Blue Umbrella Psychiatry
6100 Griffin Rd. 2nd Floor
Davie, FL - 33314-4416

**2027 BUP Patient Policies, Informed Consent & Financial agreement

Practice: Eric Robbins MD LLC, doing business as Blue Umbrella Psychiatry (“BUP” or the “Practice”)

Address: 6100 Griffin Road, 2nd Floor, Davie, FL 33314

Phone: 954-341-5215

Name of Patient: *

Please review these policies carefully before beginning or continuing treatment with Blue Umbrella Psychiatry. This document explains our treatment policies, patient responsibilities, financial obligations, and consent to services.

Although titled the 2027 Patient Policies, Informed Consent & Financial Agreement, this agreement is effective October 21, 2026. It supersedes and replaces all prior versions of the Practice’s Patient Policies, Informed Consent & Financial Agreement as of the date the patient acknowledges and agrees to this updated version. Patients receiving ongoing services are expected to review and acknowledge the updated policies. Please contact our office at 954-341-5215 if you have questions.

1. CONSENT TO EVALUATION AND TREATMENT

I voluntarily request and consent to psychiatric evaluation, medication management, psychotherapy, and other appropriate behavioral health services provided by Eric Robbins MD LLC, doing business as Blue Umbrella Psychiatry, through Dr. Eric Robbins and other authorized clinicians practicing within the Practice. I understand that Dr. Robbins is a board-certified Adult, Child, and Adolescent Psychiatrist licensed in Florida. I may request information about the credentials, education, training, and experience of any clinician providing my care. I understand that no guarantees or promises have been made regarding the outcome of evaluation or treatment. Treatment results vary by individual, and no particular outcome can be guaranteed. If I am signing on behalf of a minor or another person for whom I am legally authorized to consent, I confirm that I have the legal authority to do so and agree to provide supporting documentation when requested. *

☐ I understand and consent

2. CONFIDENTIALITY, CLINICAL RECORDS, AND COLLABORATIVE CARE

BUP maintains patient information in accordance with applicable federal and Florida laws, professional standards, and the Practice's privacy policies. I understand that confidentiality is subject to legally permitted or required exceptions. Psychotherapy notes: Psychotherapy

notes, as legally defined, are maintained separately from the general medical record when applicable. These notes receive additional legal protections and generally cannot be disclosed without the specific authorization required by law, subject to applicable exceptions. Medical and psychiatric records: Medical records may include diagnoses, medications, treatment plans, progress notes, communications, and other information related to care. Authorized personnel may access relevant records as necessary for treatment, care coordination, supervision, payment, and healthcare operations, as permitted by law and applicable privacy requirements. Collaborative care and internal consultation: BUP is a collaborative behavioral health practice. Psychiatrists, psychiatric nurse practitioners, therapists, and other authorized personnel may consult with one another and review relevant records when reasonably necessary for treatment, care coordination, supervision, quality assurance, or other permitted healthcare operations. Access to patient records is limited according to job responsibilities, clinical needs, and applicable privacy requirements. Internal consultation does not authorize unrestricted access to patient information. Family members receiving care: When multiple

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members of the same family receive services at BUP, each individual is treated as a separate patient with their own confidentiality rights. Providers may coordinate care internally when appropriate for treatment, safety, and continuity of care. Information shared privately by one family member will not automatically be disclosed to another family member. Clinicians will use professional judgment and follow applicable law when determining what information may appropriately be shared. Exceptions to confidentiality: Information may be disclosed without authorization when permitted or required by law. Examples may include certain safety emergencies, legally mandated reports of suspected abuse or neglect, valid legal processes, and other legally authorized disclosures. These examples are not an exhaustive list. BUP's separate Notice of Privacy Practices describes additional information about the use and disclosure of protected health information and patient privacy rights. This agreement does not replace that notice. *

3. STUDENT AND TRAINEE PARTICIPATION

BUP may partner with Nova Southeastern University and other accredited educational institutions to provide clinical training for medical students, psychiatric mental health nurse practitioner students, counseling interns, and other qualified trainees. Students and trainees may occasionally observe or participate in appointments under appropriate supervision. Their participation is voluntary. I may decline trainee participation or ask that a trainee leave at any time, without that decision alone affecting my access to care. Trainees are expected to follow applicable confidentiality, privacy, and professional requirements. *

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4.RECORDING AND MONITORING IN DESIGNATED TREATMENT ROOMS

Audio and Video Recording BUP does not record appointments in therapy rooms unless otherwise specified and authorized through a separate consent. This includes certain therapy sessions conducted by Luciana Wimbish, for which a separate patient recording consent is obtained. Audio or video recording or monitoring may be used in designated medication-management or treatment rooms when authorized by the Practice and consistent with applicable law, required consent, and Practice procedures. Where applicable, access to recordings is limited to authorized individuals who need access for treatment, supervision, teaching, or

necessary treatment-related duties. This may include treating providers, Dr. Robbins for appropriate supervision or teaching purposes, and treatment technicians when required for their duties. Patients and accompanying individuals are not permitted to audio or video record appointments or treatment sessions using personal cell phones or other recording devices without prior written authorization from the Practice, except as otherwise required by applicable law. This includes recording or capturing a provider's voice, image, or likeness for subsequent use, reproduction, distribution, or manipulation, including through artificial intelligence or voice replication technology. BUP will apply appropriate safeguards and follow applicable policies and legal requirements concerning recording access, storage, retention, and deletion. This section does not constitute blanket consent to every recording. Any separate notice or consent required by law or Practice procedure must be obtained before the applicable recording occurs. I may ask my clinician or the Practice about recording practices and applicable options. *

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5. USE OF ARTIFICIAL INTELLIGENCE AND TRANSCRIPTION TECHNOLOGY

BUP may use secure transcription technology, including speech-to-text or AI-assisted documentation tools, to assist clinicians in preparing clinical documentation. These tools are intended to support documentation and do not replace the clinician's professional judgment or clinical decision-making. The treating provider remains responsible for reviewing and finalizing the clinical record. BUP will use appropriate safeguards for patient information and require applicable privacy and security protections from service providers, consistent with relevant law and Practice procedures. Patients who are uncomfortable with the use of these tools may discuss their concerns with their clinician and request that the tools not be used for their care. Such requests will be addressed in accordance with applicable law, clinical needs, and Practice procedures. Any separate consent required for audio recording or other technology use will be obtained when applicable. Patient information will not be used for unrelated purposes or publicly distributed through these tools except as authorized by law or appropriate authorization. *

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6.APPOINTMENTS, FOLLOW-UP, AND CHART DEACTIVATION

Patients are responsible for attending scheduled appointments and arranging follow-up visits within the timeframe recommended by their clinician. If I have not attended an appointment for approximately four months, unless a different interval is part of my documented treatment plan, BUP may contact me to arrange follow-up. If I do not schedule or attend an appointment within the applicable recall period, generally 30 days after outreach, the Practice may deactivate my chart or patient portal access. Patients returning after more than six months may be required to complete updated intake paperwork and provide current demographic, insurance, medication, and clinical information before services resume. Chart or portal deactivation is an administrative action and does not, by itself, determine whether a clinician-patient relationship has been formally terminated. If treatment is discontinued, the Practice will follow applicable professional and legal requirements concerning notice and continuity of care. Medication refills are not guaranteed solely because a patient has previously received a prescription. Refills depend on clinical review, applicable monitoring requirements, and timely follow-up.

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7. CANCELLATIONS, LATE ARRIVALS, AND NO-SHOW FEES

BUP requires at least 24 hours' notice to cancel or reschedule an

appointment. Patients may contact the office by phone or text to request a cancellation or rescheduling. The following fees may apply: Standard late cancellation: $75 when less than 24 hours' notice is provided. Standard psychiatric follow-up or therapy no-show: $150. Initial psychiatric evaluation no-show: $300. TMS, ketamine, and Breakthrough treatment late cancellation or no-show: $100. A no-show occurs when a patient misses an appointment without attending or providing timely notice. Applicable fees are separate from insurance benefits and may be billed to the patient when permitted by law, payer contracts, and applicable requirements. For appointments lasting 30 minutes or longer, arriving more than 15 minutes late may be treated as a late cancellation if the appointment cannot reasonably be completed. For appointments shorter than 30 minutes, arriving more than five minutes late may be treated as a late cancellation if the appointment cannot reasonably be completed. The applicable late-cancellation fee may then apply. Appointment reminders may be provided as a courtesy. Patients remain responsible for knowing their appointment dates and times and providing the required cancellation notice. Repeated missed appointments, late cancellations, or late arrivals may result in a discussion about attendance expectations and,

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when appropriate, changes to scheduling or discontinuation of services consistent with applicable requirements. *

8. PAYMENT, INSURANCE, AND FINANCIAL RESPONSIBILITY

Payment for services is due at the time services are rendered. Blue Umbrella Psychiatry (BUP) uses its applicable fee schedules and, when available, insurance eligibility and benefit information to estimate the patient's financial responsibility, including copayments, coinsurance, deductibles, and other applicable charges. I understand that insurance benefit estimates and eligibility verifications are not guarantees of coverage or payment. My final financial responsibility may vary depending on my insurance plan's determination, deductible status, benefits, coverage limitations, claim processing, and other applicable plan requirements. I am responsible for providing accurate and current insurance information and notifying BUP promptly of any changes. If my insurance is inactive, inaccurate, does not cover a service, or does not pay a claim for reasons for which I am financially responsible, I agree to pay the applicable charges, subject to applicable law and payer requirements. BUP requires a valid payment method to be kept on file for applicable patient-responsibility amounts and authorized fees. I

authorize BUP to charge the payment method on file for amounts I owe under the Practice's applicable fee schedules and the patient-responsibility amounts estimated using available insurance benefit information. Charges for services may be processed on the date of service or within seven (7) calendar days following the date of service. I also authorize BUP to charge the payment method on file for applicable late-cancellation and no-show fees in accordance with the Practice's cancellation, late-arrival, and no-show policies described in this agreement. These fees may be charged when incurred, subject to applicable law, payer requirements, and the terms of the applicable policy. If the insurance company processes a claim after the initial charge and determines that my actual responsibility differs from the amount collected, BUP may charge or bill any additional amount I lawfully owe or issue a credit or refund for an overpayment, as applicable, subject to applicable law and payer requirements. Any additional charge will be based on the applicable fee schedule, insurance adjudication, and the patient's resulting financial responsibility. I am responsible for maintaining current payment information and notifying BUP of any changes. I may contact the Practice with questions about a charge or to update my payment information. Any change or revocation of payment

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authorization will be handled subject to applicable obligations, charges already incurred, and applicable law. I understand that I may contact BUP before my appointment with questions about anticipated costs or my estimated insurance benefits. However, BUP cannot guarantee the final amount an insurance plan will cover or the amount the plan will assign to me. *

9. FORMS, LETTERS, AND ADMINISTRATIVE DOCUMENTATION

BUP may provide treatment verification letters, diagnostic verification letters, accommodation documentation, school or employment forms, and other administrative documents when clinically appropriate and when the clinician has sufficient information to complete them. A signed release or other legally valid authorization is required when information must be disclosed to a third party and authorization is required by law. FMLA and short-term disability forms: These forms will be considered only for established patients who have completed at least six visits with their clinician or have been under the clinician's care for at least six months, whichever comes first. Completion is not guaranteed and depends on the clinician's assessment, available documentation, and the nature of the request. Administrative documentation fees are based on the complexity of the

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request: - Tier 1: $50 for simple letters, basic treatment verification, or diagnostic verification. - Tier 2: $75 for standard forms, generally one to two pages, involving basic school or workplace requests. - Tier 3: $100 for more extensive forms, including many FMLA, disability, or leave requests, generally three to five pages or requiring more detailed clinical review. Requests that are unusually extensive or require substantial additional work may be quoted separately before completion. The Practice will advise the patient of any applicable fee. These administrative fees do not automatically apply to requests for copies of medical records, which are handled under applicable law and the Practice's records procedures. *

10. MEDICATION REFILLS AND CLINICAL MESSAGES

Medication refill requests should be submitted through the patient portal rather than directly to the pharmacy. Patients should submit requests at least five business days before their medication is expected to run out, allowing additional time for weekends and holidays. Medication refills are intended to be addressed during scheduled appointments whenever possible. Each prescribing decision requires clinical judgment and consideration of the patient's current condition, treatment response, safety, and monitoring needs. Some

medications require an appointment, laboratory testing, vital signs, prescription monitoring, or other clinical review before they can be renewed. A refill request does not guarantee approval or an immediate prescription. Patients are responsible for scheduling follow-up appointments early enough to avoid interruptions in treatment. BUP cannot guarantee that a prescription will be issued before medication runs out if the patient has not completed required follow-up or monitoring. The patient portal is the primary method for routine clinical questions and medication requests. BUP generally aims to respond to clinical messages within approximately 48 hours, excluding weekends and holidays. This is an estimated response timeframe, not a guarantee of immediate review or a substitute for an appointment. The patient portal is not intended for emergencies. For an immediate medical or psychiatric emergency, call 911 or go to the nearest emergency department. In the United States, patients experiencing a mental health crisis may also call or text 988. *

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11. IN-PERSON APPOINTMENTS AND TELEHEALTH

BUP primarily provides in-person care. Initial evaluations and first appointments are generally required to be in person unless an exception is approved by the clinical team and permitted by applicable law. Telehealth may be offered when

clinically appropriate, mutually agreed upon, and legally permitted. Patients may request in-person visits instead of telehealth, subject to scheduling availability and clinical appropriateness. I understand that telehealth has limitations, including possible technical interruptions, difficulty conducting certain assessments remotely, and limitations in responding to emergencies when the clinician and patient are in different locations. I agree to provide accurate information about my location and contact information during telehealth appointments and to cooperate with reasonable safety procedures. BUP uses designated technology platforms for telehealth and takes reasonable steps to protect patient information. However, electronic communications and telehealth may carry privacy or technical risks. BUP cannot guarantee uninterrupted technology or eliminate every possible risk associated with electronic communications. Patients prescribed controlled substances are generally required by BUP policy to have an in-person appointment at least once every three months, subject to applicable law and any stricter clinical or regulatory requirements. Additional appointments or monitoring may be required depending on the medication and the patient’s clinical circumstances. *

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12. CONSENT FOR TREATMENT OF MINORS AND AUTHORIZED REPRESENTATIVES

For patients under 18 years of age, BUP requires consent from both parents when required by applicable law and custody circumstances. The parent arranging the appointment must provide contact information for the other parent so that consent can be obtained when required. If one parent has sole legal authority to make healthcare decisions, the Practice must receive supporting legal documentation, which will be maintained in the patient's record. Other legal circumstances affecting consent or access to information must be disclosed to the Practice and supported by appropriate documentation. Parents, guardians, and other representatives must establish their legal authority when requested. The authority to consent to treatment or access records may depend on applicable law, custody orders, the type of service, and the circumstances. A minor's confidentiality rights may differ from those of an adult. BUP will handle confidentiality and disclosure in accordance with applicable law and professional obligations. Separate minor-specific consent forms or additional documentation may be required before treatment begins. *

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13. PATIENT PORTAL AND ELECTRONIC COMMUNICATIONS

Patients are expected to register for and use the patient portal provided by BUP for routine clinical communications, medication requests, forms, and other available services. Patients are responsible for maintaining current contact information, protecting their portal login credentials, and notifying the Practice if they suspect unauthorized access to their account. Electronic communications may carry privacy or security risks. Patients should use Practice-approved communication channels for clinical information and avoid sending urgent or emergency requests through routine messaging systems. BUP generally aims to respond to routine clinical messages within approximately 48 hours, excluding weekends and holidays, but response times may vary. Portal messaging does not replace scheduled appointments or emergency services. *

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14.PATIENT RESPONSIBILITIES, CONDUCT, AND DISCONTINUATION OF SERVICES

Patients are expected to: - Provide accurate and complete information about medical history, medications, symptoms, insurance, and other matters relevant to care. - Participate in treatment planning and follow clinically appropriate monitoring and follow-up recommendations. - Attend appointments or provide the required cancellation notice. - Communicate respectfully with clinicians and staff. -

Keep contact and insurance information current. - Complete required forms and provide requested documentation in a timely manner. - Use the patient portal and other Practice communication channels appropriately. BUP seeks to maintain a respectful and safe environment. Threatening, abusive, harassing, aggressive, or persistently disruptive conduct toward clinicians, staff, or other patients may result in restrictions or discontinuation of services. Services may also be limited or discontinued when clinically or operationally appropriate, including repeated missed appointments, persistent failure to complete required monitoring, material dishonesty, inability to establish an appropriate therapeutic relationship, financial issues as permitted by law, or a determination that a higher level of care is necessary. When treatment is discontinued, BUP will follow applicable legal and professional requirements concerning notice, transition planning, emergency guidance, and continuity of care. Patients may be referred to another provider or a higher level of care when appropriate. *

☐ I understand and consent

15.ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge and agree that:

I have had the opportunity to read these Patient Policies, Informed Consent & Financial Agreement, ask questions, and request clarification.

I consent to evaluation and treatment by authorized clinicians at Blue Umbrella Psychiatry, subject to the terms of this agreement and applicable law.

I understand that treatment outcomes cannot be guaranteed.

I understand BUP's confidentiality practices, collaborative care model, and the distinction between psychotherapy notes and general medical records.

I understand that students or trainees may participate in appointments under supervision and that I may decline their participation.

I understand the Practice's recording and monitoring policies and that separate consent may be required for certain recordings.

I understand that BUP may use secure AI-assisted transcription or documentation tools as described above and that I may raise concerns or request nonuse in accordance with applicable law and Practice procedures.

I understand the appointment, follow-up, chart deactivation, cancellation, late-arrival, and no-show policies.

I authorize BUP to charge my payment method on file for applicable patient-responsibility amounts and authorized fees, including applicable late-cancellation and no-show fees, as described in this agreement.

I understand the administrative documentation fee schedule and the eligibility requirements for FMLA and short-term disability forms.

I understand medication refill expectations, the need for timely follow-up, and the limitations of routine portal messaging.

I understand BUP's in-person and telehealth policies, including the Practice's in-person follow-up policy for patients prescribed controlled substances.

If I am signing for a minor or another person, I confirm that I have the legal authority to provide consent and will provide supporting documentation when required.

I understand that this agreement is separate from the Practice's Notice of Privacy Practices and any additional service-specific consent forms that may be required.

I understand that I may ask the Practice questions about these policies before signing.

I acknowledge that I have received or been provided access to the separate Notice of Privacy Practices. My signature confirms my acknowledgment of the policies and consent described in this agreement. Nothing in this agreement is intended to waive any rights provided by applicable law.

Please submit your digital signature below.

PATIENT SIGNATURE *

Name of Guardian (if applicable):

Today's date: *