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PRACTICE POLICIES

Hello, and welcome to my practice!

A few things about me: I am a heart-centered healer and an artist, as well as a conscientious physician. I am a *cum laude* graduate of Duke University. I have a BS in biology with a minor in art history. I completed my MD degree at the University of Michigan Medical School. My internship was in family medicine at Swedish Hospital (a U of Washington affiliated program) in Seattle, and my psychiatry residency was completed at the University of Arizona. I am board certified by the American Board of Psychiatry and Neurology. I have had professional training in herbalism, energy medicine, dance, art, meditation, astrology, and more. I am a certified yoga instructor, and I teach mixed-media healing arts classes occasionally. Generally, I practice inspired 100% natural/holistic psychiatry, though in some cases and scenarios I offer coaching, astrology, and/or healing sessions rather than psychotherapy/medicine.

I have a few policies I would like to invite us to share in our work together:

- **Time & Place:** Sessions generally last from 45 minutes to two and a half hours, depending on our unique session plans, goals, and agreements. I do most of my sessions virtually (using video conference and phone). Occasionally, in-person sessions may be possible at a home office or temporary office location. Multi-day intensive retreats can be arranged for patients/clients interested in traveling for 1:1 or group work.
- **Missed Appointments:** Please provide a minimum of 24 hours and ideally 48 hours notice for appointments you wish to cancel/reschedule so I may try to fill the slot with another patient. Rescheduling appointments is labor-intensive, especially when the practice is full, so please try to keep the original appointments you make, if at all possible. If you are unable to provide 24 hours notice I will need to bill you for the missed session. I do try to send reminder texts or emails the day or morning prior to appointments, but please do what you can to make notes/set reminders/etc. for appointments, as the ultimate responsibility for remembering rests with you.
- **Confidentiality:** Sessions are confidential with the exception being if I think you are at imminent risk to harm yourself or another person. In this case I am legally obligated to report this information. I do keep computerized (or paper) progress notes for each session. These are private and protected by law. I will do my best to inform you if an outside agency requests anything from your records (unless legally prohibited, I will inform you).
- **Payment:** Paypal, Venmo, and credit card are accepted. I do not accept insurance, but I can give you a superbill to submit to your insurance company (if you are seeing me in a medical capacity) for a percent reimbursement for out-of-network care. Some insurance companies cover phone/internet sessions; others do not. Please contact your carrier to learn more about your benefits if you would like to pursue this option. As a physician my services are generally considered tax deductible. It may also be possible to use a pre-tax health care savings account (HSA) to pay for my services.
- **Phone Calls/Email:**

MY PHONE NUMBER IS 808-635-9485.

- Please email me for most things, including scheduling/rescheduling. For URGENT issues: please text. Sometimes I am away from the phone or in a no-service area.

- My email address is **mysticmandala@gmail.com**. **I am willing to give brief comments to short/superficial email updates when I can, but please leave important/bigger content for in-person discussion. If you email and do not hear from me within about 12-24 hours, please resend. Sometimes an email is missed amongst the crowd of others in my inbox.
- **Emergencies:** Please call **911** if you feel suicidal to arrange for transport to the nearest ER. I do not manage acute/severe psychiatric issues in my practice. The ER is the right place to go for that.

Setting the frame for our work together is a very important part of the success of the experience. I consider what I do a real honor and am happy you are choosing to work with me.

By signing below you are acknowledging your receipt and understanding of these policies. You are also consenting to treatment with me as a physician or as a coach/healer. Please know that your care will now become a priority in my life, and I will consistently endeavor to make recommendations that I think are in your specific, best interest. You of course, always have the right to choose to accept or reject any individual treatment or idea I suggest. You may also leave treatment at any time you wish. This is a collaborative process, and I trust and value your wisdom, choices, and intuition every step of the way.

Signature

Date

