

Jennifer Combs MN, PMHNP-BC
Psychiatric Mental Health Nurse Practitioner

Professional Disclosure & Privacy Statement, & Consent to Treatment

Confidentiality - All information and records obtained in the course of treatment shall be kept confidential. It will not be made public unless written consent has been obtained from you prior to disclosure, except through legitimate court order requiring disclosure or under applicable law requiring disclosure. Oregon law requires some **exceptions** to absolute confidentiality: 1. If I am subpoenaed to testify in court and there is an appropriate court order, I may have to provide information without your permission. 2. If you disclose to me that you intend to or have already harmed a child or an elder by neglect or abuse, state law requires that I notify the police. 3. If you intend to harm yourself or another person, I am required to report this to the appropriate people, i.e. the police, and the person you intend to harm. 4. When a medical emergency exists, I am required to share pertinent information. 5. Occasionally, I seek consultation to obtain another's expert opinion, (mostly for challenging medication issues). The utmost consideration will be taken to protect your privacy, it's never necessary to use your name. I also utilize a colleague to take call if I have a personal emergency or if I am on vacation. 6. When required for insurance billing.

Client Rights 1. Every client will be treated with dignity and respect. 2. Services will not be denied to any client on the basis of race, color, creed, gender, sexual orientation, national origin, religion, duration of residence, or any kind of disability. 3. Every client will receive appropriate care and treatment, using an individualized treatment plan, employing accepted methods and approaches most appropriate for specific problems and needs identified. 4. Every client is expected to actively participate in the development or modification of one's treatment plan. 5. Every client will be informed of any alternative treatment methods available, if any. 6. Every client will be informed of risks, if any, associated with the treatment to be undertaken. 7. Every client can refuse proposed treatment, which the client does not wish to receive. 8. Every client can have access to my documentation in your record.

*Patient initials _____

9. Every client can submit a grievance if there is reason to believe any of these rights have been violated. I encourage you to share your thoughts and concerns with me directly so that we can problem solve the issue but, if you are not comfortable doing so, you may call Oregon State Board of Nursing to share your concerns.

Client Responsibilities 1. Every client is expected to be actively involved in treatment goals and share periodic reviews with me to assure each other of productivity and that we are working toward desired outcomes. 2. Clients are expected to arrive for appointments on time, free of alcohol and/or unprescribed psychoactive drugs. 3. Clients are to assume control of all payments to the provider at the time of services. 4. Clients are to assume responsibility for cancellation policy explained below.

Tardiness Every client is expected to arrive on time. It is recommended that arrival time is 10-15 minutes before the appointment in case there is paperwork to complete. In a situation where the client is late for the appointment, it may be that the appointment will be canceled by the provider. In some cases being 5-10 minutes late may be accepted. However, arriving 15 minutes late or more will usually result in the appointment being canceled with a fee, as this will be considered a no-show. See cancellation policy below. This provider will make every effort to also follow these guidelines. However, there may be cases of client emergencies or unique mental health situations that may cause provider tardiness. I will, however, make every effort to minimize these situations.

Length of Treatment - Duration of treatment varies depending on the nature of the treatment and individual client needs. The frequency of medication management appointments usually varies depending on how you respond to and tolerate the medication. Typically, we will have fairly frequent appointments for the first 1-4 months. Once you are stable on your medication and have reached therapeutic benefit, and depending on what medication you take, appointments will be quarterly to once every 6 months unless we believe you should see me more frequently. Alternatively, medications may be moved back to your PCP if appropriate.

*Patient initials_____

Financial Policies, Fees and Payment Schedules - Payment is due at the time of your appointment. Standard fees are as follows:

~ Diagnostic intake assessment & medication evaluation 1 1/2-2 hours, \$345.00-\$445.00

~ Medication follow-up, 20-52 minutes, \$155.00 - \$305.00

There will be \$50 fee for up to 15 minutes for services that require additional time outside of a scheduled appointment for which insurance will not be billed. These services include, but are not limited to, completing a variety of forms. Legal and excessively time consuming medically unnecessary work will be charged at my regular hourly rate. I do not fill out disability/SSI paperwork for clients.

***Telephone Consultations** - Consultation by telephone will not be charged to the client if the call is less than 10 minutes. If 10 minutes or greater, the client will be charged their regular (prorated) hourly rate.

Voice Messages - I generally return non-emergent calls within 24-48 hours during the weekdays. In some cases, this may be longer. I do not return calls on weekends or holidays unless you are in a crisis related to medication that I have prescribed.

***Email Communication** - Email is often a convenient way to set up appointments or answer simple/quick medication related questions. If time consuming responses are required, you will be asked to schedule an appt. so we can address your questions/concerns appropriately. I do not return emails after hours, on weekends, or holidays.

Texting - I do **not** use texting as a form of communication with clients. If you are running late for an appointment and need to let me know quickly, then a text is acceptable. Otherwise, you need to utilize email or voicemail for communication.

Emergencies - I will do my very best to return emergent calls in a timely manner. Depending on my schedule, my response time can vary from within minutes up to hours. Unfortunately, I cannot offer immediate 24 hour call availability. If you need immediate assistance, you need to utilize one of the following resources: *Cascadia Urgent Walk-in Clinic / open 7 days/week from 7am - 10:30pm / 4212 SE Division St. *Unity Center Hospital for Behavior Health / open 24 hrs/day / 1225 NE 2nd Ave. *Multnomah County Mental Health 24hr Crisis Line - 503.988.4888 *Your local hospital emergency department or 911

*Patient initials _____

Out-of-Town Coverage When I am out of town, I will arrange to have a colleague take any necessary calls for me. This person maintains the same confidentiality as I do, described in preceding paragraphs. I will provide the name and phone number of that person prior to leaving town on both my voicemail greeting and my email auto-reply.

***Medication Refill Policy** - Please be mindful that medication refill requests may take **3-5 business days** to process. I do not process refill requests after office hours, on weekends, or holidays. Please, plan ahead accordingly. You need to **have your pharmacy fax me a refill request** (rather than sending me an email or leaving me a voicemail). Additionally, not all refills are automatically filled when requested. This will depend on a few considerations, such as how long it has been since I have seen you in person and/or if a scheduled visit is soon.

***Cancellation Policy** - Please be mindful that I have a **48 hour** cancellation notice policy. There is a \$150 fee for canceling or not showing up for an initial evaluation with less than 48 hours notice. Additionally, when a follow up appointment is canceled with less than 48 hours notice, or you do not show up for a scheduled appointment, a cancellation fee of \$75 for a 25 minute appointment or \$125 for a 55 minute appointment is **required**. Insurance can't be billed for a missed appointment.

Informed Consent Your signature below indicates that you have reviewed the conditions and policies listed on these three pages, that you understand them, that you've had the opportunity to ask questions about them, you agree to them, and that **you've initialed the first three pages and signed the fourth**. Your signature indicates that you are consenting to treatment.

Patient Signature

Date

Jennifer Combs, PMHNP-BC

Date