



## OFFICE POLICY STATEMENT

### Confidentiality

Information related to your seeking and receiving services will remain confidential. Information will not be disclosed without your written consent. There are a few exceptions:

- When there is reason to believe you may be in danger of harming either yourself or another person.
- When there is reasonable cause to believe abuse or neglect of a child, elder or someone with disabilities has occurred.
- When a court order is received.
- When required for insurance billing purposes, when you have given permission to bill that insurance for services.
- When an emergency situation requires sharing of information.
- Other situations required by law.

### Confidentiality and Treatment of Children and Adolescents

Those individuals under the age of 14 and who are not emancipated are required by law to have a parent/guardian consent for treatment. Treatment records may be reviewed by the parent/guardian. Lifespan Psychiatric Consulting, LLC operates under the belief that privacy of patients is of utmost importance and will be maintained except in those instances listed above and for any necessary communication with parent/guardian for treatment planning. Families play a vital role in the recovery process and as such parent/guardian participation in treatment of minors is very important and in most circumstances is required for effective treatment. Oregon law allows clients 14 years and older to consent to their own mental health treatment by a nurse practitioner but requires the nurse practitioner to involve the parents prior to the ending of treatment except in rare instances.

### Client Participation/Rights

Treatment will only be effective if the client is engaged and actively involved; this includes family members of children and adolescents seeking treatment. It is important to ask questions about treatment if you are unclear about any aspect of treatment goals or plans. This office is compliant with federal privacy laws and you will be provided with a document outlining your rights under these laws.

### Telephone Calls and Emergency/Urgent Services

We can be reached during scheduled business hours. Generally your non-urgent calls will be returned within two business days. Unless otherwise stated on outgoing voicemail message, we check voicemail at least once per day and attempt to return all calls within 24 hours of receipt of voicemail. We do not carry a 24-hour pager. During weekend hours and when out of town you will be directed to covering provider(s) who will be assisting with URGENT matters only.

In the case of emergency, call 911 or go to the nearest emergency department. In the event of a crisis in which you need assistance before we are able to return you call you may also contact:

Phone 503.491.5896  
Fax 888.972.9783  
Web LifespanPsychiatric.com

Office 320 N. Main Ave  
Suite #209  
Gresham, OR 97030



- Multnomah County Crisis Line 503-988-4888
- Clackamas County Crisis Line 503-655-8401
- Clark County Crisis Line 503-696-9560
- Washington County Crisis Line: 503-291-9111
- Marion County Crisis Line: 503-585-4949
- Poison Control 503-494-8968 or 800-452-7165
- Alcohol and Drug Help Line 503-244-1312 or 1-800-923-HELP
- Portland Women's Crisis Line (Domestic Violence): 503-235-5533
- Rape Crisis Center: 503-640-5311
- Cascadia Urgent Walk-in Clinic at 2415 SE 43<sup>rd</sup> Ave 7am-10:30pm
- Additional crisis assistance may be found at:

[http://www.co.multnomah.or.us/dchs/dv/dvman\\_crisistb.shtml](http://www.co.multnomah.or.us/dchs/dv/dvman_crisistb.shtml)

If you are hospitalized, please attempt to call your provider within 12 hours or have the hospital call so we can coordinate your care.

### **Medication Management**

All medication has potential to cause side effects as well as interact with other prescription/over-the-counter medications or herbal remedies. However, there is no way of predicting all the potential effects a medication may have on a specific individual. Please be advised that medications used in psychiatry are often prescribed "off-label." This means that such medication may be used to treat/manage symptoms other than those for which, the FDA originally approved it. This will be discussed during treatment planning. Potential risks, benefits and alternatives will be discussed prior to setting a treatment plan. It is important to update all providers about changes in your medications including prescription, herbal and over-the-counter medications.

### **Prescription Refills**

Prescription refills will be available at your regularly scheduled appointments. Please ensure that you attend appointments to receive them. A prescription refill is not an emergency and requests by phone should be infrequent. ***Please allow one week for refill.***

### **Fee Schedule**

Available by request.

### **Payment**

As a courtesy we bill all insurances. Payment in full (or copay/coinsurance) is due at time of service. We accept checks, cash and major credit cards except American Express. Payment of any outstanding balance must be made within 60 days or by other arrangement with Lifespan Psychiatric Consulting, LLC. Outstanding balances older than 90 days may be subject to a collections agency. Failure to make payments may result in discontinuation of services.

It is advisable to call your insurance carrier to find out details of your insurance benefits, including pre-authorization if needed. Most plans limit the services for which they will pay. If you request or agree to a service for which your insurance company or its agent later denies payment, then you assume responsibility for paying the entire balance. Insurance companies often request

Phone  
Fax  
Web

503.491.5896  
888.972.9783  
LifespanPsychiatric.com

Office

320 N. Main Ave  
Suite #209  
Gresham, OR 97030



treatment information, which would require release of confidential treatment information before payment is made.

### **Treatment/Length of Treatment**

We approach psychiatric/mental health care as a collaborative process. We work with you and, if you desire, your other providers to create a plan for treatment and recovery. If you are ever unclear about the goals you establish with your provider or about any other aspects of your treatment please ask your provider. Individuals in therapy often are seen weekly or bi-weekly. Medication appointments begin with appointments weekly and/or semi-monthly and after stabilization will decrease in frequency to monthly or every other month or as mutually agreed upon with your provider. Length of time recommended for use of medication is based on an individual's symptoms and history of symptoms, response to medication and the individual's desire to continue medication. We strongly suggest individuals who are receiving medication be in therapy as well either by your prescribing provider or another therapist. Discontinuation of treatment may occur when goals have been met, by mutual agreement that another provider may be of better assistance, or when deemed necessary by your provider. Generally we will discuss ending treatment with you well in advance.

### **Missed Appointments or Late Cancellations**

It is the policy of Lifespan Psychiatric Consulting to charge for missed appointments or cancellations with less than 24 hours notice. It is the responsibility of the patient / guarantor to notify the provider no less than 24 hours in advance of any non-emergency cancellations. Emergency cancellations are at the discretion of the provider, but do not include transportation issues, minor illnesses, vacations, ineffective appointment tracking, etc. Failure to provide greater than 24-hour notice will result in a late cancellation fee of **\$75.00**. Appointment no-shows without prior notice will be charged a no-show fee of **\$125.00**. Please note that insurance companies do not typically pay these cost and it will be the sole responsibility of the patient / guarantor.

### **Termination of Treatment**

Please let your provider know if you are considering discontinuing treatment. Should you not schedule an appointment for a period of 45 days and make no arrangement with your provider in writing, you may no longer be considered in active treatment. If you "no show" or "late cancel" for two consecutive appointments, "no show"/"late cancel" for one appointment without rescheduling within thirty days, or you are otherwise not engaged in treatment, you will be considered to have terminated treatment. When treatment is terminated for any reason and you wish to re-engage treatment with a provider at Lifespan Psychiatric Consulting, LLC, we will discuss with you options at that time depending on availability and any other pertinent factors.

### **Court Testimony**

Please be aware and understand that Lifespan Psychiatric Consulting, LLC does not wish to be party to any legal proceedings against current or former patients, or their parents. By entering into treatment with us you are agreeing to not involve us in legal/court proceedings or attempt to obtain records for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. Having this expectation reduces the chance that treatment will be misused for legal objectives. If you are involved in, or anticipate being involved in legal or court proceedings, please notify us as soon as possible. It is important

Phone 503.491.5896  
Fax 888.972.9783  
Web LifespanPsychiatric.com

Office 320 N. Main Ave  
Suite #209  
Gresham, OR 97030



for us to understand how, if at all, your involvement in these proceedings might affect our work together. Also, entering into treatment for therapy is not the same as a forensic or custody evaluation. In the event that you need such an evaluation, we would be willing to assist you in finding a provider that offers this service.

In the event that we are subpoenaed, we will make every attempt to protect your confidentiality, but as outlined in the Office Policy Statement, be advised that there may be limitations. Please note that we will charge for my 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 insurance companies will not pay for this.***

### **Grievance procedures**

If you have a complaint or concern about your treatment, we encourage you to discuss this with your provider so s/he can address your concerns. Lifespan Psychiatric Consulting, LLC also has a grievance procedure that you should feel free to use. Grievance forms are available upon request. In the event this is not satisfactory you may also speak to your insurance company or contact the Oregon State Board of Nursing.

Phone  
Fax  
Web

503.491.5896  
888.972.9783  
LifespanPsychiatric.com

Office

320 N. Main Ave  
Suite #209  
Gresham, OR 97030