



## CONSENT FOR TREATMENT

The undersigned patient or responsible party (legal guardian, if applicable) consents to, and authorizes services, by Brandon Francis MD, MPH These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures and other appropriate alternative therapies. Furthermore, the undersigned patient or responsible party consents to the staff of BAF Optimum Consulting LLC, to access the patient's information as needed in carrying out administrative duties.

### Please review the following statements/policies

Please direct any questions to Dr. Francis prior to signing this consent.

- 1) The initial evaluation session is not a guarantee that Dr. Francis will take me on as a patient; it is an evaluation process to see if we would be a good fit prior to entering a doctor-patient relationship.
  
- 2) Payment is due at the time of service. If there is a past due balance, I will need to settle that prior to the next appointment. If not, Dr. Francis may cancel that next appointment until the balance is settled.
  
- 3) I am aware that Dr. Francis is not an "in-network" provider for any insurance plans and will not submit insurance plans on my behalf. I am aware that I am responsible for contacting my insurance company or other third-party payer for coverage information, and to submit the required claim for reimbursement if I wish to seek reimbursement for his services. Dr. Francis will provide me with a copy of a paid receipt that I can submit myself for such reimbursement. If I have Medicare, even if I choose not to use it and pay out pocket, Dr. Francis cannot be my provider as he is not a Medicare opt-out physician. Signing this consent attests that I do not have Medicare.
  
- 4) Cancellation of an appointment must be done at least 24 business hours in advance (business hours are considered weekdays from Monday through Friday and exclude all standard holidays). If I do not cancel accordingly or I do not show up for a scheduled appointment, I will be charged IN FULL for that appointment. I am aware that, although an appointment reminder may be sent by Dr. Francis' office, it is done so as a courtesy only and the above cancellation requirements and terms apply regardless if I receive a reminder. I am also aware that insurance companies generally do not reimburse for missed sessions or those cancelled too late.

5) The frequency of my appointments will be determined based upon clinical need in discussion with Dr. Francis. Some medication treatments, such as stimulants (Adderall, Ritalin, etc), will require appointments at a minimum of every 2 months.

6) I consent to Dr. Francis utilizing prescription monitoring tools, such as (but not limited to) the Michigan Automated Prescription Monitoring System (MAPS) to periodically check my medication prescriptions to ensure accuracy and to be informed of medications I am prescribed by other providers.

7) Dr. Francis utilizes telemedicine as one method of treatment delivery, and whether it is clinically appropriate for me will be determined in collaboration with Dr. Francis. I understand that the laws/regulations around telemedicine may change in the future, including requirements around whether I will need to be seen in-person at some regular intervals. Dr. Francis and I will abide by all such requirements.

8) I may withdraw this consent and stop my treatment with Dr. Francis at any time.

9) Dr. Francis may terminate treatment with me at any time. If so, Dr. Francis will inform me of that decision in writing, provide alternate referral sources if continued treatment is recommended, and continue to provide prescription coverage for 60 days and emergency response for 30 days after the date of termination..

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Signature of Patient

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Date Signed

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Signature of Parent, Legal Guardian or Conservator

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Date Signed

