

Kristina Antonson MD
1330 Q Street
Sacramento, CA 95811
Phone: 916-712-0578 Fax: 855-225-6311

Payment Policies

- Payments are due within 30 days of services rendered
- Payment can be in cash or a check made out to Kristina Antonson MD
- An invoice or receipt will be provided upon request
- If I do not accept your insurance, I can provide you with a bill that will have the necessary information for possible reimbursement
- Failure to pay may result in termination of treatment
- Additional fees may be charged for phone calls or paper work at a prorated rate
- My fees may increase over time. If it is necessary to change my fee, I will discuss it with you before it happens

Attendance

- Patients will be seen by appointment only
- If you are late, I will see you for the remaining time within our appointment time and you will be charged the full fee
- Missed or cancelled appointments will be charged the full fee unless 48-hour notice is given. If I am seeing you through your insurance, you will be personally responsible for the full fee that your insurance would have been charged

Phone calls, Email, & Text

- I check my voicemail frequently. I generally return all phone calls within one business day. If you need to speak with me urgently please make that clear in the message
- If you are having an emergency please leave me a message and then call 911 or Sutter Center for Psychiatry at 916-386-3620
- On weekends and when I'm on vacation, you may be directed by my voice message to call a covering physician for urgent issues
- Please do not communicate urgent issues by text or email
- Please use text or email for scheduling purposes only (please don't use email or text to convey clinical or other non-scheduling information)

Confidentiality

Your treatment will include discussing some very private and personal matters. To some extent, my ability to help you will depend on how open you can be about yourself – your ideas, feelings, and actions. So that you can feel free to talk openly and so that your right to privacy is protected, the law makes it my duty to keep patient information confidential. This means that, generally, I cannot discuss your case with anyone or send out information about you without your permission. If you ever want me to share information with someone else (for example, your primary care physician), I ask that you sign a consent form allowing me to exchange information with that person. We will talk about this before you sign the consent.

Exceptions to Confidentiality

There are some exceptions to confidentiality. Please note that most of these situations are rare, but they are important for you to understand.

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.
2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.

Initial: _____

4. If a court of law orders me to release information, I am required to provide that specific information to the court.
5. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court.
6. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.
7. In order to provide you the best treatment I can, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well. Similarly, when I am away or unavailable, my practice is covered by another psychiatrist. I may inform the on-call psychiatrist about your situation to facilitate your getting appropriate support, should you need it in my absence.

Acknowledgment and Consent

By signing this form, you are acknowledging that you understand and consent to what you have read above, and that we have discussed and clarified to your satisfaction any questions you may have had.

Patient Name

Patient Signature

Date

Kristina Antonson MD

Date