

PATIENT AGREEMENT

Informed Consent for Services and Fee Agreement

Effective: May 2026 · Version 1.0

This document sets out the terms governing your care at Refresh Dallas Psychiatry PLLC ("Refresh Dallas," "we," "us," or "our"). It is comprehensive because it addresses multiple topics in one place: consent for treatment, fees and payment, telepsychiatry, electronic communications, session notes, prescription and refill policies, controlled substances, an arbitration agreement, and our Notice of Privacy Practices under HIPAA. Please read it carefully and ask us any questions before signing.

Your signature below indicates that you have read, understood, and agreed to these terms.

Appointments

Appointment length is determined by your clinician based on clinical need. Our office hours are Monday through Friday, 9 AM to 4 PM CT. If you leave a message outside business hours, we will respond when our team is back. For urgent matters outside our operating hours, please call 911 or the 988 Suicide and Crisis Lifeline.

When you schedule an appointment, you are reserving your clinician's time. An appointment does not guarantee any specific outcome: any particular medication, diagnosis, treatment approach, or letter. Your first appointment is an evaluation. Diagnosis and treatment are refined and adjusted over the course of the therapeutic relationship.

Appointments must be canceled or rescheduled at least 48 hours in advance to avoid being charged the full rate. If you arrive more than 15 minutes late, you may be asked to reschedule and may be charged for both the missed appointment and the rescheduled one. Insurance plans typically do not reimburse for missed appointments.

Telepsychiatry

Refresh Dallas Psychiatry provides care exclusively via telepsychiatry: secure video appointments you attend from home or another private location. Telepsychiatry is effective for a wide range of psychiatric conditions, but not every patient or every clinical situation is appropriate for video-based care. Your clinician will determine your eligibility and may recommend in-person referral if clinically indicated.

Please prepare as you would for an in-office visit: be in a quiet, well-lit, private space with a stable internet connection, fully dressed and ready at the scheduled time. Sessions from cars, public spaces, or while performing other activities are not appropriate and may be rescheduled.

You must be physically located in Texas at the time of your appointment. If you are traveling outside Texas, we may not be able to see you during that period.

Fees and Payment

Fees are agreed upon at the time of scheduling and confirmed at your first appointment. We are in-network with most major insurance carriers. Patients may also pay out-of-pocket. Self-pay rates are provided separately and may vary by clinician and appointment type.

Time spent on your care beyond the scheduled appointment, including extended phone calls, coordination with other providers, letter writing, insurance prior authorizations, records review, and legal correspondence, may be billed at our standard hourly rate. You will be informed in advance when such charges apply. Payment is due at the time of service.

Missed Appointments and Late Cancellations

You will be charged the full rate of your scheduled appointment if:

- You cancel or reschedule with less than 48 hours' notice
- You do not attend your scheduled appointment
- You arrive more than 15 minutes late without prior notice

By signing this agreement, you authorize Refresh Dallas Psychiatry to charge the credit card on file for missed appointments and late cancellations. Insurance plans generally do not reimburse for missed appointments.

Electronic Communications

Communication by email, text message, or outside-of-portal video cannot be guaranteed to be secure or HIPAA-compliant. For secure communication about clinical matters, please use our patient portal via SimplePractice.

Brief, non-clinical messages such as confirming an appointment may be sent by email or phone. Clinical content, including symptoms, medication questions, and treatment concerns, should be reserved for appointments or the patient portal. Your clinician may choose not to respond to clinical questions outside of appointments, and responses are not a substitute for a scheduled visit.

Social media platforms are not appropriate for clinical communication. All electronic communications may be incorporated into your medical record.

Session Notes

Clinical documentation exists to enable continuity of care from one appointment to the next. Notes are written for your treating clinician, not for insurance companies, attorneys, employers, or courts. If you are using insurance, certain information (diagnosis, dates of service, CPT codes) will be shared with the insurer for billing purposes.

If you wish to limit documentation, please discuss this with your clinician. Limited documentation may not be clinically appropriate in all circumstances, particularly if you are receiving controlled substances.

Respectful Communication

Refresh Dallas Psychiatry is committed to treating every patient with respect. We ask the same of our patients in their interactions with clinicians and office staff. Harassment, threats, or abusive behavior toward staff may result in termination of care, consistent with applicable clinical and ethical obligations to support continuity of your treatment elsewhere.

Boundaries of the Clinical Relationship

The clinical relationship between you and your Refresh Dallas provider is professional in nature. If you have a preexisting personal, family, or employment relationship with one of our clinicians that could affect treatment, please disclose this before your first appointment so we can determine whether care with that clinician is appropriate.

Romantic or sexual involvement between patient and clinician is never appropriate and is prohibited. If you feel feelings developing that concern you, please discuss them with your clinician.

Grievances

If you have a concern about your care, a member of our staff, or one of our policies, please contact our office so we can attempt to resolve the issue directly. You also have the right to file a complaint with the Texas Medical Board or, if your complaint relates to privacy, with the U.S. Department of Health and Human Services, Office for Civil Rights at [hhs.gov/ocr/privacy](https://www.hhs.gov/ocr/privacy).

Primary Care

We strongly recommend that every patient maintain a relationship with a primary care physician. Psychiatric care is a specialty. It does not replace preventive care, routine physical examinations, or management of non-psychiatric medical conditions. If your Refresh Dallas clinician agrees to continue certain non-psychiatric prescriptions, this is a limited accommodation and does not constitute primary care.

Split or Collaborative Treatment

Split treatment, where one clinician manages medication while another provides therapy, is common and can work well. It carries additional risks because care is distributed across providers and communication between them is not continuous.

If you are engaged in split treatment:

- It is your responsibility to keep both providers informed of changes in your condition, medications, or circumstances
- If you become significantly unwell, increase your appointment frequency with the prescribing clinician; do not assume your therapist is communicating changes to us
- If you are experiencing a crisis, reach out immediately; do not wait for your next scheduled appointment

Prescription and Refill Policy

1. Refill frequency is determined at your most recent appointment. The longest interval between appointments is six months, even for patients stable on long-term medication.
2. Refill requests should be made during business hours, Monday through Friday. Please allow up to 48 hours for a response. Refills are not processed on weekends or after hours.
3. Schedule follow-up appointments in advance. Running out of medication because an appointment was not scheduled in time is a scheduling issue, not a clinical emergency.
4. Always notify your clinician of any new or worsening symptoms you believe may be related to a medication, and disclose all medications and supplements to every provider involved in your care.
5. Do not drive or operate heavy machinery while taking medications that cause drowsiness or cognitive impairment.
6. Texas maintains a Prescription Monitoring Program that allows us to review controlled substance prescriptions dispensed to you by any provider.
7. Sharing, selling, or exchanging prescription medications is illegal and dangerous. Forging or altering a prescription is a felony. Violations may be reported to law enforcement.

Controlled Substances

Controlled substances, including stimulants, benzodiazepines and other sedatives, opioids, and certain other medications, are subject to additional federal and state requirements. If your Refresh Dallas clinician prescribes a controlled substance, the following apply:

- You may use only one pharmacy for all controlled substance medications. Notify your clinician immediately if circumstances require changing pharmacies.
- Prescriptions must be filled in Texas.
- You must be seen at a minimum frequency appropriate to the medication: at least every 90 days for most controlled substances; every 30 days for some.
- Lost or stolen prescriptions will not be replaced without a filed police report.
- Refresh Dallas may request a random pill count or urine drug screen. Refusal without good cause may result in discontinuation of controlled substance prescribing.
- Accepting a controlled substance in the same class from another prescriber without both providers' knowledge is illegal and may result in termination of care.
- Patients prescribed stimulants may be asked to obtain an annual EKG through their primary care provider.
- Patients prescribed buprenorphine products require monthly urine drug screens.

Arbitration Agreement

By signing this agreement, you agree that any dispute arising between you and Refresh Dallas Psychiatry PLLC, or between you and any of our clinicians, employees, or agents, whether arising from clinical services,

billing, the terms of this agreement, or any other matter related to your care, shall be resolved exclusively through binding arbitration.

By agreeing to arbitration, you are waiving your right to a jury trial and your right to have your dispute resolved in court. Arbitration will be conducted under the rules of the American Arbitration Association. The arbitrator's decision will be final and binding.

This clause does not apply to small claims court matters or claims for emergency injunctive relief. You may opt out by providing written notice to Refresh Dallas within 30 days of signing. Opting out will not affect any other aspect of your care.

Notice of Privacy Practices (HIPAA)

A complete Notice of Privacy Practices is available at refreshdallaspsychiatry.com/hipaa-notice and upon request. Refresh Dallas may use and disclose your health information without separate authorization for treatment, payment, and healthcare operations. We may also disclose your information in circumstances permitted or required by law.

You have the following rights regarding your health information:

- Right to inspect and obtain a copy of your records
- Right to request corrections or amendments
- Right to request confidential communications
- Right to request restrictions on certain uses and disclosures
- Right to an accounting of certain non-standard disclosures
- Right to receive a paper copy of our Notice of Privacy Practices
- Right to be notified of a breach of your unsecured health information

To exercise any of these rights or file a complaint, contact us at 214-233-5557 or office@refreshdallaspsychiatry.com. You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights, at hhs.gov/ocr/privacy. We will not retaliate against you for filing a complaint.

Changes to This Agreement

Refresh Dallas Psychiatry reserves the right to update this agreement. We will notify you of significant changes, and the most current version will govern our relationship going forward. If any provision of this agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.

Acknowledgment and Signature

By signing below, I acknowledge that:

- I have read this Informed Consent for Services and Fee Agreement in full
- I have had the opportunity to ask questions about any part I did not understand
- I agree to the terms set forth in this agreement, including the fee and billing policies, the missed appointment policy, the electronic communications policy, the prescription and refill policy, and (unless I opt out in writing within 30 days) the arbitration agreement
- I have received or been offered a copy of Refresh Dallas Psychiatry's Notice of Privacy Practices
- I authorize Refresh Dallas Psychiatry to charge the credit card I have provided for missed appointments and for services rendered, consistent with the fee agreement above

PATIENT NAME (PRINTED)

DATE

PATIENT SIGNATURE

DATE

If the patient is a minor or the signer is a legal representative:

REPRESENTATIVE NAME (PRINTED)

RELATIONSHIP TO PATIENT

REPRESENTATIVE SIGNATURE

DATE

This is a draft document for clinical and legal review prior to use. Consult with counsel before finalizing for patient distribution.