is rendered, or in the event of a payment delay longer than 2 weeks.

Accounts become overdue after 60 days when no payment arrangement has been made. Every effort will be made to work with patients who have financial concerns. Severely past-due accounts may be referred to a collection agency, and collection costs will be added to the balance.

A processing fee [MAY / MAY NOT] apply to credit card payments.

ENDING TREATMENT

The decision to end treatment is normally reached through discussion between patient and physician. If you discontinue treatment without notifying the office, the treatment relationship will be considered terminated 120 days after your last visit, unless you have a future appointment scheduled. Beyond that point, Dr. Torrijos carries no further responsibility for your care, including prescriptions.

You are free to end treatment at any time. On request, and with your written authorization, records will be transferred to your new provider.

CONSENT AND ACKNOWLEDGEMENT

By signing below I acknowledge that:

- I have read this agreement in full, I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.
- I consent to psychiatric evaluation and treatment by José M. Torrijos, MD, including treatment provided by telehealth.
- I understand this is a private-pay practice that does not bill insurance, and I accept financial responsibility for all fees.
- I understand the 24-hour cancellation policy and that missed appointments are charged in full.
- I understand that this practice does not provide emergency or after-hours crisis coverage, and that in an emergency I should call 911 or 988, or go to the nearest emergency room.
- I have received a copy of the Notice of Privacy Practices.

Patient — printed name	Date of birth
Patient — signature	Date
Legally authorized representative, if applicable — signature	Date
Relationship to patient / authority	Date

Office use only — copy provided to patient on **[DATE]** · Staff initials **[____]**