

JOHN R. BRINKLEY, MD
500 UNION STREET, SUITE 505
SEATTLE, WASHINGTON 98101-4047
(206) 682-8280

General information about my practice

My practice is limited to the treatment of psychiatric disorders in adult patients. Because of the interface of certain medical diseases with psychiatric conditions, adequate treatment of the latter may entail addressing the former, as in the case of thyroid abnormalities coexisting with depression or bipolar disorder, and I would consider that to be within the scope of my practice, either directly or by referral.

Educational background and credentials

I graduated from Great Falls High School, Great Falls, Montana in 1963, and received an A.B. degree in 1967 from Harvard College, Cambridge, Massachusetts. Following two years of graduate study in philosophy at the Rockefeller University in New York City, I began my pre-clinical medical studies (B.M.S.) at Dartmouth Medical School, Hanover, New Hampshire. I subsequently received both my M.D. degree and my psychiatric residency training from the University of Wisconsin Medical School, Madison, Wisconsin. On completion of my residency in 1975, I joined the psychiatry faculty at the University of Washington School of Medicine, working as an attending psychiatrist at Harborview Medical Center until 1996, when I left to establish a private practice.

I am licensed as a physician and surgeon by the State of Washington, and was also licensed in Wisconsin, Montana, and California in the past. I am certified in adult psychiatry by the American Board of Psychiatry and Neurology.

Treatment orientation

While I have a long-standing interest in psychopharmacology and feel strongly that its appropriate use in the treatment of disorders such as depression is potentially life-saving, I have an equally strong belief that psychotherapy in its various forms can serve a potent adjunctive and synergistic role in optimizing the value of psychiatry as a medical specialty. My primary professional goal is to integrate these two treatment modalities in a way that goes beyond just the relief of symptoms and provides a foundation for identifying and analyzing the basis for one's psychological distress.

Appointments and fees

I attach a high level of importance to my initial meeting with a patient because: 1) I feel it can have a significant imprinting effect on the future course of our relationship as a function of the impressions each of us gathers about the other; 2) it provides me with a fund of information that will enable me to formulate an accurate diagnosis, the cornerstone of an effective treatment plan; and 3) it can serve a critical educational function. In order to eliminate a source of pressure which could undermine the completeness of the information, I choose not to assign an arbitrary time limit to the process. Generally, the minimum duration of the initial interview is three hours but could be significantly longer. Regardless of the time required to complete the interview, the fee is fixed at \$400.00. All follow-up visits are 60 minutes, unless a special arrangement is negotiated, and the fee is \$175.00. All fees are payable at the time of the visit; checks, cash, or money orders are acceptable forms of payment, but I do not accept credit cards.

I am not a designated provider for any insurers, managed care companies, or Medicare/Medicaid and I do not bill such entities. If requested by you, I will provide a billing invoice which contains the information that most insurers require for reimbursement, such as diagnostic code(s) and procedure coding. It is your responsibility to submit this form to the third party which provides your coverage. That coverage is solely a contract between you and the provider, and does not involve me.

Usually an appointment is made at the time of the previous visit. If you subsequently determine that you are unable to keep the appointment, you should so inform me at least 48 hours prior to the scheduled time. Missed appointments without prior cancellation will be billed at the full fee.

Completion of reports, forms, letters, or documents is billable on a pro-rated basis at \$175.00 per hour. The fee is due on delivery of the requested material.

Contact information

I will make every reasonable effort to be available if a patient has to communicate with me between scheduled appointments. My office phone (206/682-8280) is attached to a recording device on which messages can be left. If you do leave a message, please speak slowly and clearly, making sure that you leave your name, a succinct statement of the situation prompting the call, and both daytime and evening numbers where I can call back. Always leave these numbers even though you believe that I have them.

I also carry a digital pager (206/663-3062) which will register and store numbers. After you call the pager number it will be answered by a prompt followed by a series of beeps. Enter on your phone's keypad the number you wish me to call followed by the # sign and then hang up; the pager does not register verbal messages or non-numeric entries (e.g., "texting").

My office has a fax machine whose number is the same as my office phone (206/682-8280). As soon as the phone's recorded announcement has played, enter *51 on your phone keypad, and then initiate the fax. Because of the fax machine's location, I will not be able to collect faxed messages sent outside office hours until the next workday.

Though I carry a cell phone, I use it only for making outgoing calls. I do not check for messages on it. Likewise, though I have access to a computer at home, I generally check those messages only in the evening.

I will make a reasonable effort to respond to messages within 24 hours. Since messages left on my pager sometimes are mis-entered and phone messages are sometimes indistinct or too rapid, if you have not heard back from me within 24 hours please leave another message. In this electronically-oriented era, it is easy to forget that the U.S. mail is always an option, especially for non-urgent messages.

You should be aware that phone conversations exceeding 5 minutes in length will be billed on a pro-rated basis at \$175.00 per hour. Frequent phone calls may be an indication that the frequency of office visits should be increased.

If I am absent from my practice, I will leave a message to that effect on my answering machine with information about communicating with the psychiatrist who is providing coverage for my patients.

Prescription refills

Because most of my patients are taking psychotropic prescription medication, it is important that my policies regarding prescribing are clearly understood. With the exception of Schedule II drugs, for which additional refills are not legally permitted without a new hard-copy prescription (no call-ins), I generally write prescriptions to authorize additional refills, unless there is a substantive reason not to. It is the patient's responsibility to keep track of the amount of medication remaining in the container, as well as the total number of refills available, so that running out of medication unexpectedly does not occur. It also is the patient's responsibility to secure their medication supply for reasons of both safety (e.g., child access) and theft prevention. Requests for replacement of medication, especially controlled drugs, if carelessness or ill-explained circumstances led to the loss, will necessitate a discussion focused on prevention of recurrence.

If you anticipate an impending need for new refills, it will spare both of us the possibility of "phone tag" if you ask your pharmacy to fax a request to me and provide them the appropriate faxing and prescription information.

I generally do not prescribe medications whose use is limited to non-psychiatric disorders, since prescribing outside my area of expertise could raise liability issues. However, I also recognize that special circumstances may merit flexibility on my part.

I strongly encourage patients to carry with them a list of all medications and supplements they currently take, along with dosages, and to supply a copy of the list to each provider involved in their health care. I expect patients to inform me whenever another provider prescribes or suggests a new medication or other agent, so that I can assess the potential either for interactions with the regimen I am prescribing or for adverse impact on the patient's psychiatric state.

It is my policy, when prescribing a medication which a patient hasn't previously taken, to review with them potential side-effects and interactions with other drugs. If you begin to experience what you think may represent either of these, even if you don't recall my having discussed it with you, you should notify me so that I can assess it. I strongly discourage you from making unilateral decisions about discontinuing or altering the dosing of a medication. Both can have unwanted consequences, and the fact that you may have done it in the past without a problem developing does not bestow immunity.

Confidentiality and medical record

The concept of medical confidentiality basically means that whatever is communicated by a patient to a physician in a professional context remains confidential under all but a few very specifically defined circumstances. Those circumstances include: 1) the patient signs a formal authorization for release of medical information to a named party (time-limited); 2) I obtain information in the course of treatment which indicates current abuse of a child, an elderly adult, or a physically/mentally disabled person (Washington statutes mandate reporting); 3) the patient threatens harm to self or another person, or is gravely disabled, in which case confidentiality is waived because of mandated reporting to the appropriate parties (note that threat of harm to others includes refusal to inform a sexual partner of one's HIV positive status); or 4) I am served with a court order to release a patient's records and avenues of legal recourse are exhausted.

Confidentiality also prevents my communication with a patient's spouse, family, or any other third party unless a release is signed. This extends to my even acknowledging that a patient is, in fact, my patient. This may be frustrating to those seeking information, but it is important to remember that the nature of psychiatry as a specialty often results in a psychiatrist's receiving information that is significantly different in kind, and hence more sensitive, than what is transmitted to physicians in other specialties. The optimal functioning of a therapeutic relationship in psychiatry is ultimately dependent on the patient's confidence that whatever is shared with the psychiatrist is rigorously and consistently safeguarded. All of my medical records are stored in locked file cabinets located in a locked office within a larger locked office. The door opening onto the rest of the building's fifth floor is locked at all times.

Washington law allows patients access to their medical records, and if you wish to review yours, it is my policy to do that with you during a regularly scheduled appointment. You may ask me to make corrections, and if I disagree with the corrections, you may provide a written copy of the correction(s) you requested and I will

insert it in your chart. If you wish to have a copy of all or part of your chart, I will provide it to you at the per-page charge which is specified by Washington statute and is payable at the time the copy is delivered.

Termination of treatment

You have the right to terminate treatment at any time, but I hope that if your desire to terminate were based on dissatisfaction with either our therapeutic relationship or my treatment approach, this would be discussed with me long before that point was reached. I am always receptive to feedback regarding the conduct of my practice, but I cannot respond to a complaint which remains unstated. If no resolution is reached, I will provide a list of alternative providers to whom you can transfer your care.

For my part, I would consider such issues as persistent non-adherence to an agreed-upon treatment plan, misuse of prescribed medication, repeated failure to provide me requested information (or providing false information), and recurrent missed appointments or non-payment of treatment fees in the absence of mitigating circumstances, to reflect an underlying attitude toward treatment which is devaluing or at least disengaged. A frank discussion of the situation clearly would be indicated.

Patient acknowledgement

I have read the preceding disclosure statement and I have had any questions about it answered to my satisfaction. I agree to the provisions contained herein.

Patient's signature _____

Date _____

Dr. Brinkley's signature _____

Date _____