

**Timeline Integrative Psychiatry, LLC**  
**Margarita Holsten, M.D.**  
3014 Bluff Street, Suite 201A  
Boulder, CO 80301  
720-651-0097

### **General Office Policies**

I want to reserve time to care for you and want to work with you for your success. There are conditions I feel are important for my treatment setting and below I have listed my office's policies and expectations. Please feel free to clarify any of these items if needed.

### **Appointments**

I do not offer walk in visits, and office hours are by appointment only. Contact the office to schedule an appointment time. My initial consultation appointment times are 90min long. Since it is important to reserve time for you, you will be responsible for payment in full if you miss your appointment or fail to cancel within 72 hours (3 workdays).

At the initial consultation, I will determine using my professional judgment whether I can provide you with the appropriate services you need. If I decide to accept you into the practice, follow up treatment plan will be made at that time. If I decide that you would be better served with another specialist, referrals will be made at that time.

If you miss your initial appointment, there is no guarantee that you will be rescheduled. If you are over 15 minutes late for an appointment you may be rescheduled (but will be billed) or if you are seen then, the appointment time will most likely not be extended and you will be charged the full fee. At certain times the schedule may allow for an appointment with delayed start to be extended. Payment for your care is required at the time of service. Cash, Checks, and Visa/Master credit cards are accepted. If you are using a credit card which is not in your own name, please bring written consent for use of this card.

I reserve the right to terminate the professional relationship with any client at any time. Typically, this may occur if the relationship is not satisfactory due to failure to follow recommendations, failure to follow office policies, or to honour financial obligations. Specifics of these circumstances will be discussed as needed.

As the client, you are under no obligation to continue treatment with Timeline Integrative Psychiatry, LLC and may decide to terminate the relationship at any time. If you wish to terminate, please alert the office in writing if possible.

### **Fees**

**Initial consultation** (90 min) 450.00

**Medical/psychotherapy** (50min) 300.00

**Medical/psychotherapy** (30min) 175.00

**Genetic Testing** (60 min) 300.00

Does not include the cost of the test. Genomind will try to bill your insurance but if it is not covered they will bill you. Maximum cost of the test \$300.00.

**Telephone consultations** free if less than 10min after 10 min regular hourly rate applies

**Refills** (stimulant) not at appt. \$20

**Records copies** (1-30pages) \$20 -50

**Missed visits /late cancellation** - \$50.00 first time, then full fee appt.

### **Payment**

Please understand that payment of your bill is considered part of your treatment, and you are financially responsible for the services provided. Full payment is due at each appointment and is accepted in the form of cash, check, or credit card (Master Card, Visa).

Please make checks payable to Timeline Integrative Psychiatry, LLC.

A credit card is held on file for appointments, but is not charged until the day of the appointment if the patient fails to arrive.

You will be responsible for any charges incurred due to returned checks, or problems processing credit card payments.

### **Communications**

For any emergencies, please contact 911, or go to your nearest emergency room.

Please alert my office once the situation safely allows.

For routine matters or other matters needing attention, please contact my voicemail, which I check regularly and will typically get back to you within 1-2 business days.

I do not provide inpatient care. If you are hospitalised I can resume your care upon discharge.

Use of email in the medical setting can be challenging due to privacy issues. Email may be used to communicating issues such as scheduling and sending out resources or referrals. Communicating regarding clinical care, especial in urgent situations are not appropriate for email. There are no established timeframes for responses to email guaranteed. Any Protected Health Information (PHI) shared in an email cannot be consider secure or guaranteed confidential though encrypted email is typically used by this office.

In the course of care, sometime forms, letters, or related documents are needed. Time spent preparing documents outside of appointment times will be billed directly to the client.

### **Collaborations**

In the course of your treatment I may suggest to refer you out to another practitioner who provides a different type of care (ie: acupuncture, dietician) and it will be critical that I can communicate and collaborate with these people for your treatment. A release consent form will be signed for you to give me permission to communicate with another practitioner.