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CONSENT FOR TREATMENT Terms and Conditions

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TERMS AND CONDITIONS

Please carefully read the following terms and conditions which will govern the legal relations between CLIENT and SERVICE PROVIDER including their individual reservations and representations between each other. The term “SERVICE PROVIDER” refers to Recoveryhub.ph while “CLIENT” refers to the patient seeking appointment for an online mental health consultation and treatment.

CLIENT’S CHOICE OF PSYCHIATRIST OR THERAPIST

The SERVICE PROVIDER is an online mental health provider committed to provide mental health consultation and treatment for individuals, who are unable to access such services in person, through online consultation and treatment rendered by a CLIENT’s choice of psychiatrist or therapist authorized by the SERVICE PROVIDER to provide such mental health care.

ROSTER OF PSYCHIATRISTS OR THERAPISTS

The SERVICE PROVIDER provides CLIENT with a roster of psychiatrists or therapists guaranteed to be members of the Philippine Psychiatric Association, the Philippine Psychological Association or other relevant organizations, all of whose credentials having been pre-reviewed by a technical working group.

ACCESS TO ONLINE SERVICES, BILLING AND PAYMENT

The SERVICE PROVIDER provides CLIENT with access to the online consultation and treatment services of a psychiatrist or therapist, and facilitates the billing and payment thereof.

SERVICES OFFERED

The SERVICE PROVIDER provides CLIENT with the services of psychotherapy, mental health diagnosis, treatment, and medication management to be exclusively rendered by the psychiatrist or therapist of choice.

PERSONAL AND MEDICAL RECORD

Online Forms for Collection of Personal and Medical Records

The CLIENT's personal and medical record shall be collected using online forms provided by the SERVICE PROVIDER prior to consultation with the psychiatrist or therapist chosen, to facilitate easier flow of conversation relevant to the reason for consultation.

Safekeeping of Medical Records

The SERVICE PROVIDER shall keep the data collection forms in a secure space for a period of ten (10) years or for a period as may be specified in a Department of Health (DOH) rules and regulations for archiving of health records.

Medical Records Kept By Psychiatrist or Therapist of Choice

The complete CLIENT medical records will be kept by the psychiatrist or therapist of choice. Most of the medical records will be electronic, encrypted, and under finger print security. All written records including the initial consent forms, letters, outside medical records, will be kept locked.

Client's Review of Medical Records

The CLIENT is entitled to review his/her medical records at any time unless the psychiatrist or therapist of choice feels that by viewing such records, the CLIENT's emotional or physical well-being will be jeopardized.

If CLIENT wants to view his/her records, it is recommended that it will be reviewed together with the psychiatrist or therapist of choice to minimize any confusion or misinterpretation of medical terms.

Time spent collecting, printing, copying, and summarizing the medical records will be charged the appropriate fee.

CLIENT CONSENT and REPRESENTATIONS

Consent for Online Consultation and Treatment

The CLIENT unequivocally, categorically and voluntarily presents himself/herself for online consultation and treatment to be rendered by a psychiatrist or therapist of choice and acknowledges that no guarantees have been made to the CLIENT as to the effect of such online mental health consultation and treatment on the CLIENT's condition except the representation by the SERVICE PROVIDER that all psychiatrist or therapist in the roster have been pre-reviewed by a technical working group as to their credentials and membership in professional or other relevant organizations.

Consent for Clients Below 18 Years Old

If a CLIENT is below 18 years of age, he or she must inform and secure the consent of his parents or guardian for his intent to avail of the online consultation and treatment and SUCH PARENT OR GUARDIAN MUST APPEAR personally together with the CLIENT on the online video before the psychiatrist or therapist of choice during the scheduled online consultation and treatment.

Agreement Between Client and Psychiatrist or Therapist of Choice

The CLIENT fully intends to abide by the agreements set by himself or herself and his/her psychiatrist or therapist of choice.

Has Read Terms and Conditions and Understanding of Contents

By signing below, the CLIENT represents that he/she has read the terms and conditions and certifies that he/she has understood its contents.

CLIENT further acknowledges that he/she has understood the scope of services, session structure, fees, cancellations and no-show policies, payment policy, insurance reimbursement, confidentiality, the nature of professional practice, and contact information.

Agrees to Abide by the Terms and Conditions During the Course of Therapeutic Relationship

CLIENT further acknowledges and agrees to abide by the terms and conditions stated herewith during the course of the therapeutic relationship.

When Consent Will Be In Effect

The CLIENT's consent will be in effect from the time he/she has acknowledged it until treatment is terminated.

PSYCHOTHERAPY AND MEDICATION SERVICES

Psychotherapy or Talk Therapy

Psychotherapy or Talk Therapy, is a powerful treatment for many mental complaints. It offers benefits of improved interpersonal relationships, stress reduction and a deeper insight into one's own life, values, goals, and development. It requires a great deal of motivation, discipline and work on both parties for a therapeutic relationship to be an effective one. Clients will have varying success depending on the severity of their complaints, their capacity for introspection, and their motivation to apply what is learned outside of sessions.

Addressing Unpleasant Memories, Feelings and Sensations

The CLIENT should be aware that the process of psychotherapy, may bring about unpleasant memories, feelings, and sensations such as guilt, anxiety, anger, or sadness, especially in its initial phases. It is not uncommon for these feelings to have an impact on current relationships you may have. If this occurs, it is very important to address these issues in session. Usually these unpleasant sensations are short lived.

Sometimes, psychotherapy alone will suffice. Often times, however, a combination of psychotherapy and medication management is optimal.

Indications for Medication

Medication may be indicated when your mental symptoms are not responsive to psychotherapy alone. When a mental illness markedly impacts your ability to work, maintain interpersonal relationships, or properly care for your basic needs, medication may offer much needed relief.

Medication Options and Information for Client Decision

If it is agreed that medications are indicated, the psychiatrist or therapist will discuss with CLIENT all of the medication options that are available to treat current condition including information on how the medication works, its dosage, its frequency, its expected benefits, possible side effects, drug interactions, and any withdrawal effects CLIENT may experience if medications is stopped abruptly. By the end of the discussion CLIENT will have all the information needed to make a rational decision as to which medications is right for him/her.

Client Qualifications for Medication Therapy

Not everyone is a good candidate for medication therapy. Such therapy requires strict adherence to dosage, and frequency, close follow-up, and sometimes regular blood tests. The CLIENT's ability to adhere to medication treatment will be taken into consideration in making the decision to start such therapy.

Referrals and Communication between Mental Health Professionals

If the CLIENT has already been receiving psychotherapy from another psychiatrist or therapist and is referred to another psychiatrist or therapist for medication management, the latter, with the CLIENT's consent, will make strong efforts to coordinate care with CLIENT's psychiatrist or therapist with the view that communication between mental health professionals is key to providing effective care.

INITIAL VISIT, FREQUENCY AND DURATION

Review of Client Complaint and Background and Treatment Options

At CLIENT's initial visit, the psychiatrist or therapist will conduct a thorough review of CLIENT's current complaints and background. By the end of the initial visit, the psychiatrist or therapist will offer his/her preliminary impressions and both parties will discuss CLIENT's treatment options.

Goodness-of-Fit between Psychiatrist and Client

The initial visit is the opportunity for the CLIENT to determine for himself or herself if the psychiatrist or therapist is right for him/her since one of the most important curative aspects of a therapeutic relationship is the goodness-of-fit between therapist and client, otherwise referrals to other mental health professionals will be provided if current psychiatrist or therapist is not well matched to CLIENT's needs.

50 Minute Initial and Weekly Follow-Up Visits

The CLIENT and the psychiatrist or therapist will decide together the structure of therapy at the initial visit for a duration of fifty (50) minutes.

Follow-Up Visits

Follow-up psychotherapy or a combination of psychotherapy and medication management visits will also last fifty (50) minutes. If the CLIENT undertakes psychotherapy, weekly fifty (50) minute sessions will provide the best results.

If medications are prescribed, or changed, a twenty-five (25) minute follow-up visit in two (2) weeks is preferred to be conducted. This is necessary to ensure proper administration, and minimize any side effects the CLIENT may experience.

If CLIENT's symptoms improve, follow-up visits can be spaced out at monthly intervals. For CLIENTS on maintenance therapy, follow-up visits can be held at three (3) month intervals.

Alternate treatment structures depending on the CLIENT's circumstances may be discussed.

FEES AND PAYMENTS

Booking Appointments and Payment Upon Confirmation

Once CLIENT has booked an appointment with his/her psychiatrist or therapist of choice, the CLIENT will be required to provide his/her credit card details or other payment options.

As soon as appointment is confirmed, the CLIENT will be charged accordingly.

All fees are expected to be paid at the beginning of each session.

Cost of Services

The cost per session depends on the rate prescribed by the psychiatrist of choice.

Sessions includes psychotherapy or both psychotherapy and medication management.

Notice to Changes and Increase of Fees

Fees may be subject to change and if fees are to increase, a thirty (30) day notice will be provided.

Responsibility for All Reasonable Charges

The CLIENT acknowledges that he/she is responsible for all reasonable charges in connection with the consultation and treatment.

CANCELLATIONS AND NO-SHOWS

Prior Notice for Cancellations and Rescheduling

If CLIENT must cancel or reschedule an appointment, at least a 24 hour notice is required (weekends not included). If the appointment is on a Monday, the cancellation must be made by the same hour on the preceding Friday.

Full Charge for Less Than 24 Hours Cancellations and No-Shows

Cancellations that occur with less than 24 hours' notice or failure to show to an appointment will be charged the full fee for the session.

PRIVACY AND CONFIDENTIALITY

The SERVICE PROVIDER represents that the security of CLIENT's sensitive information is of utmost importance and all psychiatrists or therapist under the roster of the SERVICE PROVIDER is bound to protect its confidentiality except on valid circumstances as stated below.

Disclosure upon Explicit Written Consent

Disclosure of CLIENT's treatment to others will require CLIENT's explicit written consent.

Basic information about CLIENT's treatment may be disclosed to CLIENT's insurance company for purposes of prior authorization, if necessary.

Exception to Non-Disclosure and Confidentiality

There are exceptions to this confidentiality, where disclosure is mandatory. These includes:

- Existence of a threat to the safety of others, the psychiatrist or therapist of choice will be required by law to take protective measures including reporting the threat to the potential victim, notifying the police, and seeking hospitalization.
- When there is a threat of harm to the CLIENT, immediate hospitalization will be required to be sought and also the aid of family members or friend will likely be sought to ensure safety.
- In legal hearings, CLIENT will have the right to refuse involvement of the psychiatrist or therapist of choice in the hearing except in instances where the psychiatrist or therapist of choice will be required by a judge to testify on CLIENTS emotional or cognitive condition.
- In situations where a dementing illness, epilepsy or other cognitive dysfunction prevent you from operating a motor vehicle in a safe manner, approval from the psychiatrist will be required.
- If a mental illness prevents you from providing for your own basic needs such as food, water, shelter, disclosure of information will be required to seek hospitalization.
- Pursuant to Tarasoff Principle, the psychiatrist or therapist will be bound by the duty to warn a victim of a patient's serious threat of harm.

These situations rarely occur in an outpatient setting. If they do arise, the psychiatrist or therapist of choice will be required to discuss the situation with the CLIENT before taking action or in rare circumstances consultation with other professionals specialized in such situations will be had without disclosing CLIENT's identity to them.

PSYCHIATRIST OR THERAPIST OF CHOICE

Individual Practice

While the psychiatrist or therapist of choice may share an office with other mental health professionals, he/she is in no way part of a group practice.

Medical Records Kept Separate from Others

The medical records of the CLIENTS of the psychiatrist or therapist of choice are kept secure, and separate from the other medical records of CLIENTS of other psychiatrists or therapists.

Access to Clients Records Kept In the Office

No person operating in the office suite of the psychiatrist or therapist of choice will have access to the CLIENT's records without the CLIENT's written consent.

Full Responsibility for Services Provided

The psychiatrist or therapist of choice is fully responsible for the services he/she provides to the CLIENT.

Referral and Coordinated Care Upon Written Consent

If CLIENT sees one of the psychiatrists or therapists' office mates for psychotherapy, or if CLIENT is referred to another community therapist/physician, it is helpful to collaborate and coordinate CLIENT's care and this will require CLIENT's written consent.

Referral and Responsibility for Care Provided

Any clinician to whom the psychiatrist or therapist of choice refers the CLIENT to is responsible for the care they will provide the CLIENT.

CONTACT INFORMATION

Voice Mail and Cellphones

The CLIENT can contact Recovery Hub and all posted numbers which is the best way to contact the psychiatrist or therapist of choice when outside the office. The psychiatrists or therapists of choice do carry a cell phone at all times and check their messages regularly.

How to Leave a Message

When CLIENT leaves a message, he/she must state his/her name clearly, his/her phone numbers, reason for calling, and the best time to contact the CLIENT.

Response to Calls when with another Client

It must be noted that the psychiatrist or therapist of choice may be with another CLIENT so he/she may not be able to respond to calls, but he/she will make every effort to address CLIENT's issue as soon as possible.

Response to Non-Urgent Matters

For non-urgent matters, please allow twenty-four (24) business hours for a response.

Messages Left Late in the Day or on Weekends or Holidays

Messages left late in the day, on weekends or holidays, may not be returned until the next business day.

When In Immediate Danger

If CLIENT or someone close to the CLIENT is in immediate danger, please call the nearest hospital or the Metro Psych Facility at +632 6436056 local 107 or 108 or +639209538629.

Contacting Via E-mail

If you choose to contact the psychiatrist or therapist of choice via e-mail, please be aware that e-mail is not a secure means of communicating sensitive mental health information and is not an appropriate way of contacting in an emergency.

Queries about Recoveryhub.ph

You can call or ask questions anytime regarding recoveryhub.ph for further information or concern.

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