



Rutledge Psychiatry, Professional LLC
8340 Sangre de Cristo Rd Suite 209
Littleton, CO 80127
720-981-5281
Fax: 888-981-6763
RutledgeMD.com

Contact and Emergency Contact

First and Last Name

Date of Birth

Address, including City, State and Zip

Home Phone Number

Mobile Phone Number

It is okay to contact me and leave messages about confidential matters at:

- Home Address
- Home Phone
- Mobile Phone
- Email: _____

Please note, because email and text messages are not secure and may be intercepted by a third party, any highly confidential communications should take place in person, via telephone, or US Postal Service. By choosing to send or receive email, you acknowledge that you understand and assume the risks to confidentiality.

In case of an emergency, such as a risk to my safety, Dr. Rutledge may contact:

Name and relationship to patient

Phone number

Signature

Date



Rutledge Psychiatry, Professional LLC
8340 Sangre de Cristo Rd Suite 209
Littleton, CO 80127
720-981-5281
Fax: 888-981-6763
RutledgeMD.com

Consent for Treatment

I voluntarily apply for treatment at Rutledge Psychiatry, Professional LLC.

___ I understand that payment is due at the time of service.

___ I understand that visits that are cancelled with less than 24 hours notice will be charged at the full rate.

___ I understand that our work may be discussed in consultation with other providers.

___ I have received and have had the chance to ask questions regarding:

- A Privacy Policy Notice
- Office Policies, including Payment
- Good Faith Estimate

Signature

Name

Date

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: _____ Sex: Male Female Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual? _____

In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

		None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	



Rutledge Psychiatry, Professional LLC

RutledgeMD.com

720-981-5281

Fax: 888-981-6763

8340 Sangre de Cristo Rd

Suite 209

Littleton, CO 80127

Office Policies

Emergencies: For life threatening medical or psychiatric emergencies, please call 911 or go to your nearest emergency room. For urgent concerns, please call my cell phone at 720-589-0528. I do not check my primary number when I am out of the office.

Cancellation and Missed Visits: To cancel an appointment, please call me at least 48 hours ahead of time. Given the limited availability of appointment times and that last minute cancellations are generally unable to be rescheduled with another patient, cancellations made less than 48 hours prior to the scheduled appointment may be charged at the regular rate. Patients arriving late for an appointment will be seen until the end of the scheduled appointment time and charged for a full appointment. While text message reminders are offered as a courtesy, it is your responsibility to keep track of your appointments. If you do not receive a reminder, you are still responsible for attending the appointment. Missing three appointments in 6 months without notice may prevent me from continuing to treat you.

If I have to cancel due to illness or inclement weather, I will call you. If you do not hear from me, I will be in the office.

Phone calls: Most concerns, including medication refills, should be addressed during regularly scheduled appointments. For urgent matters, I am available to my current patients outside of office hours. If I am unable to answer the phone when you call, I will return your call as soon as I am able for urgent matters. For routine matters, I will return your call during regular business hours. If a phone call lasts more than 10 minutes, it will be billed at the regular follow up visit rate.

Emails and texting: Please know that neither emails or texts are secure forms of communication. I encourage you to limit private or confidential information to phone calls or visits. If you choose to communicate via text or email, you are acknowledging and accepting the risk that it may be intercepted and seen by an outside party.

Prescription refills: At each visit, please know which of your medications need. Prescriptions will primarily be completed during regular office visits, and last until the next scheduled visit. If you have to reschedule, please also let me know if you need a refill prior to the rescheduled visit. Similarly, if you miss a visit without calling to reschedule, it is your responsibility to notify me if you need a medication refill. Allow three business days for this refill to be completed. I can only provide one refill without attending an appointment. Patients must be seen at least every three months for me to provide medication refills. New medications will only be considered at an office visit, not over the phone.

Controlled Substances: Any time you fill a prescription for a controlled substance, this is entered in a database called the Prescription Drug Monitoring Program. All of your providers, including primary care and myself, have access to this information and will check it periodically to be sure you are not receiving inappropriate amounts or combinations of medications.

Replacements for lost or stolen medications are not available for controlled substances, regardless of the reason.

Reports/Forms/Letters/Correspondence: Due to the time involved, reports and letters will be billed at a flat rate. Letters confirming attendance will not be billed.

Payment/Good Faith Estimate: For the sake of providing the best treatment for my patients, I have opted not to accept insurance plans. This means I do not have to rush through your visits, nor limit the number of sessions when more are needed. You will find my rates comparable to other experienced psychiatrists in the area, and many insurance plans will reimburse a portion of this as an out of network benefit when you submit a “superbill” that I can provide. You can also use your health savings account (HSA) or flexible spending account (FSA) for these visits. Payment is due at the time of service via cash, credit card or check. If your check is returned for insufficient funds, I will only be able to accept cash after that.

- Initial visit, 75-90 minutes: \$400
- Follow up 45-50 minute sessions, including psychotherapy, education, medication management, and contact with other providers: \$250
- Follow up 20-30 minutes sessions, including education, medication management, and contact with other providers: \$200
- Letters and reports: \$250

Per the federal “No Surprises Act”, you are entitled to an estimate of the cost of services for out of network care. This is difficult in psychiatry, due to the widely varying frequency of treatment. However, the usual upper limits are as follows:

- For medication management without psychotherapy, visits are typically once a month. Thus, for a year of visits, including an initial evaluation and a couple of additional crisis visits, the cost could be up to \$3400 for a year.
- For psychotherapy, visits typically range from once a week to once every other week. Thus, a year of visits, including the initial evaluation, can cost up to \$12,900.

You may be able to find lower cost care through your insurance.

August, 2022



Rutledge Psychiatry, Professional LLC
8340 Sangre de Cristo Rd Suite 209
Littleton, CO 80127
720-981-5281
Fax: 888-981-6763
RutledgeMD.com

Your Information. Your Rights. My Responsibility.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Send prescriptions to pharmacies and complete prior authorizations
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You can request a paper prescription and that we not complete prior authorizations to limit sharing of prescription information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. **We may also share your information when needed to lessen a serious and imminent threat to health or safety.***

In these cases we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition, or your pharmacy notifies us that your insurance requires a prior authorization in order for them to pay for the medication you have been prescribed.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Receive consultation

As part of additional education or training, some information may be shared with other professionals who are also bound by HIPAA in order to improve treatment.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective date: June 8, 2022