**Office Policies and Informed Consent for Treatment for Krista Bryson, PMHNP-BC**

(Effective 01/24/2024)

***Introduction***

This document contains important information about your Provider's professional services, business policies, mandated reporting requirements, as well as other important information. It is essential that you understand this document, as it represents an agreement between you and your Provider. Please feel free to discuss any questions or concerns you may have with your Provider at any time.

***Provider***

Your Provider is an independently credentialed psychologist, licensed clinical social worker, licensed clinical professional counselor, or psychiatric mental health psychiatric nurse practitioner. They are fully responsible for the care and services provided to you. Mountain West Psychological Resources (MWPR) provides administrative services to individual providers in private practice. Your Provider contracts with MWPR for certain services, such as office space, receptionist, billing, etc. Your professional records are separately maintained by your Provider, and no clinician affiliated with MWPR has access to them without your written permission.

***Services Offered***

The MWPR Team consists of independently licensed and practicing neuropsychologists, psychologists, licensed mental health counselors, and psychiatric mental health nurse practitioners. Services offered include psychological assessment, psychotherapy, and psychiatric medication management. Your relationship is always with your Provider(s), and you have certain rights and responsibilities that are outlined in this document and the HIPAA Privacy Notice.

***Assessment, Psychotherapy, and Medication Management***

Psychological assessment, therapy, and medications have benefits and risks. Risks may include experiencing uncomfortable feelings or medication side effect, but these services have been shown to lead to significant reductions in mood symptoms, improved overall well-being, and better coping skills. Treatment requires commitment and action on your part. You are encouraged to ask questions regarding your Providers therapeutic approach, techniques used, and medication selection when those are not clear to you. Additionally, length of treatment vary between services and your provider will discuss that with you.

***Appointments***

Appointments may vary in duration based on the type of service. It is essential to provide at least a 24-hour cancellation notice to avoid late cancellation or no-show fees. Failure to do so will result in a $100 charge. It's important to arrive on time for appointments. Three or more no-shows may result in termination of services.

***Telehealth Services***

Your Provider may offer telehealth services should that be your preference. Platforms generally used include www.doxy.me or via the Glip app on RingCentral. Both are HIPAA compliant platforms. Our internet is an encrypted platform to assure privacy. Though convenient, these services may not be suitable for all individuals or all concerns, and the decision to use telehealth can be discussed with your Provider.

***Professional Fees***

Fees are based on the specific service provided and follow industry guidelines. Detailed fee schedules are available on the practice's website or at MWPR. When allowed by your insurer, we prefer a credit card to be on file and all balances will be charged on or about the last day of each month.

***Insurance***

If you have insurance, your Provider's billing agent will assist you in filing claims, but you are responsible for knowing your coverage. Managed Health Care plans may require advance authorization. You have the option to pay for services yourself if you prefer to avoid potential insurance-related issues. Should you have a co-pay, deductible, or balance, you are responsible for payment at the time of your appointment, and payment methods include check, cash, or credit card.

***Patient Billing and Payment***

In the event that you have a balance, billing statements will be mailed monthly, and balances are due within 30 days. All payments are applied in the order that visits occurred (i.e., applied to oldest balance first).

1)    In the event of non-payment of any amount due, your Provider may add interest at the rate of 1.75% per month (21% annum).

2)    Your account will be placed in default for failure to pay toward your balance 60 days after the initial statement date.

3)    Your account will be sent to a collection agency 30 days after default (i.e., about 90 days from initial statement date).

4)    Should your account default and be sent to collections, you are responsible for all collection fees incurred in getting your account paid, including any attorney’s fees. An additional fee of 35% of the unpaid balance will be added.

5)    Once your account goes to collections, your next appointment will be cancelled, and you will be required to contact our office to discuss your account and next session. Please be advised that you will be discharged from services should your account go to collections twice. You will be provided a list of community resources.

6)    It is your responsibility to update your mailing address and contact information – billing statements will be sent to address on file.

7)    In an effort to assist with billing and payment, our office will make efforts to reach you via phone, mail, or texts regarding insurance and billing matters - information on file will be used to reach you. Should we not reach you, we will contact your emergency contact on file.

8)    As stated above, all appointments must be cancelled prior to 24 hours (one business day) of the scheduled appointment. If you cancel in less than 24-hours (one business day), or no-show an appointment, you will be charged a late-cancellation / no-show rate of $100, when applicable. All charges are billed to the credit card on file on or about the last day of each month. Under certain circumstances, this fee may be waived.

***Sliding Fee Discount Program***

Your Provider may offer a sliding fee discount program. The Sliding Fee Discount Program (SFDP) is designed to provide no cost or discounted cost to those who have fewer means to pay for their psychiatric and/or behavioral health services. The SFDP is available to all individuals and families with annual income at or below 200 percent of the most current Federal Poverty Guidelines. Participation in this program is solely determined by a patient’s family size and income.

Eligibility for the program is determined by documented annual income and family/household size only. If your application is approved, the date the application and required documentation was initially submitted will be considered the start date for the sliding fee discounts. Please note that all required income documents must be received within 14-days from the date that this application was submitted. If the necessary documentation is not provided within 14-days, the application approval date will be re-dated to the date on which the required information is received. Any fees incurred within the previous 6 months, and the following 12 months will be covered under the SFDP. An application can be requested from your Provider, the Receptionist, the Patient Account Representative, or via www.mountainwestpsych.com.

***Professional Records***

Your Provider maintains professional records in a secure HIPAA-compliant location. You have the right to a copy of your file, and it is recommended to review them with your Provider or another mental health professional – unless you Provider feel they may be harmful to you.

***Termination of Services***

All Clients have the right to terminate services at any time and the right to be referred to another provider when requested. Additionally, your Provider may feel that they cannot provide services to you for whatever reason. Should this be the case, your Provider will refer to you another Provider – and provide up to 30 days of services in order to assure you have time to reestablish care. You have the right to understand the reason for termination.

***Limits of Confidentiality***

Your Provider is mandated by the State of Montana to report certain situations, including abuse of a vulnerable person, imminent danger to self or others, a court order, and sexually transmitted disease when knowingly being passed to another person. Additional limits of confidentiality are described in the Notice of HIPAA Privacy Policy.

***Parents & Minors***

For children under age 15 parental involvement is required. For children 16 and older, a level of privacy is maintained, but general information about treatment progress may be shared with parents.

***Contacting Your Provider***

Email and texting are not preferred methods of communication. Telephone calls or the patient portal are recommended. In urgent situations, please report to your local emergency room or contact 911 for immediate services. Additionally, dialing 988 will connect you with a national crisis center. Our office aims to return all calls within one to two business days.

***Other Rights***

You have the right to considerate, safe, and respectful care, without discrimination. You can ask questions about services, your Provider's training and experience, and expect adherence to ethical and legal guidelines. Our goal is for you to feel comfortable in providing feedback or raising concerns about your care to your Provider. The HIPAA Privacy Notice includes additional important information regarding your rights.

***Notice***

Please be aware that this Agreement may be updated across time to assure best standard of practice. This document will be available in the waiting room at all times for you to review.

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Client Signature Date