

# Office Policies, Informed Consent for Treatment, and Protecting the Privacy of Your Health Record

**Welcome to my office!** Below is some information you may wish to read before your first appointment. Included are materials relating to the privacy of your health records. Please let me know if you have any questions.

## About Northwest Psychological Resources, L.L.C.

I am a credentialed and independent mental health professional. I am fully and individually responsible for the care and services I provide. NWPR is not a group practice, but rather a corporation providing administrative services to a consortium of individual providers, each in private practice. I have a contract with NWPR providing me with basic services (i.e., answering phones, billing insurance companies, etc.). This way, I am able to share such costs with other providers while having more time to concentrate on providing the highest quality services. I do not share information about you with other clinicians contracting with NWPR.

***You should consider yourself my private client, not a client of NWPR or any other clinician associated with NWPR.***

## Fees

Because each clinician at NWPR is independent, fees are set according to their own rate schedules. Please refer to the information provided about me for information regarding my fee structure.

## Billing and Insurance Coverage

I prefer payment at the time of service. All needed paperwork is supplied to you to assist in filing claims with your insurer. Since not all individuals can afford this option, I offer the alternative of paying only the anticipated amount of your co-payment each time. I will bill your insurance for the rest. Hardship exceptions to this policy are granted on an individual basis. If an insurance payment to us results in a credit balance, you will receive a refund check. Many health insurance contracts provide coverage for psychological services. Final responsibility for payment, however, lies with you, not with NWPR or the insurance company.

As a service to you, I will be happy to fill out and submit a claim to your insurance company. To ensure prompt billing, you will need to provide us with the following information:

- Your insurance company's name and address
- The name, policy number, and birth date of the subscriber
- The amount of your deductible for mental health services
- The percentage they will pay for each mental health visit
- The amount of co-payment you are expected to pay each visit
- Whether or not they cover marital or family therapy

For your records, you can expect to receive a statement by mail around the first week of each month. This will list all services, charges, and payments recorded during the previous month. It will list a personal balance (what you are expected to pay out of pocket). I ask that you return payment of any personal balance within 14 days of receiving your statement. A service charge may be added to all balances carried 60 days or longer.

My billing staff will do their best to provide you with an accurate statement of your account. Please be aware, however, that insurance billing is a very complex and often unpredictable process. Each company has different policies and procedures, and your coverage may involve certain co-pay percentages, discounting procedures, unusual fee structures, or deductibles about which you or our billing staff might not be aware when first setting up your account. Our commitment to accuracy may mean having to revise your statement once your insurance actually begins to pay (usually 3-6 weeks after your first appointment). We will do our best to let you know if changes are made. In turn, we ask your patience, and suggest you contact your insurance company directly to obtain the most accurate information about your coverage.

## Missed Appointments and Late Cancellations

Most mental health professionals reserve large blocks of time exclusively for one person or family. It is my policy to charge for missed appointments. Insurance companies will not ordinarily reimburse for missed appointments. Appointments may be canceled without charge up to 24 hours before the appointment time. If you call later than the 24-hour deadline or do not show for your appointment, you will be billed for the missed session.

Fortunately, our 24-hour phone coverage can allow you to cancel an appointment at any time (including weekends and holidays) simply by calling the office number:

**(360) 414-8600**  
**or toll free**  
**(888) 313-8600**

## When You Call My Office

You will be greeted by our automated answering system, and be given options of speaking to a receptionist by pressing "0," or leaving a message directly on my phone extension. A member of my staff usually available to take your call during normal business hours (8:30 AM to 4:30 PM). If the office staff is unavailable, calls are automatically transferred to confidential voice mail or a 24-hour professional answering service that will take messages and relay them to me. Urgent calls are forwarded immediately.

In a life-threatening emergency, I encourage you first to call 911 for immediate assistance. You may also wish to contact the emergency staff at Lower Columbia Mental Health at **425-6064**, who can quickly determine what type of services might be needed for someone in crisis, including possible hospitalization.



## Informed Consent for Treatment

You have certain rights and responsibilities when consulting a mental health professional. Some of these are listed below:

### 1. *The Right to Refuse and End Treatment*

Any adult has the right to refuse any therapy at any time. For children, this right belongs to the parents. Of course, if you are unhappy or have any questions about your treatment, please speak to me about it. In any case, it is your right to stop seeing me without discussion if you so desire. You can also end treatment at any time. I suggest you try to schedule at least one last session to review your progress, continued needs, and future recommendations.

### 2. *The Right to Choose the Best Treatment Provider*

There are many different professionals who offer mental health services, and many different ways of working with human problems. No professional can offer the best treatment for every type of problem. It is your right and responsibility to choose the one that best fits your needs. If we are not a good match, I encourage you to talk to me about it and we will either revise your treatment plan or refer you to someone who may be better suited to your needs.

### 3. *The Right to Privacy*

This issue is dealt with extensively in the attached Privacy Notice. State law guarantees confidentiality between counselors and their clients. This means that whatever you tell me is private, and I make every attempt to protect information about you from possible misuse. In many cases, your written permission is required before I can release records. However, there are a few exceptions not covered in the attached privacy notice about which you should know:

Insurance Companies. If you choose to use insurance to cover your treatment costs, you will need to sign a release giving your insurance company the right to know certain things about you. This information includes a diagnosis, type of treatment, dates, and sometimes a justification for treatment. While most insurance companies keep medical information confidential, I cannot guarantee confidentiality once

information leaves this office. If the insurance company asks for more detailed information than usual, I will speak to you about it and let you decide what you want them to know. However, if you choose not to provide them with information, you may be assuming financial responsibility for treatment costs yourself.

Evaluations. If you see me for a psychological evaluation at the request of another professional, it is customary to give that professional a report of the findings. Physicians, attorneys, court officials, or government caseworkers are often among those who request such a report. Court-ordered evaluations must be released to the court and are not confidential. Although you may be entitled to a summary of the test findings, you may not be entitled to receive a copy of the report.

Lawsuits. You need to be aware that if you decide to sue someone for a personal injury that is the focus of your treatment, you may be signing away your right to confidentiality. The defendant may be able to gain access to your treatment records to help in their defense.

Collection Problems. I make every effort to resolve overdue accounts with friendly reminders and phone calls. When this fails, I refer delinquent accounts to a professional collection agency. While they can't see treatment records, they will need to know a client's name, dates of service, and amount due.



## IMPORTANT PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW  
PSYCHOLOGICAL AND MEDICAL  
INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.  
*PLEASE REVIEW IT CAREFULLY.*

### ***I. Uses and Disclosures for Treatment, Payment, and Health Care Operations***

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

***“PHI”*** refers to information in your health record that could identify you.

***“Treatment”*** is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health professional.

***“Payment”*** is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage

***“Health Care Operations”*** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

***“Use”*** applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

***“Disclosure”*** applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures.

If I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint,

or family counseling session. I keep these separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already acted in reliance on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

Adult and Domestic Abuse: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.

Health Oversight: If the Washington State Department of Health subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed mental health professionals, I must comply with its orders. This could include disclosing your relevant mental health information.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not

release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

Worker's Compensation: If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

### **IV. Patient's Rights and Mental Health Professional's Duties**

#### **Patient's Rights:**

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you can ask that I send bills to an address other than your home).

Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There may be a fee for copying this information. I may deny your access to

PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization as described in Section III of this Notice. On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

**Mental Health Professional’s Duties:**

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. However, unless I notify you of such changes, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you a revised copy, or post it on the following website:

**www.nwpsych.com**

**V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, I encourage you to discuss it with me directly to understand my decision and to negotiate a solution. You may also contact the Washington State Department of Health to discuss the matter and/or file a complaint. For Psychologists,

contact the Examining Board of Psychology at (360) 236-4928. For Counselors and Social Workers, this number is (360) 753-1761. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. My office will provide you with the appropriate addresses upon request.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice is effective April 14, 2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by giving or mailing you a revised copy, and/or posting it on the following website: **www.nwpsych.com**

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**Please read and sign the following.** Bring this page to your first appointment along with your other intake materials. I will also sign below, and place a copy in your file for safekeeping.

**I certify that I have received a copy of “Office Policies, Informed Consent for Treatment, and Protecting the Privacy of Your Health Record.”**

\_\_\_\_\_  
Printed Name of Patient or Legal Guardian

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

**I certify that I have given a copy of “Office Policies, Informed Consent for Treatment, and Protecting the Privacy of Your Health” to the above person.**

\_\_\_\_\_  
Signature of Clinician

\_\_\_\_\_  
Date