



## 2022 Practice Policy Statement

### Treatment Philosophy and Process

Welcome to Northwest ADHD Treatment Center! Thank you for selecting us to provide your mental health assessment and treatment services. We are foremost an assessment clinic. That means we invest a lot of time in the beginning to thoroughly evaluate the symptoms that brought you to us. Many conditions can share symptoms with ADHD such as mood, anxiety, substance use, sleep, learning, and personality disorders, as well as stress. We have a systematic evaluation process that typically spans four visits. At the fourth visit your provider will discuss your diagnosis and treatment recommendations. Treatment may include psychotherapy, medication management, referral to other specialties, and/or lifestyle modifications. Because we take a holistic approach to care, we require all individuals who wish to receive medication management with us to be actively engaged in psychotherapy.

### Confidentiality

Your personal health information is protected under the HIPAA act. Information about HIPAA is posted in the clinic and on our website. We are committed to safeguarding any information about your care including appointment, clinical, and billing information. We do not release any information without your written consent with the exception of the following:

- If we believe you may be in danger of harming yourself or another person.
- If there is reasonable cause to believe abuse or neglect of a child, elder, or someone with disabilities has occurred.
- If a court order is received.
- If 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 & Team Approach to Care

Your Northwest ADHD Treatment Center providers (therapist and prescriber) may consult with each other from time-to-time regarding your care. Additionally, your case may be discussed in a confidential, multidisciplinary meeting of Northwest ADHD clinicians to facilitate treatment planning.

Northwest ADHD utilizes psychologist residents and other pre-license providers in the practice who have completed their graduate education and are working to gain hours toward licensure. As such, pre-license providers will communicate Protected Health Information (e.g. including name, age, occupation, etc.) to their on-staff licensed supervisors and peer consults. All pre-license providers will inform the patient or guardian who their licensed supervisor is in the intake session.

## Confidentiality & Treatment of Children & Adolescents

In Oregon, minors aged 14 and older can legally obtain mental health treatment without parental consent. Per the law, the medical provider must include the parents before treatment is ended unless it is believed that to do so would cause harm. Treatment records may be reviewed by the parent or guardian. The clinicians of Northwest ADHD Treatment Center feel that the confidentiality of patients is necessary to ensure honest and open communication and will be maintained except in rare instances. Those instances include the exceptions above and communication with the parents or guardian for treatment planning.

## Health Insurance Portability & Accountability Act (HIPAA)

Our practice, including our physical offices, remote offices, electronic records, telehealth services, and communications are HIPAA compliant. With this policy you have been given opportunity to review and keep a copy of our HIPAA Privacy Notice (Notice is posted in the waiting room at every office and on our website, Northwest-adhd.com). Signing this notice indicates you have received, read, understood, and had the opportunity to ask us any questions about this policy. Signing also provides consent for Northwest ADHD Treatment Center to use and disclose your protected health information for the purposes of treatment, payment, continuity of care, and health care operations.

## Appointments

- Visits at Northwest ADHD Treatment Center are made by appointment only (no walk-in hours).
- You must be physically present in the state of Oregon for a telehealth appointment with your provider.
- If an appointment is missed without 48 hours notification you will be charged a \$75 late cancellation fee to compensate your provider's time. Fees for missed or late canceled appointments are not reimbursable by insurance companies. Patients who receive Medicaid will not be billed for missed appointments but are still required to follow our 48-hour cancellation policy.
- Appointments are the responsibility of the patient. Our automated appointment reminder service is a courtesy, please do not rely on it alone.
- Arriving more than ten minutes after your scheduled appointment may result in the appointment being canceled, and you will be subject to the late cancellation fee (\$75). Having the full time allotted is necessary for your provider to give you adequate care. In the event that your provider is more than ten minutes late to see you, please know that they will make up the time with you to ensure the length of your appointment is not decreased.
- If you would like to opt-out or change your appointment reminders, you may update the front desk staff at any time.
- Prescription refills for controlled substances are available only during your scheduled appointment.
- If missed appointments become a regular occurrence, we will assume you are not ready for treatment, and will terminate services with you.
- We cannot perform evaluations for legal or custody issues and do not make it our practice to provide legal testimony.
- If your phone number, address, or insurance has changed please update the front office staff before your appointment. You can also call our billing office to update your insurance information and ensure your provider(s) are in network with your new insurance company. Their phone number is 971-247-9356.

## **Medication Referrals**

Northwest ADHD utilizes a thorough evaluation process to ensure appropriate and effective therapy and/or medication treatment approaches are utilized. Consideration for medication evaluation will only be made after the evaluator has arrived at a high degree of diagnostic certainty. This typically involves multiple appointments, gathering information from someone you know, reviewing past medical and psychological records, completing brief measures, and in some cases, can involve more extensive psychological testing. Completion of a diagnostic evaluation is not a guarantee that you will be referred for medication services.

\_\_\_\_\_ (initial here)

## **Telephone Calls**

Our office can be reached during regular business hours. Please only contact Northwest ADHD Treatment Center at our published numbers. Providers working remotely may make calls from blocked numbers. Please ensure your phone is able to accept calls from blocked numbers, and is able to receive voicemails, so your provider can reach you. Typically, non-urgent calls will be returned within two business days.

Typically, you will not be charged for a brief phone call with your provider. However, calls over 15 minutes will be considered a telephone appointment and will be billed to your insurance provider. You may be responsible for a copay, deductible, or any uncovered fees.

## **Emergency/Urgent Services**

If you are having a mental health crisis when the office is closed, you may call our answering service at (503) 241-5388. This number is for serious mental health issues (i.e., suicidal, homicidal, or self-harm concerns) or severe medication reactions only. If you call this number for non-emergency issues, you will be charged for a phone consultation.

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 your call you may also contact:

- 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 43rd Ave 7am-10:30pm
- Text message-based crisis service: accessible by texting to 741741.

If you are hospitalized, please inform hospital staff of your treatment at Northwest ADHD Treatment Center, so care can be coordinated before you are discharged.

## **Electronic Use Policy**

Northwest ADHD Treatment Center utilizes an Electronic Health Record (EHR), telehealth platforms, and third-party billing software, which meet compliance with HIPAA regulations. Additionally, diagnostic

measures, appointment information, and account information are made available through our secure patient portal system. We may send electronic statements, appointment reminders, and payment receipts directly to your personal email or mobile number. If you would like to opt out of e-statements, please alert the front desk and a paper statement will be mailed to you.

It is the policy of Northwest ADHD Treatment Center to avoid using e-mail and to primarily communicate with patients via phone to protect patient privacy. Confidentiality and privacy of email communication cannot be guaranteed. If a client does email a provider, it is assumed they understand the risk of disclosing Protected Health Information on non-secure (i.e., unencrypted) media. EMERGENT AND/OR CLINICAL INFORMATION SHOULD NEVER BE EMAILED TO PROVIDERS. Providers cannot respond to emergencies (e.g. threat of suicide, prescriptions running out, etc.) in a timely manner using email.

Providers are prohibited from communicating with patients via any form of social media. Please be advised that if you opt to make an online review at sites such as Yelp, Google, Health Grades, etc. you may be compromising your own confidentiality through publicly identifying yourself as a patient. We do not reply to comments to protect your privacy. We are always striving to improve the patient experience. If you would like to give feedback about your care, we recommend you speak with our operations manager or complete our patient feedback form.



phone.

**Please let our staff know if you do not authorize voicemail messages left on your**



**Please let our staff know if you do not authorize emailed billing statement.**

## **Mutual Respect Policy**

It is the expectation of Northwest ADHD Treatment Center that all individuals seeking treatment, providers, and staff regard one another with respect. This includes being respectful of one another's time and communicating appropriately. Northwest ADHD Treatment Center does not tolerate aggressive, intimidating, abusive, or controlling behavior. If you have concerns about your treatment by providers or staff, please inform our operations manager to ensure your concerns are addressed. Northwest ADHD Treatment Center reserves the right to suspend treatment and provide external referrals to anyone who exhibits threatening, intimidating, abusive, or otherwise inappropriate behavior toward staff, providers, or others.

## **Feedback Procedures**

If you have feedback or concerns about your treatment, we encourage you to discuss this with your provider so they can resolve the issue. Northwest ADHD Treatment Center also has a feedback procedure. The patient feedback form is available upon request at the front desk, or on our website, and is reviewed by our operations manager and clinic owners. In the event this is not satisfactory, you may also speak to your insurance company or contact the board of your provider.

## **Termination of Treatment**

You and your provider will regularly evaluate your need for services over the course of your treatment. As you make and sustain progress in treatment, your provider will develop a plan for the end of care with you.

There are additional circumstances which may result in an end to care:

- If you do not schedule an appointment for a period of 90 days and make no arrangement with your provider.
- If you are not making regular efforts to engage with care, or miss appointments frequently.
- If you are not adhering to your treatment plan.
- If you engage behavior that is in any way abusive to your provider or staff of this office, or misuse or abuse medication.
- If your provider identifies a conflict of interest, or that they are unable to meet your clinical needs.
- If your treatment is terminated for any reason and you wish to re-engage in treatment at Northwest ADHD Treatment Center, we will discuss your options at that time, which may include referral to an outside agency.

## **Court Testimony**

Please be aware and understand that Northwest ADHD Treatment Center and our clinicians do not wish to be involved in legal proceedings with current or former patients, or their parents. By entering into treatment with us, you are agreeing to not name us as a party in legal/court proceedings or attempt to obtain records for legal/court proceedings for civil, custody, or divorce. If you are involved in, or anticipate being involved in, legal or court proceedings, please notify us as soon as possible. Also, entering treatment for therapy is not the same as a forensic or custody evaluation. If you need such an evaluation, we are willing to assist you in finding a provider who offers this service.

If we are subpoenaed, we will make every attempt to protect your confidentiality, but as outlined in the Practice Policy Statement, be advised there may be limitations. Your mental health record will become publicly available if used in a legal proceeding. We strongly recommend you speak with your provider about the potential risks if you elect to use your mental health records for legal proceedings. Please note, when allowed, we will charge for our testimony, including travel time, wait time, copies of records, and preparation/consultation time. We will charge the current legal rate as well as expenses incurred in copying and sending records. You will be responsible for these fees as health insurance companies will not pay for this.

## **Acknowledgment of Practice Policies & Consent for Treatment (please initial the following):**

\_\_\_\_\_ I have received, read, understood, and agreed to the practice policies as outlined in the Practice Policy Statement. I freely and voluntarily consent to treatment provided by Northwest ADHD Treatment Center. I understand I have the right to terminate my treatment at any time.

\_\_\_\_\_ I understand that a practice privacy policy is posted and available for my review in the front office and on the clinic website. I can request a printed copy at any time for my personal records.

\_\_\_\_\_ I understand that appointments must be canceled or rescheduled 48 hours in advance to allow our office staff adequate time to contact patients on our waiting list. If an appointment is canceled with less than **48 hours notice**, I will be charged a fee of \$75 unless I am covered under Medicaid.

\_\_\_\_\_ I understand that my copay, co-insurance, deductible, or other fees are due at the time of service, and that I am responsible for all charges not covered by my insurance company.

\_\_\_\_\_ I understand that threatening, intimidating, abusive, aggressive, controlling, or inappropriate behavior will result in termination of my treatment at Northwest ADHD Treatment Center. I agree not to bring weapons on premises.

\_\_\_\_\_ I understand that beginning services with Northwest ADHD Treatment Center is not a guarantee that I will receive ongoing therapy or medication management services.

**Authorization to Release Information & Assignment of Insurance Benefits**

Northwest ADHD Treatment Center has my permission to communicate with my insurance company in order to obtain authorization for services, provision of services, and coordination of care. Northwest ADHD Treatment Center has my permission to bill my insurance company, to exchange information, to obtain benefits and payment, and accept payments from the company on my behalf for all services relating to my care. I understand the cost of professional services rendered are charged to me and insurance billing is a courtesy. I understand that the billing department at Northwest ADHD Treatment Center attempts to obtain the most accurate information about my insurance benefits, however, I am ultimately responsible for understanding my policy. I authorize Northwest ADHD Treatment Center to bill my insurance company, and I understand I am financially responsible for all charges not covered by my insurance plan. I understand any monies credited as overpayment due to me will be refunded as soon as possible.

_____	_____	_____
<i>Patient Name (printed)</i>	<i>Patient Signature</i>	<i>Date</i>
_____	_____	_____
<i>Parent, Guardian or Legal Representative Signature</i>		<i>Date</i>