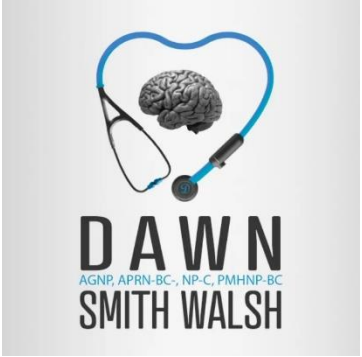

CONSULTATION AGREEMENT

This document contains important information about professional services and business policies offered by Dawn Smith Walsh, APRN-BC, PLLC. Please read it carefully and feel free to ask me any clarifying questions. When you sign this consultation agreement, it will represent a medical and /or psychiatric professional relationship between you or your agency and Dawn Smith Walsh, APRN-BC, PLLC, hereafter also referred to as "Consultant" or "Consulting Professional." The term "Client" represents the person, organization or other entity requesting consultation services from Dawn Sith Walsh.

Consultant Name: Dawn Smith Walsh, APRN-BC, PLLC

Consultant Mailing Address: 14910 N. Dale Mabry Hwy, #342203, Tampa, Florida 33618

Consultant Phone: 813-820-4828

Consultant Specialty: Adult and Geriatric Primary Care Medicine, Psychiatric Mental Health Across the Lifespan (Child, adolescent, and adult, geriatric)

Consultant License: APRN11006514

Consultant NPI: 1992030696

_____

Client Name

_____

Client Address

_____ _____

Client Email Address Client Cell Phone

Updated: 05/2022

GENERAL TERMS AND CONDITIONS

This agreement is made between Client and Consultant. The Client hereby contracts the Consultant to provide the services outlined and stipulated as below.

1. **Services to be Provided** (Please check any applicable)

- Consultation for business Client or patient services within a skilled nursing facility (SNF), assisted living facility ALF), group home (GH), or memory care unit (MCU), long term care facility (LTCF).
- Individual psychiatric evaluation and management services to include initial biopsychosocial assessment, behavioral health screenings and exams, diagnosis(es), and recommendations.
- Individual ongoing psychiatric medication management.
- Overall health risk assessment, evaluation of medical diagnosis(es), review of laboratory data, medication reconciliation and recommendation for medication adjustments (if applicable), help with dialogue to discuss with Client's primary care provider regarding next steps.
- Emotional and behavior support post critical incident.
- Collection and analysis of behavioral information and related data as necessary to initiate and deliver appropriate services.
- Outpatient psychological evaluation or treatment provided to the employees, customers, patients, or students of the business Client.
- Feedback/delivery of impressions, recommendations, and/or results of testing, observations, and/or program evaluation.
- Psychoeducation, consultation, or group counselling sessions as relevant to Client needs.
- Other:_____ Est.Time: _____

2. **Consultant Employees**
It is understood that unlicensed or uncertified employees of Consultant will function only under the supervision of Consultant (when applicable). Client will be made aware of such delegated functions of unlicensed personnel.

3. **Independent Contractor**
The Consultant shall perform the services in a completely independent manner and under its sole responsibility. Both parties agree that the relationship between Client and Consultant shall at all times be considered that of an independent contractor. Consultant (and any employees of Consultant operating under supervision) shall be solely responsible for their own compliance with all federal, state, and local laws including, but not limited to, employment taxes, workers' compensation, and licensure.

4. **Non-Exclusive Agreement**
This Consultation Agreement is non-exclusive. The Client is free to consult other experts in the Consultant's field of specialization and the Consultant retains the right to provide similar services to other parties, unless providing services creates a conflict of interest.

5. **Anti-Discrimination**
Consultant and employees of Consultant operating under supervision shall not discriminate against any person in the provision of services on account of ability, race, color, religion, ethnic origin, age, sex, sexual orientation, or gender.

6. **Agreement Modification**
No modification to this Agreement shall be effective unless embodied in a written document agreed to and signed by both Client and Consultant.

7. **Agreement Termination**
This Agreement may be terminated by Client with written notice to Consultant or by Consultant with written notice to Client. This agreement shall be terminated immediately if Consultant's permission, license and/or certification is suspended or revoked, and may be terminated immediately for any act by Consultant or any employee of Consultant which is deemed by Client to be harmful to Client's customers. Upon termination of this Agreement or upon Client's request, Consultant shall make available to Client all documents of whatever nature, notes, reports, letters, and faxes relating to Client and which Consultant has received for the execution of the present Agreement.

8. **Professional Fees & Billing**
Consultant's hourly fee is $150 per hour if provided by a licensed professional. Consultant will prorate hourly fees if they include periods of less than one hour. Consultation service fees apply to a variety of tasks that vary depending on the Client's needs. Fees will apply to an initial assessment, report writing, telephone conversations, attendance required at meetings with other professionals you have authorized, preparation of printed or audio-visual materials you have requested, observations, feedback sessions, and the time spent performing any other service you may request. Consultant will charge prorated hourly fee for transportation time if outside a 15-mile radius from Consultant business mailing address, for any missed appointments, and/or for tardiness to scheduled meetings.
Consultant shall bill for services in the following manner:

a. Weekly invoice to Client's employees, students, patients, or others as assigned by Client for ongoing services rendered on a weekly basis . Clients are responsible for prompt (i.e., within 5 business days) payments for services rendered upon receiving invoice, unless an alternative arrangement is agreed upon in writing in advance. Payments accepted are cash, check, ACH transfer, Zelle, and credit card. Checks can be made payable to Dawn Smith Walsh, APRN.
b. Payment is expected and requested <u>at time of service</u> for any and all personal psychiatric evaluation and management services to include an initial biopsychosocial assessment, mental status exam and recommendations; Ongoing psychiatric medication management; Overall health risk assessment, evaluation of medical diagnosis or diagnoses, review of laboratory data, medication reconciliation and recommendation for medication adjustments (if applicable); Emotional and behavior support post critical incident. Most major insurances are accepted.
c. Client may submit invoice to insurance company for reimbursement (whether full or partial) for services rendered by Consultant if Client's insurance is not accepted. Appropriate CPT codes will be noted on Client invoice for such billing purposes to assist Client in obtaining reimbursement, yet no express promise for such reimbursement is guaranteed.
d. Patients and residents within SNF, ALF, MCU, and LTCF shall primarily be billed through their medical / healthcare insurance. Co-pays and co-insurance may also be billed to said patient or patient's power of attorney (POA).
e. Non-insured patients within above mentioned facilities shall have their fees covered by the facility at a previously agreed upon rate established between Consultant and Client (facility).

9. **Contacting your Consultant**

The Consulting Professional will provide Client with business cards and/or any other necessary contact information. When your Consultant is unavailable by phone, a voicemail option or text is available. Every effort will be made to return your call/text promptly; communications will be responded to within 48-hours, unless otherwise noted. For medical emergencies, call 9-1-1 or go to your nearest emergency room immediately. In non-emergent situations, within the Tampa Bay area client may contact the Personal Enrichment Through Mental Health Services (PEMHS) crisis hotline at 727-541-4628. The Mobile Crisis Response Team (MCRT) at PEMHS is available 24/7 and can provide services to individuals ages 25 years and younger. The MCRT will be dispatched to the location of crisis, with response time of 60 minutes. Other resources include the National Crisis Hotline at 2-1-1, Suicide Prevention at 1-800-SUICIDE (1-800-784-2433),or Substance Abuse and Mental Health Services at 1-800-273-TALK(8255).

10. **Confidentiality**

In general, the privacy of all communications between a Client and Consultant is considered confidential. Consultant and employees of Consultant agree to keep confidential all reports and records belonging to Client and/or its customers. Your Consultant will generally only release information about your consulting services to others with your written permission, but there are a few exceptions:

• In most legal proceedings, Client may have the right to prevent Consultant from providing any information about their services. In some proceedings a judge may order our testimony if he/she determines that the issues demand it.

• Because all of our Consulting Professionals are considered, by the law, to be mandated reporters, there are some situations in which Consulting Professionals are legally obligated to take action to protect others from harm, even if it includes revealing some information about the services provided. For example, if we believe that a child, elderly person, or disabled person is, or has been, abused or neglected, Consulting Professional must file a report with the appropriate state agency.

• If Consultant becomes aware that someone is threatening serious bodily harm to themselves or another, it is required by law that the Consultant take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the Client. Consulting Professional may also be obligated to seek hospitalization for an individual or to contact family members or others who can help provide protection if it is determined that someone may be a threat to themselves.

• Consulting Professional, at times, may work with students, interns, and associate licensed level clinicians in training. Said students, interns, and clinicians in training will be held to the same expectations of professionalism, courtesy, responsiveness, and confidentiality as your Consultant. Said person will not be responsible for the management of your care. If you have concerns about disclosures or confidentiality, no are in no way obligated to engage with said student, intern or clinician in training and may opt-out to allow said person to participate in your care. You will be asked to give your consent to have said student, intern or clinician in training be a part of your clinical management team. Such consent is voluntary and may be revoked at any time by Client.

11. **Cost of Services**

On average, the cost of an initial diagnostic psychiatric appointment with review of completed screening tools, assessment of intake forms, formulation of diagnosis and ascribed treatment plan can range from $132.00 to $395.00. Total costs depend upon Client complexity, comorbid conditions, development of an individualized plan of care, and course of treatment. Options for payment include commercial insurance, Medicaid, Medicare, and self-pay. Insurance will be billed first. If Client must meet a deductible, then the entire cost of visit is the Client's responsibility. Every effort will be made to verify insurance benefits. Due to insurance complexities, subsidiaries, mergers, acquisitions, special circumstances, and industry changes, Consultant may not be considered "in-network," thus resulting in Client responsibility for payment. Should Client choose to pay out-of-pocket, an invoice with applicable codes can be provided, upon request, for Client to submit to the insurance company for reimbursement. Consultant cannot guarantee success in insurance reimbursement proceedings. Co-pay is due at time of service. Telehealth Client is required to submit copay PRIOR to time of service to allow time for link to be populated through a computer-generated system. An email with Secure Socket Layer (SSL) , digital certificates, RSA encryption, and authentication security will be sent to Client for secure submission of banking or payment information. Additional costs for document procurement, telephone conference, extensive pharmacy interactions, and/or review of Client records as necessitude for care may also be billed to client separately. These costs are not usually covered by insurance.

Your signature below acknowledges that you have read the information in this document, agree to abide by its terms, and give your consent to receive consultation services provided by Consultant. This consent is voluntary, and you may revoke your consent in writing at any time.

_____

Client Representative Name/PRINT: Signature : Date:

_____

Dawn Smith Walsh, MSN, APRN-BC, AGNP, NP-C, PMHNP-BC / Signature , Principal Owner Date:

THIS PORTION IS BLANK

AUTHORIZATION FOR RELEASE OF INFORMATION

I (**Patient**)_____ or the parent / legal guardian of a (**MINOR**)_____ do authorize you to release confidential health information about me / MINOR by signing this form. A summary or narrative of my protected health information may be shared with the following physician/person/entity/facility listed below.

Patient Name:_____ Date of Birth:_____

The following information can be released, as indicated by my check mark:

○ Complete psychiatric record	○ Drug screen
○ Care planning	○ Treatment / detox records
○ Pathology reports	○ Progress notes
○ Laboratory reports	○ Medication record

Release my protected health information to the following physician/person/entity/facility and /or those directly involved in my medical or psychiatric care:

Name:_____

Address:_____

City, State, Zip code:_____

The purpose/reason for this release of information is as follows:

_____

_____ _____

Signature of Patient Signature of Parent/Guardian/Representative

_____ _____

Date Printed Name of Above Person

_____

Description or Person Signing Above

Updated: 05/2022