

**Brett Yamane MD, PLLC**  
1817 Queen Anne Ave N, Suite 406  
Seattle, WA 98109  
Ph (206) 755-8899

**Service Agreement**

***Treatment***

I authorize Brett Yamane MD, PLLC to give me reasonable clinical care and treatment by today's standards.  
Initials \_\_\_\_\_

***Release of Information***

I consent to treatment by Brett Yamane MD, PLLC, and to release any and all information needed to determine insurance benefits to my insurance carrier(s), any of its agents, intermediaries or others it may designate, for purposes of review, benefit determination, and processing claims.

I consent to benefits being assigned to Brett Yamane MD, PLLC for services rendered. I understand and agree that Brett Yamane MD, PLLC is not responsible for any dissemination or disclosure of my confidential medical information once such information is provided, at my request, to others.

Initials \_\_\_\_\_

***Benefits and Fees***

I understand that I am responsible for researching and understanding my medical and mental health benefits including, but not limited to: deductible, coinsurance/copays, visit limits, network providers, limits of coverage, etc. I am wholly responsible for all incurred fees, regardless of the actions of the insurance company. Any unpaid charges will be my responsibility and due within 30 days, including charges deemed non-covered by my insurance company. Fees may be changed at any time, without notice.

Initials \_\_\_\_\_

***Payment***

I understand that payment or co-payment (as indicated if Brett Yamane MD is a contracted provider with my insurance) is due in full at the time of service.

Initials \_\_\_\_\_

***Non-Sufficient Funds***

I understand there is a \$40 fee for checks returned for non-sufficient funds (bounced check).

Initials \_\_\_\_\_

***Balances***

Regardless of the actions of the insurance company (including delayed claims, claims under review, denied claims, etc.), unpaid balances beyond 60 days are my sole responsibility and will incur a \$10/month service charge. Unpaid balances beyond 90 days, or refusal to respond to requests to pay balances, may be referred to collections and may result in negative credit reports. I understand and agree that information necessary to ensure debt collection will be released to the guarantor, the collection agency and their partners or intermediaries. I understand and agree that payment of any collection, legal fees, court or other costs necessarily incurred to collect unpaid balances owed by me will be my sole responsibility. I understand that delinquent accounts necessitating collections may lead to the termination of services with Brett Yamane MD, PLLC.

Initials \_\_\_\_\_

***Missed Appointments***

I understand I am required to give 2 business days (48 hours) notice of appointment cancellation. Business days do not include weekends or holidays. If I do not give the required notice, I will be charged a late cancellation fee of \$100. I understand this fee is NOT covered by insurance. The missed appointment/late cancellation fee is due immediately. Any future appointments can only be scheduled after the late fee is paid in full. I understand repeated late cancellations/missed appointments may result in termination of services with Brett Yamane MD, PLLC.

Initials \_\_\_\_\_

**Document Preparation**

Preparation of documents for a third party may be charged a fee. Fees are available upon request and determined according to the complexity of the letter or form.

Initials \_\_\_\_\_

**Disclosure of Confidential Matters in Legal or Administrative Proceedings**

If a legal or administrative entity requests my mental health records or testimony from Brett Yamane MD, PLLC and I (or the agent legally acting on my behalf) wish to contest/refuse (if contesting/refusal is allowed by law), I/agent agree to pay all legal costs, court expenses, fees for physician time, and administrative expenses incurred for Brett Yamane MD, PLLC – regardless of the outcome of the release.

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**Legal Testimony**

While typically unforeseen, there may be an instance where legal matters require the testimony of a mental health professional. Legal testimony by one’s therapist or physician can have a negative impact on the treatment relationship between patient and provider.

I understand that if legal matters arise requiring the testimony of a mental health professional, that unless Brett Yamane, MD is subpoenaed by court, I will be required to employ independent forensic services.

Initials \_\_\_\_\_

**Electronic Records**

I understand and consent to the use, by Brett Yamane MD, PLLC, of an electronic medical record system to create and maintain my medical records, use of electronic prescribing of medications (and the associated review of previous electronically prescribed medications), and use of electronic faxing. I understand that Brett Yamane MD, PLLC has contracted with business associates who have agreed in writing to be in compliance with HIPAA laws to maintain the confidentiality of my medical records.

Initials \_\_\_\_\_

**Electronic Communication**

In order to best protect my privacy, I understand Brett Yamane MD, PLLC does not interact with patients over social media or networking sites. Communication over non-secured email is limited to functions such as automated appointment reminders via the patient portal and receipts of payment if given my authorization.

Initials \_\_\_\_\_

**Notice of Privacy Practices Receipt**

I acknowledge that I was provided with the Notice of Privacy Practices of the medical practice of Brett Yamane MD, PLLC.

Initials \_\_\_\_\_

Rates and fees, policies, and Notice of Privacy Practice are all subject to change at the discretion of Brett Yamane MD, PLLC. I have read these policies, understood the contents, and agree to the terms. I have had my questions regarding this policy satisfactorily answered. This authorization will remain in effect indefinitely.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_