

## Office and Practice Policies

This document is to familiarize you with our office and practice policies. Please read them carefully and if you have any questions, discuss them with your provider. Your signature at on the Authorizations and Informed Consent document signifies that you have read, understand, and agree to abide by these policies and that you have received a copy for your records.

**Appointments:** Initial appointments are 60 minutes. Follow-up appointments are 30 minutes. Please arrive on time as late arrival may require that your appointment be rescheduled. Please give at least 24 hours notice if you need to cancel or reschedule an appointment. If an appointment is missed or cancelled within 24 hours you will be charged a fee of \$75.00. If you “No Show” and do not contact our office to reschedule your appointment within 30 days of your missed appointment this will be considered as termination of services by you, the patient, therefore refills will not be provided.

**Billing:** Payment in full is due at the time that services are rendered. If you have a balance due on your account, payment will need to be paid in full by the end of the month, unless other arrangements have been made with our office. Refusal to arrange payments or to pay in full as services are provided will result in suspension of services until the bill is paid in full and/or termination of services. Your account may be turned over to an attorney or to a collection agency for collection and you will be held responsible for any legal or collection costs.

**Children:** We are unable to provide supervision for any children that may accompany you to your appointment. Children may not be left unattended in the waiting area. Discussions with your provider are often sensitive in nature, so please make sure to arrange for child care if necessary.

**Communication:** We check our messages daily and attempt to return calls within 24 hours. We are unable to accept or return telephone messages to anyone not covered on the Authorization to Use/Disclose Protected Health Information form. Please sign a release ahead of time if you would like friends, family, other providers or significant others to be able to communicate about your service or care.

**Confidentiality and Release of Information:** Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. The only exceptions are: 1) Cases where your provider believes the client presents a clear and imminent danger to him/herself or to another person, 2) Cases where a court subpoenas your provider to testify or subpoenas his/her records, 3) Cases where an insurance company is helping to pay the fee and requires information about diagnosis and/or reports about treatment, 4) Cases where an emergent decision needs to be made in the absence of consent but where clinical information is needed to make this decision.

**E-mail:** We go to every effort to keep your confidentiality secure. We recommend using phone communication for your confidential personal issues rather than e-mail. E-mail is not a guaranteed confidential means of

communication. If you use e-mail to communicate health needs they must be of a non-urgent medication or appointment change need. We are not always connected to our e-mail and may not check it daily. Urgent needs must be handled over the phone including suicidal ideation, medications, side effects, prescriptions, etc.

**Emergencies:** In case of a life-threatening emergency call 911 or go to the nearest emergency room. To reach your nearest mental health crisis line, please call:

<b>Jackson County</b>	(541) 774-8201	<b>Josephine County</b>	(541) 474-5360
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Other mental health/community crisis numbers for those receiving telehealth services:

<b>Baker County</b>	(541) 519-7126	<b>Lane County</b>	(541) 687-4000
<b>Benton County</b>	1(888) 232-7192	<b>Lincoln County</b>	1(866) 266-0288
<b>Clackamas County</b>	(503) 655-8585	<b>Linn County</b>	(541) 967-3866
<b>Clastop County</b>	(503) 325-5724	<b>Malheur County</b>	(541) 889-9167
<b>Columbia County</b>	(503) 397-5211	<b>Marion County</b>	(503) 585-4949
<b>Coos County</b>	(541) 751-2550	<b>Morrow County</b>	911
<b>Crook County</b>	(541) 323-5330	<b>Multnomah County</b>	(503) 988-4888
<b>Curry County</b>	1(877) 519-9322	<b>Polk County</b>	(503) 581-5535
<b>Deschutes County</b>	(541) 322-7500	<b>Sherman County</b>	1(888) 877-9147
<b>Douglas County</b>	1(800) 866-9780	<b>Tillamook County</b>	(503) 842-8201
<b>Gilliam County</b>	911	<b>Umatilla County</b>	1(866) 343-4473
<b>Grant County</b>	911	<b>Union County</b>	(541) 962-8800
<b>Harney County</b>	(541) 573-8376	<b>Wallowa County</b>	(541) 426-3111
<b>Hood River County</b>	1(888) 877-9147	<b>Wasco County</b>	(541) 296-6307
<b>Jefferson County</b>	(541) 475-6575	<b>Washington County</b>	(503) 81-9111
<b>Klamath County</b>	(541) 883-1030	<b>Wheeler County</b>	911
<b>Lake County</b>	(541) 947-6021	<b>Yamhill County</b>	1(800) 560-5535

**National Suicide Prevention LifeLine**

1-800-273-TALK (1-800-273-8255)

**Fees:** There is no charge when you call or leave a message. However, calls that require more than 10 minutes to complete may be billed \$50.00 per fifteen minutes. Reports for insurance companies, disability insurance, and work related reports are billed at the hourly rate of \$150.00 per hour. We encourage clients to make an appointment so you and your provider can write the report together. The fee for non-sufficient funds (NSF) is \$30.00. After a second NSF check you must pay for future appointments with cash, money order or credit card.

**HIPAA Privacy Notice:** We are committed to preserving the privacy of your personal health information. Additionally, we are required by Federal Law (Health Insurance Portability and Accountability Act, known as HIPAA) and by State Law to protect the privacy of your personal information and to give you a Notice that describes (a) how clinical information about you may be used and disclosed and (b) how you can get access to this information. A copy of the HIPAA Privacy Notice is included in this packet for your records.

**Insurance:** You are responsible to check with your insurance company regarding your coverage and to track this coverage as your treatment progresses. Some things to keep in mind are: Are you currently covered? What is your annual deductible? What is your percent of coverage? What is the maximum benefit for outpatient mental health coverage? What coverage is available for out-of-network services? We are currently out-of-network for most insurance plans but will provide an itemized bill that you may submit to your insurance company for reimbursement based on your available benefits.

**Medication Management and Safety:** All medication has potential to cause side effects as well as interact with other prescriptions/over-the-counter medications or herbal remedies. However, there is no way of testing what effects a medication will have on a specific person. Please be advised that medication used in psychiatry are often prescribed “off-label” meaning they are used to treat/manage symptoms other than what the FDA originally approved them for. This will be discussed during treatment planning and risks and benefits and alternative will be discussed before setting a treatment plan. It is important to let your provider know about changes in your medications including prescription, herbal, and over-the-counter.

**Payment:** We currently accept cash, checks, Visa, Mastercard, Discover, and American Express. The fee for an NSF check is \$30.00. Please contact us for payment arrangements on any outstanding balance. In the event that your account must be referred to a third party for collection, you agree to pay all reasonable collection and/or attorney fees, as well as court costs incurred.

**Prescriptions and Refills:** Prescriptions will be written only during scheduled appointments. You are responsible for rescheduling in a timely manner. If you are unable to keep an appointment and are running low on your medication, contact your pharmacy and ask them to fax a refill request to (541) 816-4600. You must have a timely follow up appointment scheduled and a quantity of medication may be provided until that time. Refill requests will be handled during our regular business hours and are not considered an emergency. Allow three business days to process. Any medication changes will also be addressed during your appointment. Controlled substances must be on a paper prescription and will only be provided during scheduled appointments.

**Services Not Provided:** We do not provide court evaluations or court testimony as it may seriously undermine the therapeutic relationship. Inform us immediately if you are currently involved or plan to be involved in legal proceedings. By entering into treatment with us, you are agreeing not to involve Aspire Mental Health and Wellness LLC and its providers in legal/ court proceedings including child custody, workers compensation claims, or criminal cases. Our providers are not trained in and do not provide forensic (court) evaluations. Due to the office environment, we are unable to provide treatment for sex offenders, persons with impulse control disorders, or persons with violent criminal histories. Our providers also reserve the right to refer you to a more appropriate provider if you need more intensive services than they can provide.

In the event that we are subpoenaed, we will make every attempt to protect your confidentiality, but as outlined in the Office and Practice Policies above, be advised that there may be limitations. Please note that we will charge for our testimony, including travel time, wait time, copies of records, and preparation/consultation time. ***We will charge current legal rate as well as expenses incurred in copying and sending records. You will be responsible for these fees as they are not covered by insurance companies.***