

*Tatiana Veselovskaya, M.A., H.D*  
*Psychotherapist, Homeopathic Doctor*

## **OUTPATIENT SERVICES CONTRACT**

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THIS AGREEMENT made as of the \_\_\_\_\_ day of \_\_\_\_\_, 2011.

Between:

\_\_\_\_\_

(First and Last name)

(hereinafter called "OUTPATIENT")

- and -

**Tatiana Veselovskaya**

(hereinafter called "CONSULTANT")

### **DESCRIPTION OF HOMEOPATHIC SERVICES**

Homeopathic treatment involves a large commitment of time, money, and energy, so OUTPATIENT should be prepared mentally, emotionally and financially. \*

The Initial Appointment takes minimum of two hours and involves an evaluation of OUTPATIENT's state of health and OUTPATIENT's needs. After thorough analysis of information obtained from OUTPATIENT, but not later than one week after Initial Appointment, CONSULTANT will provide OUTPATIENT with the personal treatment plan and instructions to follow it using prescribed Homeopathic Remedy, Supplements, Diet and other specific Life-Style recommendations. Should CONSULTANT needs some more details and/or clarifications in addition to the information collected at the Initial Appointment, she will contact OUTPATIENT by phone or email to ask necessary additional questions. This additional service will be free of charge.

In a period of one month from beginning of treatment CONSULTANT will contact OUTPATIENT to schedule a Follow-up Appointment to evaluate healing progress and make adjustments to OUTPATIENT's treatment plan, which may include changing or prescribing an additional remedy and/or recommendations. This appointment duration is minimum of one hour. While it is preferred to book personal meeting for Follow-up Appointment, but as an exception this service can be provided over the phone (computer video-chat program). These phone consultations are expected to be a minimum of one hour and should be booked at least 24 hours in advance.

Between Initial and Follow-up appointments OUTPATIENT will be responsible to provide CONSULTANT with weekly Condition Reports by phone or e-mail, containing

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information on health and emotional state changes occurred. These services (four calls/ emails) are included in the cost of Initial Appointment. Phone updates are expected to be 15 minutes long. CONSULTANT will notify OUTPATIENT that Condition Report is due at least 24 hours in advance.

It is in the interest of OUTPATIENT to be fully prepared for Follow-up Appointments and Condition Reports with the valuable information on changes in health and emotional condition.

In treatment process time should be of the essence and every effort will be made by CONSULTANT to spend only the amount of time that is necessary to collect and analyze information and, by this, lowering the cost of a treatment for OUTPATIENT.

In case of serious health condition, OUTPATIENT will be required to have more frequent Follow-up Appointments and Condition Reports.

Treatment plans for OUTPATIENTS with serious health conditions, chronic or long term ailments will have timeframe from 6 to 12 months with regular monthly Follow-up Appointments. This is required to enable CONSULTANT to bring such OUTPATIENTS towards a considerably better state of health. Frequency of Condition Reports will be adjusted in accordance with health condition and the progress OUTPATIENT is making.

### **PROFESSIONAL FEES**

*Initial Appointment and first Follow-up Consultation* (including Homeopathic Remedy cost and up to 4 Condition Reports by phone up to 30 minutes) - \$490.00

*Follow-up Consultations* (meeting, phone, video-chat) - \$100.00

*Condition reports* (not included in Initial Appointment charge):

By e-mail - free

By phone of up to 10 minutes - free

By phone of up to 30 minutes - \$25.00

By phone consultations longer than 30 minutes are considered as full Follow-up Consultation and will be charged accordingly.

### **BILLING AND PAYMENTS**

OUTPATIENT will be expected to pay for Initial and each Follow-up session at the time it is held, unless you have insurance coverage which requires another arrangement. For all "remote" services provided to OUTPATIENT there will be monthly bill mailed (emailed) which will be expected to be payed in full within five business days. Non payment will result in suspension of CONSULTANT's services.

### **CONTACTING CONSULTANT**

OUTPATIENT can contact CONSULTANT during regular office hours between 9 AM and 5 PM. CONSULTANT may often not be immediately available by telephone and will not be able to answer the phone when working with a patient, but all voice messages will be

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received and every effort will be made to answer them the same day, with the exception of weekends and holidays.

If OUTPATIENT is unable to reach CONSULTANT and feels that the current health condition is of an emergency, OUTPATIENT must contact family physician or the nearest emergency room.

CONSULTANT will notify OUTPATIENTS on vacation times and provide the contact information. Every effort will be made by CONSULTANT to stay on-line during vacation times.

### **CONFIDENTIALITY**

The privacy of all communications between OUTPATIENTS and CONSULTANT is protected by law, and CONSULTANT can only release information to a third party with written permission of OUTPATIENT.

The exceptions of above are:

CONSULTANT is legally obligated to take action to protect others from harm, even if it requires release of private information. For example, if CONSULTANT believes that a child [elderly person, or disabled person] is being abused, CONSULTANT must [may be required to] file a report with the appropriate agency.

If CONSULTANT becomes aware that a patient is threatening serious bodily harm to another, CONSULTANT is [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, CONSULTANT may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Every effort will be made to fully discuss it with OUTPATIENT before taking any action.

CONSULTANT may occasionally find it helpful to consult other professionals about a case. During such consultations, no private information will be released to another consultant. The other consultant is also legally bound to keep the information confidential.

If OUTPATIENT has a need to obtain a formal legal advice before entering this agreement he/she is welcome to do so.

### **SERVICE TERMINATION**

Termination of this Agreement can be initiated any time by OUTPATIENT or by CONSULTANT. This should be done by written consent from either party.

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Confidentiality part of this Agreement will survive the termination and no private information will be released by CONSULTANT to a third party without written permission from OUTPATIENT.

Your signature below indicates that you have read the information in this document and agree to abide by its terms and conditions.

OUTPATIENT

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CONSULTANT

Name: Tatiana Veselovskaya

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION AND RELEASE**

I, \_\_\_\_\_, of the following address: \_\_\_\_\_

\_\_\_\_\_ acknowledge and declare that I have the option of seeking /continuing allopathic (conventional) medical care from a medical doctor, and that homeopathic treatment and medical treatment are different but not mutually exclusive. I confirm that there has been no suggestion made to me by Tatiana Veselovskaya that I refrain from seeking or following allopathic medical treatment. Therefore, I hereby authorize my consent to treatment by Tatiana Veselovskaya. I further agree to pay my account after every visit unless other arrangements have been made with the practitioner.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

Patient's Signature: \_\_\_\_\_

Parent's (Guardian's) Signature: \_\_\_\_\_

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