

A4. GoodMindRx INFORMED CONSENT ADDENDUM

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Accessible and collaborative medication management for uncomplicated behavioral and emotional conditions.

Your provider's name is:

Therapist Name

Your provider's NPI is:

Therapist NPI

In addition to the policies set forth in the Counseling4Life Informed Consent and the C4Kids Informed Consent Addendum, below are the specific policies of GoodMindRx, LLC. Your agreement and understanding of this document is vital, so if you have questions, please talk to your provider or call us at (830) 800-0213.

GoodMindRx provides accessible mental health evaluative and medication management services for uncomplicated behavioral and emotional conditions, such as ADHD, Anxiety, Depression. GoodMindRx employs a model requiring the collaboration of the client's mental healthcare team for best treatment outcomes.

GoodMindRx strongly supports the combination of counseling therapy and mental health medication management as an effective treatment for mental health conditions since, together, they can work together harmoniously to provide comprehensive care.

Your Mental Healthcare Provider

Your GoodMindRx provider, Jacques Benun, M.D. does is a Texas Board Certified Pediatrician (Medical License: R0192 exp 11/30/2024 since 1997; DEA: BB4855978 exp 7/31/2026). He has extensive experience in hospital and private practice and in research. Dr. Benun currently does not have hospital privileges and does not accept insurance. His services are offered solely through telehealth for ages 5-21.

Limitations to GoodMindRx services

We are not a substitute service for situations in which a client may be experiencing active suicidal or homicidal ideation or psychosis (delusions or hallucinations). In this situation, we recommend going to your nearest emergency room or local psychiatric hospital. If the provider determines the client is not

appropriate for our services, we will gladly provide the client with appropriate resources.

We cannot guarantee psychological change or an improvement of symptoms; there are always risks and benefits associated with any counseling or psychiatric treatment. We will, however, discuss with you your experience of symptoms to best help you receive the care you need.

Fees for services

All sessions are rendered on the day of and before the start time.

All services are subject to cash pay rates only. Clients may request a superbill from the office should they choose to file an out of network claim on their own.

- \$180 per Initial Assessment & Evaluation Session (30 minutes); required if there is a gap in services for 6 months or more from last session date.
- \$130 per follow up session (25 minutes)

Non-emergent/non-session Phone Consultations: \$50 per 15 minute increments, with a minimum of 15 minutes, to be scheduled in advance.

Records requests

\$30 for the first 20 pages of an initial request

\$5 for each follow up to an initial request

Since GoodMindRx provides accessible mental health services with little wait times, we charge a non-refundable session fee for all initial and follow up session since we "hold" these appointments just for you. Therefore, all GoodMindRx sessions are subject to the GoodMindRx Late Cancellation/No Show Policy.

All other fees, not listed above, are in accordance to the Non-Session fees in the most current Counseling4Life, LLC Informed Consent (also available on our website, www.Counseling4LifeLLC.com)

Medical Records

The custodian of your medical records is GoodMindRx. In the event GoodMindRx is incapacitated, Counseling4Life, LLC is the appointed custodian of your records for up to 7 years from the last clinically relevant contact with your provider. You have the right to a copy of your file. See Fees for services for costs to request records.

Records requests take 15 days to process and must be requested correctly with all accompanying release of information authorizations and be paid for the 15 day timelines to begin. Please contact our office at (830) 800-0213 during business hours to request your records.

Confidentiality & HIPAA

Your medical information is kept confidential at all times, except:

- when you provide written consent to release patient information
- your provider suspects abuse of a minor, elderly, or disabled person
- your provider receives a court ordered subpoena for your medical records or PHI
- your provider is aware you are experiencing a life-threatening emergency

The most current copy of GoodMindRx's Notice of Privacy Practices is available for download at www.Counseling4Life, LLC/GoodMindRx

Emergencies

Emergencies are considered life threatening. If you need emergent help (life threatening), between our sessions, please contact go to your nearest emergency room or call 911.

If you express active suicidal or homicidal ideation during contact with your provider, your provider is required to call local law enforcement to your current location to assist you. If you are participating in a telehealth session, it is your responsibility to keep your physical address updated in your client portal and to provide your provider with your location at every session, when you are not at your physical address, in the event of an emergency.

Non-emergencies

For non-emergencies/non-life threatening, between sessions, please contact your provider through the client portal (most preferred) or the Front Office at Counseling4Life, LLC (210) 209-0642 or GoodMindRx at (830) 800-0213, during business hours (M-Th 9-5, Fri. 9-3).

If you contact our office/your provider outside of business hours, please leave a detailed message in your client portal for your provider and Front Office and someone will respond within 24 business hours of your message.

Appointment scheduling, rescheduling, and canceling

All scheduling changes can be made directly with your provider by sending a message in your client portal or by calling the Front Office at Counseling4Life, LLC (210) 209-0642 or GoodMindRx at (830) 800-0213, during business hours (M-Th 9-5, Fri. 9-3).

Consent for Treatment Guidelines for Minor clients

Who May Sign for Consent:

Consent for Minors

A minor is a person under 18 years of age, not married and has not been married, or has not had the disabilities of

minority removed by the court. (Tex. Family Code § 101.003)

Who may consent to medical treatment on behalf of a minor?

1. Natural mother
2. Natural father
3. An unemancipated minor parent who has actual custody of his/her biological child may consent for medical dental, psychological or surgical treatment for their own biological child
4. Adoptive mother or father
5. Parent who is appointed managing conservator (even for invasive procedures)
6. Parent who is appointed possessory conservator (as long as not for invasive procedures)

* No order of priority (Tex. Family Code § 151.001(a)(6))

If none of the above can be contacted and there is no actual notice to the contrary, the following persons may

consent to medical, dental, psychological or surgical treatment of a minor:

1. Grandparent
2. Adult brother or sister
3. Adult aunt or uncle
4. An educational institution or an adult who has care, control and possession of the minor, with written authorization

* No order of priority (Tex. Family Code § 32.001)

Consent by any of these must be in writing, signed by the person giving consent, and must reflect the name of the person giving consent and the person's relationship to the minor, see 6.21.C, Alternative Consent for Minor by Non-Parent. Document all attempts made to contact the parent or guardian prior to accepting the non-parental consent.

When consent for a minor is not necessary:

1. An emergency (Tex. Health & Safety Code § 773.008)

2. Suspicion of child abuse; however, a physician, dentist or psychologist may not examine a child without consent if the child is 16 years of age or older and refuses consent. (Tex. Family Code § 32.005)

When a minor may consent to his/her own treatment:

1. On active duty with the armed forces;
2. Is 16 years of age or older, resides separately and apart from their parents and manages their financial affairs regardless the source of support and with or without parental consent;
3. When consenting to the diagnosis and treatment of an infectious, contagious or communicable disease that is required to be reported;
4. If unmarried and pregnant, and consents to treatment related to her pregnancy other than abortion;
5. Consents to examination and treatment for drug and chemical addiction or dependency;
6. Consents to counseling by a physician, psychologist, counselor or social worker for sexual, physical or emotional abuse, suicide prevention or chemical addiction or dependency; or
7. An unemancipated minor parent who has actual custody of his/her biological child may consent for their own care.

A physician, dentist, psychologist or hospital may rely on the written statement of a minor containing grounds on which the minor claims to have capacity to consent to his or her own treatment.

*Note: A physician may, with or without the consent of the minor, advise the parents, the managing conservator or the guardian of any treatment given to or needed by the minor. This includes also disclosing medical records. This decision should be based on the best interest of the child. (Tex. Family Code § 32.003)

Consent Requirements for Incapacitated or Incompetent Adults

Incapacitated means lacking the ability based on reasonable medical judgment to understand and appreciate the nature and consequences of the treatment decision, including the significant benefits and risks in any reasonable alternative. If the patient does not have a "Medical Power of Attorney for Healthcare" appointing someone to make decisions during a period of incapacity, then a surrogate (substitute) decision maker should be appointed according to the following guidelines.

Who may make decisions as a surrogate decision maker?

The following persons, listed in order of priority, that are available after a reasonably diligent inquiry may make decisions as a surrogate decision maker on behalf of a patient who is comatose, incapacitated or otherwise mentally or physically incapable of communication.

1. The patient's spouse
2. An adult child of the patient who has the waiver and consent of all other qualified adult children of the patient
3. A majority of the patient's reasonably available adult children
4. The patient's parents
5. Any individual clearly identified by the patient to act for the patient before the patient became incapacitated, or the patient's nearest living relative or a member of the clergy.
6. Two physicians, one of which is not involved in the patient's care. (Tex. Health & Safety Code 166.039)

The attending physician must make a reasonably diligent effort to contact or cause to be contacted the persons eligible to serve as surrogate decision makers and efforts to contact those persons must be recorded in detail in the patient's medical record. A physician should also document and describe in the patient's medical record the patient's comatose state, incapacity or other mental or physical inability to communicate and the proposed medical treatment.

Once the surrogate decision maker consents to medical treatment on behalf of the patient, the physician must record the date and time of the consent and sign the patient's medical record. The surrogate decision maker must countersign the patient's record or execute an informed consent form. If the surrogate decision

maker's consent is not made in person, the consent must be reduced to writing, placed in the patient's medical record and signed by the hospital or nursing staff member who receives the consent. (Tex. Health & Safety Code 313.001-313.007)

New Signature Field

Use your mouse (or, on a touch device, your finger)
to draw your signature in the box above.

Client Legal Name - First, Last

New Date Field

04/16/2024

Therapist Name

Acknowledgment and Consent

GoodMindRx, LLC reserves the right to make any changes to this agreement. By electronically signing below, I, the undersigned client(s), agrees that any prior version of this agreement is superseded by the most current version of this agreement which is available for download on our website at www.Counseling4LifeLLC.com/ GoodMindRx.

I acknowledge that I have been informed of the terms of this agreement, and any subsequent versions of this agreement, agree to abide by its terms and conditions, and I also intend for this authorization to remain in full force until I revoke it in writing, to be sent to GoodMindRx, LLC at 17206 BLANCO RD, BLDG. 2101 SAN ANTONIO, TX 78232. In addition, I acknowledge that the revocation will not affect any actions taken before the receipt of the written revocation.

Client Legal Name - First, Last

Date of Birth

Client/Patient/or Legal Guardian's Signature

Use your mouse (or, on a touch device, your finger)
to draw your signature in the box above.

Relationship to client/patient:

New Date Field

04/16/2024
