



# psychiatrie.me

In requesting informal psychiatric curbside consultation services from *psychiatrie.me PLLC*, henceforth referred to as *psychiatrie.me*, it has been explained to me that there are limitations governing the scope and intended use of curbside consultation, as compared to formal referral and consultation.

I further understand that informal curbside consultation is not suitable, and cannot be utilized as a means for *psychiatrie.me*, or its physicians, to make or confirm a psychiatric diagnosis. I also understand that informal curbside consultation does not permit *psychiatrie.me*, or its physicians, to order studies, prescribe medications, or manage or supervise the care of my patients.

Furthermore, in requesting informal curbside consultation services, I understand and agree to the following:

- *psychiatrie.me* and its physicians cannot provide complex advice;
- *psychiatrie.me* and its physicians cannot have access to protected health information or patient identifying information;
- *psychiatrie.me* and its physicians cannot review my patients' records or histories; and
- *psychiatrie.me* and its physicians cannot have access to or document in my patients' medical records.

In engaging *psychiatrie.me* for informal curbside consultation services, I also understand and agree to the following:

- patients will remain under my care and are not under the care of *psychiatrie.me* or its physicians;
- any treatment interventions are solely my responsibility and I will assess the risks, benefits, and alternatives of such interventions in relation to a patient's history and current clinical status;
- at no time will I refer to *psychiatrie.me*, or its physicians, by name either in the medical record or in conversations with my patients;
- the cost per informal curbside consultation is \$100 and the fee is to be paid directly by me to *psychiatrie.me*; and
- the cost of the service includes unlimited additional follow-up questions for 60 days beyond the initial curbside consultation.

By signing this document, I acknowledge that I have read this document carefully, understand the limitations, risks, benefits, and alternatives to informal curbside consultations, and that I have had ample time to ask questions and to consider my decision.

\_\_\_\_\_  
Signature of Direct Primary Care Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Direct Primary Care Physician