

Dr. Eshleman Latimer, MD 

New Patient Forms

HIPPA Privacy Notice and Consent to Treat

All issues and subjects discussed in our appointments are confidential. The only absolute limits to confidentiality are if you are in imminent danger to yourself or to others. In which case, I am a mandatory reporter and will need to report that information to appropriate resources. You can request copies of your notes, labs, diagnoses, or any other information I have about you in my electronic health record, and I will provide those records for you.

If I need to speak with another provider of yours or request outside records, I may ask that you fill out a Release of Information and sign that so I can have it on record. You can decline to do so, though, if you would rather I not. If you would like someone else involved in your care or you are having someone else pay for your treatment, I will also have you fill out a Release of Information form and sign that, stating that I can talk about your care with this other person. You can place limits on what is discussed with this person in the Release of information form.

My practice is currently located at 126 Wellington Place, Cincinnati OH. I share this space with two other practices: Cincinnati Center for DBT and Hello Mental Health. Although I provide medication management services for Cincinnati Center for DBT clients, I am a separate entity and by coming directly to me for psychiatric evaluation and treatment, you are not receiving services from either Cincinnati Center for DBT nor Hello Mental Health. To receive services from either of these entities, you would need to contact them directly.

Good Faith Estimate of Appointment Costs

Initial Psychiatric Appointment: These appointments cost 300\$ and are typically around 90 minutes long. These appointments can be done via telehealth or in person at my office location. For telehealth, I use the secure online platform doxy.me. Having an initial appointment does not guarantee that we will work together. If after the initial appointment or at any point in treatment, we find that I cannot meet your needs adequately, I may refer you to another treatment setting that can better meet your needs.

Patricia Eshleman Latimer, MD
126 Wellington Avenue
Cincinnati OH 45219
513-960-6526

Dr. Eshleman Latimer, MD 

Comprehensive Follow-up Appointments: These appointments are 200\$ and are typically an hour long. These appointments can be done via telehealth or in person. During these appointments, we explore your current symptoms and how recommendations have been working for you. I also provide insight-oriented psychotherapy and may provide further medication, nutritional, and/or lifestyle recommendations.

Practice Policies:

Appointment times can be flexible, and I typically see patients on weekday evenings currently. We can also have appointments on Saturday mornings if needed though. In between appointments, you can reach out to me via text, phone call, or email, and I will respond within 1-2 business days. For text messaging and phone calls, I use the secure, HIPPA-compliant Spruce application. As part of your new patient registration, you will receive an invitation to use the Spruce application. You don't have to have the Spruce application in order to text or call me, but I cannot ensure your text messages are secure if you don't use this application. For medical emergencies, please call 911, and if you are feeling acutely suicidal, please call 988. It is not appropriate to reach out to me if you feel you are an immediate danger to yourself or others given I may not be available to respond immediately.

Phone number: 513-960-6526

Email: tricia.eshlemanlatimer@proton.me

Patricia Eshleman Latimer, MD
126 Wellington Avenue
Cincinnati OH 45219
513-960-6526

Dr. Eshleman Latimer, MD 

I am considered an out of network provider for insurance companies, so I charge patients for appointments automatically on their credit cards on the day the appointment occurs and then send you with a superbill, which is similar to a receipt, so you can apply for reimbursement through your insurance company for the services you paid for. For more information on this, please refer to the document entitled, "How to Submit a Superbill to Insurance", which can be found on my website or sent to you via email. Moving forward, appointment rates may need to be adjusted and if so, I will give you 30 days' notice before changing them.

For cancellations, I require at least 48 hours' notice. For any late cancellations or no-shows, you will be charged the full appointment fee on the day of the appointment. This fee, however, can be waived or reimbursed if we are able to reschedule the appointment within the same week.

Please note that I do not provide disability evaluations, worker's compensation evaluations, forensic evaluations, emotional support animal evaluations, or provide legal services or testimony.

By signing below, you agree that you have read the above privacy information, good faith estimate of services, and practice policies and you agree and consent to treatment.

Patricia Eshleman Latimer, MD
126 Wellington Avenue
Cincinnati OH 45219
513-960-6526

Dr. Eshleman Latimer, MD 

Telehealth Consent

Telemedicine/teletherapy involves the use of synchronous electronic communications to enable clinicians and patients/clients to work together remotely.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. For telehealth appointments, I use the secure, HIPPA-compliant doxy.me platform (doxy.me/dreshlemanlatimer).

Risks of telehealth include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

By signing this form, you attest to and understand the following:

You understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine/teletherapy, and that no information obtained in the use of telemedicine/teletherapy which identifies you will be disclosed to researchers or other entities without your consent.

You have read and understand the information provided above regarding telemedicine/teletherapy. You hereby give your informed consent for the use of telemedicine/teletherapy in your medical care, and hereby authorize your clinician to use telemedicine/teletherapy in the course of your diagnosis and treatment.

Patricia Eshleman Latimer, MD
126 Wellington Avenue
Cincinnati OH 45219
513-960-6526

Dr. Eshleman Latimer, MD 

Intake Questionnaire

Name:

Date of birth:

Gender assigned at birth:

Legal gender:

Preferred pronouns:

Address:

Phone number:

Email address:

Preferred pharmacy:

Preferred lab (if applicable):

Allergies:

What are all of the medications/supplements you are currently taking?

Medication/Supplement	Dose	Frequency
-----------------------	------	-----------

Patricia Eshleman Latimer, MD
126 Wellington Avenue
Cincinnati OH 45219
513-960-6526

Dr. Eshleman Latimer, MD 

Credit Card Authorization

Name on Card:

Credit Card Number:

Expiration Date:

CVC (last 3-4 digits on back of card):

Billing Address:

Street:

City:

State:

Zip code:

By signing below, you authorize Dr. Eshleman Latimer, MD to charge the credit card indicated in this authorization form. You understand that this authorization will remain in effect until you cancel it in writing, and you agree to notify the business in writing of any changes in your account information or termination of this authorization prior to the next billing date. This payment authorization is for the payment of appointments listed above as well as any missed appointments or late cancellations. You understand that payments are due on the day the appointment occurs and that your card will automatically be charged. You certify that you are an authorized user of this credit card and that you will not dispute the scheduled payments with your credit card company provided the transactions correspond to the terms indicated in this authorization form.

Patricia Eshleman Latimer, MD
126 Wellington Avenue
Cincinnati OH 45219
513-960-6526