



**Department of Psychiatry  
and Behavioral Sciences**  
The Johns Hopkins Hospital  
600 N. Wolfe Street | Osler 320  
Baltimore, Maryland 21287-7381  
410-955-5212 Telephone  
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## **Adult Mood Disorders Consultation Clinic**

Thank you for your interest in our consultation service. We offer a **one-time consultation** for patients suffering from depression or bipolar illness. The consultation consists of a clinical interview lasting from one and a half to three hours with one or two psychiatrists. We **strongly encourage** you to bring a family member or a close friend who can offer his or her perspective on your condition. The doctor will clarify your diagnosis and make recommendations regarding treatment. This information will be included in a report sent to your treating doctor.

The psychiatry professional fee for your one-time consultation visit will be **\$975.00** payable at the time of consultation. Our billing office will process insurance claim forms for you. Most insurance carriers will reimburse you for part of the fee for this consultation. **You are responsible for contacting your insurance company prior to the appointment** in order to obtain any necessary authorization for the appointment. Johns Hopkins contracts with different insurance companies, therefore you should personally verify your mental health benefits as they relate to Johns Hopkins' programs, in particular one-time outpatient psychiatry visits. For persons with types of insurance different from those with which we are contracted, we require payment in full at the time of visit.

Before we can set up the appointment we will need typed records summarizing your current and past psychiatric treatment. This can be a time consuming and frustrating task. If you are feeling overwhelmed, ask a friend or family member to help you. **The quality of the consultation will be greatly enhanced by having a complete set of your psychiatric records.** You may want to copy this letter and send it to your psychiatrist or hospital to clarify the type of records needed.

1. Have your treating psychiatrist and/or therapist send a **typed summary (NO handwritten progress notes)** of your treatment, which should include diagnoses, a detailed account of medications used and responses to these medications, as well as a synopsis of psychotherapy and behavioral treatments. We mainly need an outline of the medication trial and complications due to dose amount. And please ask to specify if any medications were in combinations.

Please stress to your doctor not to send notes from individual sessions. We ask for a summary to give our doctors insight about your care which may not be communicated in progress notes. Doctors and therapists will need your written permission in order to release a summary to us.



2. Have summaries sent from previous treating psychiatrists and other mental health care providers. The more information we have about your care, the more helpful we can be. We generally request records for the past 10 years. Our doctors have found this history to greatly improve the quality of the consult. It also allows our doctors to focus on the important issues at hand.
3. If you have ever been a patient in a psychiatric hospital, have copies of the physician **admission summary** and **discharge summary** faxed to us. **Please ask that the Medical Records Department NOT send daily progress notes.** Hospitals need your written consent to release records. Contact the records department of the hospital to find out if you need to sign one of their release forms or if a written note from you will suffice.
4. Please do not send us your original copies of records as we will not be able to duplicate or return them. If you would like your own copy of your records, you will need to request these from the treatment facility directly. If we receive duplicate records, these records will be shredded.
5. For insurance purposes, it is important that we know who is referring you to this office (your psychiatrist, internist, therapist, yourself, etc.). If a clinician is referring you, we must send a copy of your evaluation back to that individual and you will be asked to sign a release of information form to accomplish this task. **Please bring the clinician's mailing address with you.**
6. Because we are such a large institution, our mail may be slower. Please have your records faxed if at all possible to our FAX number 443-769-1217.

Our address is:

The Johns Hopkins Hospital  
Department of Psychiatry  
600 North Wolfe St.  
Osler 320  
Baltimore, MD 21287-7381.

Within ten days of making a request for your records, call your doctor to see if your records have been faxed or mailed to us. When you have confirmed with your doctors that all your records have been sent, then **call us to confirm that we have received them.** Once all the most pertinent records are received, the Director of our clinic will review those records to determine if this is the most appropriate clinic to meet your needs. Once final approval has been given, we can schedule an appointment. Depending on the waiting list, your appointment will occur about four weeks from the time that your pertinent records arrive. If you have any questions or concerns, please feel free to call us at (410) 955-5212.