

# SHEBDEB PSYCHIATRY & BEHAVIORAL HEALTH

## TREATMENT CONTRACT AND INFORMED CONSENT

*Effective Date: August 8, 2026*

### 1. INTRODUCTION

This Treatment Contract and Informed Consent (the "Contract") is entered into between ShebDeb Psychiatry & Behavioral Health ("ShebDeb," "Practice," "we," or "us") and the individual receiving services (the "Patient"). The Patient's full name, signature, and the date this Contract begins are documented in the acknowledgment section at the end of this Contract.

### 2. PURPOSE OF THE CONTRACT

This Contract is designed to define the responsibilities and expectations of the Patient and the treating clinician; explain the nature and limitations of psychiatric treatment; describe medication, telehealth, communication, confidentiality, payment, missed-appointment, and termination policies; and document the Patient's informed agreement to receive treatment from ShebDeb Psychiatry & Behavioral Health.

Psychiatric treatment is individualized. No particular diagnosis, medication response, symptom improvement, or treatment outcome can be guaranteed.

### 3. RESPONSIBILITIES OF THE PATIENT

**3.1 Active Participation:** The Patient agrees to participate actively and honestly in treatment, attend scheduled appointments, provide accurate and complete information, cooperate with the agreed treatment plan, and communicate concerns, changes in symptoms, adverse effects, or treatment difficulties to the clinician.

**3.2 Informed Participation:** The Patient has the right to receive understandable information about recommended treatment, reasonable alternatives, expected benefits, material risks, and potential consequences of declining treatment. The Patient agrees to ask questions whenever clarification is needed.

**3.3 Other Treatment and Medications:** The Patient will inform the clinician of all other mental-health or medical treatment, prescription medications, controlled substances, over-the-counter medications, supplements, and relevant changes in care.

**3.4 Late, Missed Appointment, and Cancellation Policy:** If the Patient arrives too late to allow adequate time for safe and appropriate care, the appointment may need to be rescheduled. Late arrivals, missed appointments, and late cancellations interfere with continuity of care and prevent another patient from using the reserved appointment time. The Patient is financially responsible for applicable charges as stated in the current ShebDeb Psychiatry & Behavioral Health Financial Policy. The Financial Policy is incorporated into this Contract by reference.

**3.5 Medication Refill Policy:** Medication refills should be requested through the Practice's designated patient communication method and should include the Patient's full name, medication name, dose, and pharmacy information. Patients should allow up to five (5) business days for routine refill processing and should request refills before medication is exhausted. Requests identified as urgent will be reviewed as promptly as reasonably possible, but electronic messages are not an emergency service. Controlled medications may require an appointment and will not be prescribed or refilled solely because a request is urgent.

**3.6 Controlled Medication Policy:** Patients and clinicians must comply with applicable federal and state laws and professional standards governing controlled substances. Patients must use controlled medications only as prescribed, safeguard them from loss, theft, or diversion, and disclose all controlled prescriptions received from other clinicians. The Practice may decline early refills or replacement of lost, stolen, damaged, or otherwise unavailable controlled medication. Evidence or reasonable concern regarding misuse, abuse, diversion, undisclosed controlled prescriptions, unsafe combinations, repeated non-adherence, or conduct that prevents appropriate monitoring may result in modification or discontinuation of controlled medication and, when clinically and legally appropriate, termination of care. If the Patient is concerned about immediate health or safety, the Patient should call 911 or go to the nearest emergency department.

**3.7 Shared and Collaborative Care:** ShebDeb Psychiatry & Behavioral Health supports collaborative care. Depending on clinical needs, the Patient's treatment team may include a psychiatric mental health nurse practitioner, psychiatrist, therapist, primary care clinician, pharmacist, or other health professional. With appropriate authorization or as otherwise permitted by law, relevant information may be exchanged to coordinate treatment.

**3.7.1 Primary Care Coordination:** Patients are encouraged to maintain an ongoing relationship with a primary care clinician. When clinically appropriate and permitted by law, ShebDeb may communicate relevant changes in condition or treatment with the Patient's primary care clinician.

**3.7.2 Psychiatric Medication Management:** A qualified psychiatric clinician will assess mental-health concerns, discuss medication options when indicated, prescribe within the clinician's legal scope of practice and licensure, and monitor treatment over time. Prescribing decisions remain subject to clinical judgment, applicable law, patient safety, and prescribing requirements.

**3.7.3 Therapy and Referrals:** When psychotherapy or another service is recommended, the clinician may provide or facilitate a referral to an appropriate mental-health professional or other clinician. With appropriate permission or legal authority, members of the treatment team may collaborate to support the Patient's treatment goals.

**3.7.4 Location and Licensure:** For telehealth, the Patient must disclose their physical location at the time of each encounter. Services can be provided only when the treating clinician is legally authorized to practice in the jurisdiction where the Patient is physically located. Prescriptions are subject to federal and state law, pharmacy requirements, and the clinician's licensure and prescribing authority.

## 3.8 TELEHEALTH / TELEPSYCHIATRY

Telehealth may be used for psychiatric evaluation, medication management, psychotherapy when offered, care coordination, and related services when clinically appropriate. Availability of in-person services, if any, may be limited and depends on the Practice and treating clinician.

**3.8.1 Potential Risks of Telehealth:** Telehealth carries risks in addition to the ordinary risks of health care. These may include insufficient audio/video quality or incomplete information affecting clinical decision-making; limitations in performing a physical examination; inability to provide hands-on treatment or immediate emergency intervention; delays caused by equipment, software, connectivity, or power failures; privacy or security failures; and clinical judgment being affected by information that would have been available during an in-person encounter.

**3.8.2 Patient Rights Related to Telehealth:** Privacy and confidentiality laws applicable to health information also apply to telehealth. The Patient may ask questions about telehealth and may withhold or withdraw consent to telehealth, subject to the availability of clinically appropriate alternatives and any effect that the Patient's location may have on the Practice's ability to continue providing services. The Patient may request access to telehealth-related medical records as permitted by law. The clinician may also determine that telehealth is not clinically appropriate and may require an alternative form of care.

**3.8.3 Patient Responsibilities for Telehealth:** The Patient agrees not to record, photograph, livestream, or otherwise reproduce a telehealth encounter without the clinician's prior written consent. Before each session, the Patient will disclose whether another person can hear or see the encounter. The Patient is responsible for a functioning device, adequate internet connection, and a reasonably private setting. The Patient must provide their current physical location and an emergency contact when requested. The Patient understands that requests for controlled medications may be declined and are subject to applicable telemedicine prescribing rules.

**3.8.4 Consent to Telehealth:** By signing this Contract, the Patient acknowledges having reviewed the telehealth information above, having had the opportunity to ask questions, and voluntarily consents to the use of telehealth when offered and clinically appropriate.

## 3.9 TECHNOLOGY, AUGMENTED INTELLIGENCE, AND CLINICAL DOCUMENTATION

ShebDeb Psychiatry & Behavioral Health may use HIPAA-compliant or otherwise legally compliant technology, including electronic health records, transcription tools, clinical documentation support, and augmented/artificial-intelligence tools, when permitted by law and Practice policy. Such tools may assist with capturing, organizing, or drafting information from a clinical encounter; however, the treating clinician remains responsible for clinical judgment and for reviewing documentation used in the medical record.

If a technology records or processes audio or other encounter data, ShebDeb will use it only in accordance with applicable consent, privacy, security, retention, and vendor requirements. Patients may ask whether such technology is being used and may communicate concerns or preferences. Where applicable law requires separate consent, that consent will be obtained before use.

## 3.10 EMERGENCIES AND URGENT SITUATIONS

ShebDeb Psychiatry & Behavioral Health is an outpatient psychiatric practice and is not an emergency service. Email, text messaging, portal messages, refill requests, and routine telephone messages must not be used for emergencies or situations requiring an immediate response. If the Patient is experiencing a medical or psychiatric emergency, believes they may harm themselves or another person, or requires immediate assistance, the Patient should call 911 or go to the nearest emergency department. Routine messages will be addressed during normal business operations as reasonably practicable.

## 4. RESPONSIBILITIES OF THE CLINICIAN

**4.1 Professional Care:** The clinician will provide care consistent with applicable professional standards, ethical obligations, scope of practice, and licensure. Treatment and prescribing are limited to jurisdictions in which the clinician is legally authorized to practice.

**4.2 Respect and Privacy:** The clinician will respect the Patient's rights, dignity, privacy, and confidentiality in accordance with applicable law and professional standards.

**4.3 Treatment Information:** The clinician will keep the Patient reasonably informed about assessment findings, treatment progress, significant changes in the treatment plan, and clinically relevant recommendations.

**4.4 Initial Consultation:** All required intake documents should be completed before the initial appointment. The initial psychiatric evaluation generally includes a comprehensive history, assessment of symptoms and functioning, review of relevant medical and psychiatric information, and determination of whether the Practice can appropriately meet the Patient's needs. Depending on complexity, additional evaluation may be required before a treatment plan is finalized. Medication may or may not be prescribed at the initial visit.

**4.5 Paperwork and Administrative Documentation:** ShebDeb Psychiatry & Behavioral Health provides treatment-focused psychiatric services and does not guarantee completion of medicolegal, forensic, disability, FMLA,

accommodation, fitness-for-duty, custody, legal, or other third-party documentation. The Practice may decline requests that fall outside the clinician's role, expertise, available clinical evidence, or treatment relationship. When supportive documentation is clinically appropriate, the clinician may require an established treatment history before completing it. Administrative or paperwork services may be charged separately at the rates stated in the current Financial Policy, and such charges may not be covered by insurance.

**4.6 Professional Boundaries:** Practice clinicians and staff do not accept gifts that could compromise professional boundaries and do not enter business, financial, or other dual relationships with patients when doing so would create an ethical conflict or interfere with treatment.

## 5. CONFIDENTIALITY

**5.1 General Rule:** Information disclosed in treatment is confidential and will be protected in accordance with applicable federal and state law, except when disclosure is authorized by the Patient or permitted or required by law.

**5.2 Exceptions:** Legal exceptions may include, among others, situations involving serious or imminent threats to health or safety, suspected abuse or neglect of a child, older adult, or vulnerable/disabled adult when reporting is required, court orders or other lawful process, and other mandatory reporting obligations. The exact scope of these duties depends on applicable law.

**5.3 HIPAA and Care Coordination:** ShebDeb Psychiatry & Behavioral Health operates in accordance with HIPAA when applicable. HIPAA permits certain uses and disclosures of protected health information without a separate authorization, including for treatment, payment, health care operations, and certain disclosures required or permitted by law. Information may also be disclosed to business associates subject to applicable safeguards. Additional details are contained in the ShebDeb Psychiatry & Behavioral Health Notice of Privacy Practices.

**5.4 Email and SMS/Text Communication:** Email and SMS/text messaging are convenient but may not be fully secure or encrypted. By consenting to electronic communication, the Patient acknowledges the possibility that messages may be intercepted, accessed by persons with access to the Patient's device or account, or otherwise disclosed outside the Practice's control. Electronic communications may be accessed by Practice personnel who require the information to provide services and may be used or forwarded as appropriate for treatment, payment, health care operations, or as otherwise permitted by law.

**5.4.1 Communication Limitations:** The Practice will not intentionally disclose electronic communications to unrelated third parties without authorization unless permitted or required by law. Patients should protect their devices and accounts and should use caution when communicating highly sensitive information.

**5.4.2 Attachments and Device Security:** Patients should use appropriate cybersecurity precautions. The Practice may restrict unsolicited attachments or other electronic content for security reasons.

**5.4.3 Response Time:** Electronic messages may not be reviewed immediately and must not be used for emergencies or matters requiring an immediate response.

**5.4.4 Follow-Up:** If a message requires a response and the Patient has not received one within a reasonable period, the Patient is responsible for contacting the Practice through another appropriate method.

**5.4.5 Sensitive Information:** Patients should carefully consider whether email or SMS/text is appropriate for highly sensitive health information, including mental-health, substance-use, sexual-health, HIV/AIDS, developmental-disability, or similarly sensitive information.

**Acknowledgment of Electronic Communication Risk:** ShebDeb Psychiatry & Behavioral Health will use reasonable safeguards but cannot guarantee the confidentiality of ordinary email or SMS/text transmissions. By signing this Contract, the Patient acknowledges these risks and consents to electronic communication under these conditions until consent is revoked in writing, except to the extent action has already been taken in reliance on the consent. The separate ShebDeb Psychiatry & Behavioral Health HIPAA and Email/SMS-Text Consent, when used, provides additional terms.

## 6. FEES AND PAYMENT

**6.1 Payment Responsibility:** The Patient agrees to pay all applicable charges for services in accordance with the current ShebDeb Psychiatry & Behavioral Health Financial Policy. Payment information may be required before services are provided. Depending on the Patient's payment arrangement, the Practice may collect self-pay charges, copayments, coinsurance, deductibles, or other patient-responsibility amounts. Insurance eligibility information is not a guarantee of payment. If an insurer's Explanation of Benefits or final adjudication shows that the Patient owes more or less than initially collected, the account may be adjusted and the Patient may be billed or credited/refunded as appropriate. Questions about insurance benefits, coverage, deductibles, copayments, coinsurance, and plan limitations should also be directed to the Patient's insurer.

**6.2 Missed Appointments and Late Cancellations:** The Patient agrees to pay applicable missed-appointment or late-cancellation charges as described in the current Financial Policy. Insurance generally does not pay missed-appointment fees.

**6.3 Financial Policy Controls:** The current ShebDeb Psychiatry & Behavioral Health Financial Policy is incorporated into this Contract by reference. If a financial term in this Contract conflicts with a more specific term in the current Financial Policy, the Financial Policy will govern that financial issue to the extent permitted by law.

## 7. TERMINATION OF TREATMENT

**7.1 Patient or Clinician Termination:** The Patient may end treatment at any time. The clinician or Practice may also end the treatment relationship when clinically, ethically, operationally, or legally appropriate. When appropriate and feasible, reasonable notice, transition guidance, medication-safety instructions, and/or referral resources may be provided.

**7.2 Reasons the Practice May Terminate Care:** Termination may occur as a last resort for reasons including, but not limited to: repeated missed appointments or late cancellations; prolonged absence from treatment; persistent disregard of an agreed treatment plan when continued care cannot be provided safely; breakdown of trust in the therapeutic relationship; suspected misuse or diversion of controlled medication; threatening, abusive, discriminatory, harassing, or unsafe conduct toward staff or others; failure to provide information needed for safe treatment; obtaining controlled prescriptions without appropriate disclosure; nonpayment of amounts owed subject to applicable law and emergency obligations; or circumstances in which the Practice can no longer provide clinically appropriate care.

**7.3 Continuity and Safety:** Termination of outpatient care does not prevent the Patient from seeking emergency services. If urgent safety concerns arise, the Patient should call 911 or go to the nearest emergency department. The Practice may provide referral options when reasonably available, but cannot guarantee acceptance or availability by another clinician.

## 8. CONCERNS, COMPLAINTS, AND DISPUTE RESOLUTION

ShebDeb Psychiatry & Behavioral Health encourages patients to raise concerns directly with the Practice so that clinical, administrative, billing, or service issues can be reviewed and addressed. The Practice will protect patient privacy when responding publicly and generally will not discuss confidential clinical details in response to online reviews.

Nothing in this Contract is intended to prevent a Patient from communicating with a licensing board, regulatory agency, insurer, law-enforcement authority, attorney, court, or other person or entity when the Patient has a lawful right to do so.

**8.1 Informal Resolution:** When appropriate, the Patient and Practice should first attempt in good faith to resolve non-emergency concerns through direct communication.

**8.2 Legal Rights:** Any dispute-resolution, arbitration, venue, jury-waiver, or similar provision must comply with the law applicable to the Patient, clinician, and services provided. No provision of this Contract waives a right that cannot lawfully be waived. Because enforceability varies by jurisdiction, any separate arbitration agreement used by the Practice should be presented as a distinct agreement and reviewed for compliance with applicable state and federal law.

## 9. STATE-SPECIFIC NOTICES AND PATIENT RIGHTS

Professional licensing, telehealth, prescribing, complaint procedures, record-retention rules, and required consumer notices vary by state. ShebDeb Psychiatry & Behavioral Health and its clinicians will provide state-specific notices or disclosures when required by the jurisdiction in which services are rendered. Patients may contact the applicable professional licensing board or governmental agency regarding clinician licensure or complaints.

## 10. POLICY CHANGES

Practice policies may be revised from time to time to reflect changes in law, professional standards, technology, payer requirements, or Practice operations. When a change materially affects the Patient's rights or responsibilities, ShebDeb Psychiatry & Behavioral Health will provide notice as required or appropriate. The most current applicable Practice policies will govern prospectively, subject to applicable law.

## 11. ACKNOWLEDGMENT AND ACCEPTANCE

By signing below, the Patient acknowledges that they have read and understood this Contract, had an opportunity to ask questions, and agree to comply with its terms while receiving care from ShebDeb Psychiatry & Behavioral Health. The Patient understands that this Contract does not guarantee a particular treatment outcome and that recommendations may change as clinically appropriate.

The Patient also acknowledges receipt of, or access to, the Practice's applicable Notice of Privacy Practices, Financial Policy, and electronic-communication consent materials.

This Contract reflects the general understanding governing the treatment relationship, together with other signed consents, authorizations, and Practice policies that specifically apply to the Patient's care.

## 12. PRACTICE CONTACT INFORMATION

ShebDeb Psychiatry & Behavioral Health

3432 Wavecrest Lane

Denton, TX 76208

Email: shebdebinterprises.headway@gmail.com

Telephone: 1.214.531.3487

**PATIENT SIGNATURE**

|                                            |  |
|--------------------------------------------|--|
| Patient Full Name:                         |  |
| Patient Signature:                         |  |
| Date:                                      |  |
| Parent/Guardian Name (if applicable):      |  |
| Parent/Guardian Signature (if applicable): |  |

**Clinician acknowledgment (if required by Practice workflow):** \_\_\_\_\_

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