



Welcome to our office! Thank you for choosing us to provide your psychiatric care.

This document (agreement) contains important information about our professional and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regards to the use and disclosure of your Protected Health Information (PHI) used to treatment, payment, and health care operations. The notice, which has also been provided for you, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

It is very important that you have read the terms of this document. Your signature will represent an acceptance of the office policies and is an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

The Well Office, LLC is a business owned by Kathryn Still. Kathryn Still employs administrative staff and these individuals are supervised by Kathryn Still. Like any health care professionals, we have legal and ethical responsibilities. All employees have received instruction about confidentiality laws. Kathryn Still fully abides by the ethical principles of The Idaho State Board of Nursing and the mental health laws of the State of Idaho.

Description of Psychiatric and Psychotherapy Evaluation and Management

Means a professional nurse licensed in the State of Idaho who has gained additional specialized knowledge, skills and experience through a psychiatric mental health nurse practitioner program of study and authorized to perform advanced practice, which includes acts of diagnosis and treatment, and prescribing, administration, dispensing of therapeutic pharmacological and non-pharmacological agents.

The American Nurses Credentialing Center (ANCC) and the Idaho Board of Nursing affirm that a psychiatric mental health training, experience, and assessment and management skills are integral to their ongoing psychotherapeutic work. Being able to develop a rapport and trusting relationship with the Nurse Practitioner is an important predictor of therapeutic success. Concerns and feelings about the relationship should be shared as much as possible.

The psychiatric evaluation and medication management service (s) are legally documented. Documentation may include; mental status, therapeutic interventions, physical observations, laboratory test, rationale for changes of medication, notion that a patient has been fully informed and has an understanding of the risks, alternatives and benefits of new medication, compliance with medication regimen, and clinical response, etc.

Informed Consent

You need accurate information about psychiatric/psychological services in order to make the best choice for yourself and your family members. Informed consent means that you are:

- Capable of understanding the information you read and we discuss.
- Provided with the information about what will occur in treatment/evaluation.
- Initiating services voluntarily, with the understanding that you may withdraw your consent at any time unless you are being treated under court order.

Client's Rights

- Be treated with respect and dignity.
- Receive appropriate care and treatment, employing accepted methods and approaches most for specific problems and needs.

- Be informed of any alternative treatments methods available, if any known.
- Be informed of risks, if any, associated with the treatment undertaken.
- Have an individualized service plan, reflecting problems and/or needs for or with the client and/or family.
- Actively participate in the development or modification of one's treatment program.
- Refuse proposed treatment which the client does not wish to receive unless otherwise specified unless otherwise ordered by the court.
- Know the name and credentials of the treatment provider.

Client's Responsibilities

- Become actively involved in treatment goals and share periodic reviews with your provider to assure each other of productivity and that we are working towards desired outcomes.
- If the client is a minor, the Parent(s) or Guardian(s) of the child agree to actively participate in the medication management of the child.
- Client is ultimately responsible for payments, regardless of insurance, and co-payments must be made at the time of service.
- Attend appointments at the scheduled time or provide at least 24 hours advance notice of cancellation.

Contacting Us

Office phone (208) 336-1300

Fax number (208) 429-1410

If the situation is an emergency, please call 911 or go to the nearest emergency room. If you are in a crisis situation and it is after hours, you may call the office and receive a telephone number from our answering machine. Please note it may take two (4) hours for a return call. Crisis situations do not include refill requests and/or appointment schedule changes.

Every effort will be made to return your call that same day, with the exception of weekends and holidays. These hours may vary during the holiday and will be announced on our answering machine.

Meetings

Please plan on one hour for your first evaluation. You will have completed your paperwork electronically and emailed it to The Well Office, or you may bring completed paperwork with you if you are being seen in person. Following your initial evaluation, appointments will generally be 20-30 minutes in length, whether in person or via technology. Office staff schedules appointments.

Telemedicine

The Well Office, LLC offers telemedicine visits; a convenient way to connect with your provider online through any computer, smartphone, or connected device with a camera and microphone can connect you with your provider through a web-browser (Chrome, Firefox, or Safari). No downloads or accounts to setup. Telemedicine appointments require a credit card on file for the collection of deductibles, coinsurance and/or co-pays.

Private health information isn't just priority, it's requirement. Telemedicine visits adhere to HIPAA, PIPEDA, and GDPR data privacy requirements. All data during your online session is encrypted using 128-bit date encryption and anonymous. None of the information shared during the visit with your provider is stored by our telemedicine website.

Scheduled Appointments

Minimum of 24 hours of cancelation notice is required in order to avoid a late cancelation fee. If you are canceling a scheduled appointment set for Monday at 1:00pm.; you must notify the office on the previous Friday. If, no one is available to take your call, the answering machine will record the date and time of your call. If you are more than ten minutes late for a scheduled appointment, this will be considered a missed scheduled appointment; you are encouraged to call the office to reschedule. If you anticipate being late for a scheduled appointment, please call and let us know.

Our policy recognizes the importance of your time as well as mine. If you are unable to keep your scheduled appointment, please notify the office as soon as possible.

Any cancellation of a scheduled appointment without prior notice or missed scheduled appointments will be billed at the full office fee. Please note; your insurance company will not cover these charges. It is important to

understand that if cancellations and/or rescheduled appointments become frequent, the clinician reserves the right, after discussing it with you; to implement a more restrictive cancellation policy.

Prescription Refills

Please contact your pharmacy to request a refill of your medication. Your pharmacy will fax the request to our office. If you are taking a medication that requires a paper prescription (controlled substance) to be picked up in our office, please contact the office directly. Please allow up to 72 hours for processing all medication refill requests, and this will not be done after hours. Controlled substances will not be refilled if you have a missed or cancelled appointment that was to correspond with the prescription refill.

Termination of Services

Termination of services should never be done casually and can be a valuable part of the therapeutic services. Either the patient or treating professional may terminate the relationship if it is in your best interest, although you as the client will generally be the one making the decisions about continuing or terminating the relationship. There is an important exception to this general statement, and this exception involves safety concerns. If you are determined to have some safety risk (to yourself or others) and refuse to accept the associated recommendation, such as agreeing to be hospitalized, termination is likely. Generally speaking, prior termination we would advise setting aside some time to discuss progress made and future recommendations.

Special Issues Associated with Treatment Involving a Minor

Prior to beginning treatment, it is important for you to understand my approach to treating children and agree to some rules about your child's confidentiality during the course of his/her treatment. Under HIPAA and APA Ethic Code, we are legally and ethical responsible to provide you with informed consent. If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, also alcohol and drug use. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If we ever believe that your child is at serious risk of harming him/herself or another, we will inform you.

When medications are indicated and the client is a child, be aware that most psychiatric medications are not approved for use in children. All medications are associated with side effects, so the risk/benefit profile must be established. Family involvement is essential for treatment.

Fees, Payment Arrangements, Insurance Reimbursement, and Financial Policies

Our policy requires payment at the time of service. We accept Visa, Master Card, and debit cards. We do accept many insurances, however, we advise you contact your insurance company/plan prior to your visit and to verify your benefits. Many insurance companies require preauthorization to be initiated by the patient and your visit may not be covered if you have not done this prior to your appointment. As long as your insurance coverage has been verified and you are covered by a company/plan with which we contract, we will accept co-payments for services once your deductible has been satisfied. If your insurance company/plan is one with which we do not contract, you will need to pay in full; we will submit an insurance claim on your behalf, but you will need to wait for the company to reimburse you.

Payments must be made at the time of service unless previous arrangements have been made with our office manager. Payments may be made in cash, check, or credit card. Minors who are not accompanied by a parent/guardian need to bring payment with them for the session.

In the case of certain insurance companies with which we hold contractual agreements, we are often required to accept a lower fee than listed below. Our office manager and your insurance company can help in the determination of fees. As long as your insurance has been verified and it is an insurance company with which we contract with and your deductible has been met, we will accept co-payments for the service.

Please bring your insurance card to the first session so we may make a copy of it.

If a check is returned for insufficient funds of closed account, a \$25 returned check fee will be charged to your account. If we receive a returned check on more than one occasion, you will be required to pay for any subsequent visits, in full, at the time of service; alternately, a credit card will be an acceptable form of payment. In the event that your account goes to collections or court, the additional fees we incur may be added to your balance.

We make every effort to collect monies due at the time of service. However, at times when there is an unpaid balance, you will receive an account statement, and payment in full is due upon receipt. If you fail to pay your bill, we cannot continue to schedule appointments. If at any time you believe that you will not be able to meet the

financial demand of our sessions, we will try to assist you in finding a prescriber who can offer a lower rate. We do not offer a sliding fee scale.

We are not Medicaid or Medicare providers. This office **cannot** bill Medicaid/Medicare. Clients who are covered by a primary insurance but who also have Medicare as a secondary insurance can be seen, but we cannot submit Medicare billing. If Medicare is (or becomes in the future) the only insuring party, we cannot see you in this office.

Questions about billing can be answered by our office in-house staff. Accounts are carefully updated on a regular basis, so we make every effort to inform you of your current balance based on usage of services; payments received, and benefit explanations provided to us by your insurance companies. Kindly inform us of any discrepancies or concern in accounting you may encounter and we will attempt to resolve them promptly.

As mentioned above, you should be aware that your contact with your health insurance carrier requires we provide your carrier with information relevant to the services provided to you. We are required to provide a clinical diagnosis and session dates. Sometimes we are required to provide additional information, such as treatment plans or summaries, or copies of your entire Clinical Record. In such circumstances, we make every effort to release only the minimum information necessary for the stated purpose of the request. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information with a national medical information databank, we will provide you with a copy of any report submitted, if you request it.

Informed Consent

I have read and understood the preceding statements, have had the opportunity to ask questions about them, and request and authorize The Well Office, LLC to provide mental health services for myself or my child. A signature below indicates that conditions listed above have been reviewed, understood, and agreed upon.

Client Signature: _____ Date: _____
And

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____