

Owens Mental Health Disclosure Statement

SERVICES.

Owens Mental Health is a private practice that provides psychiatric care and medication management for adults (18+) with a wide range of mental health conditions, seeking compassionate and holistic psychiatric treatment.

The psychiatric and mental health services I offer include:

- psychiatric evaluations and medication evaluations
- ongoing and long-term medication management
- psychiatric medication and treatment consults (aka “second opinions”) • psycho-education
- supportive psychotherapy using mindfulness, concepts from CBT (cognitive behavioral therapy), DBT (dialectical behavior therapy), ACT (acceptance and commitment therapy) which is trauma-informed.

CONTACT.

Owens Mental Health is a part-time private practice, which does limit the scope of clinical practice and range of available services, in the outpatient setting. I recommend registering with the patient portal ONPATIENT, where you can send me secure messages, review and upload documents/lab work, pay for any balances, and view/reschedule/cancel appointments up to 48 hours before your visit. For routine or non-clinical matters, please email me at monty@owensmentalhealth.com. You can always call me on my main office line (425) 954-5119, which goes to a secure voicemail to leave me a message. I do not carry a pager. Office voicemail messages do get forwarded daily, but are not monitored outside of business hours. Technology can be a convenient and useful communication tool, especially in our busy lives, but a poor substitute for face-to-face conversation and interaction. I recommend making an earlier appointment if you feel like there needs to be a change or an issue needs to be addressed. Please be mindful to not leave any urgent, time-sensitive, or important clinical or therapeutic issues by email, text, or voicemail. These are all forms of digital communication that are not fully protected, and you do so at the risk of your confidentiality.

AFTER-HOURS AND CRISIS.

I do not offer on-call coverage and am not available for phone calls or consultations outside of office hours. I promise to do my best to check messages during the work week and will do my best to respond to your call/email/fax within 3 business days, if not sooner.

Due to this being a part-time private practice, staff and resources are limited compared to larger mental health clinics. If you think you may need more access to a psychiatric provider, or could benefit from a treatment setting that has better resources and services - I can gladly provide you alternatives and referrals.

After business hours and on weekends if you have an urgent clinical crisis: • Emergencies: Dial 9-1-1 • King County CRISIS CLINIC: 1-866-4-CRISIS (1-866-437- 4747) or (206) 461-3222. • Care Crisis Response Service: 1-800-584-3578.

I observe major holidays and take vacation a couple of times a year. I will let you know at least 4-6 weeks in advance, so we can plan ahead or discuss short-term coverage solutions.

OFFICE APPOINTMENTS.

You will have one to three initial visits to establish care, identify a mental health diagnosis as a treatment framework, and collaborate on a treatment plan. These early appointments allow us to build a treatment partnership and see if we are a good fit for ongoing treatment. I do not always recommend, refill automatically, or prescribe any medications or make adjustments on your first visit.

INTAKE appointment is up to 60 minutes. The entire intake process can take up to three 50-60 minute visits. We review your history, your current issues and strengths. We will also discuss the role of medication in your treatment and review together the risks, benefits and side effects.

BASIC FOLLOW-UP appointment is typically up to 20-25 minutes, follow-up and med check. Review of symptoms, assessments, discuss plan and treatment goals, brief counseling. Refills and referrals can be provided during appointment.

EXTENDED FOLLOW-UP appointment is typically 45-50 minutes, follow-up and med check. Review of symptoms, assessments, discuss plan and treatment goals. Additional time to discuss significant medication adjustments and specific counseling. Refills and referrals can be provided during appointment. Some patients also use this type of appointment to see me for medications and longer counseling or treatment planning.

FEES.

Like many appointments with other medical specialists, office visits with a psychiatric nurse practitioner are billed based on many factors including factors such as time, complexity, medical issues, acuity, amount of psychiatric intervention or planning, counseling, patient education, etc. As a result, your copay/coinsurance and the length of the appointment can be different for each visit. There is no charge for routine telephone calls for basic administrative tasks such as scheduling appointments or for billing questions. However, I reserve the right to bill my standard hourly rate (\$250) for extraordinary circumstances, such as coordinating hospitalization, clinical and legal forms, and extensive phone consultations outside of appointments, exceeding 15 minutes per week. Since you cost-share with your insurance company, I will do my best to estimate your portion, at the time that you check in for your appointment. Despite our best efforts, it is possible that once I get the insurance claim back (usually 2-6 weeks after it is submitted), your cost-share may be higher than originally anticipated. I will notify you about any unpaid balances due by a monthly mailed and uploaded e-statement. You can settle any balances during your appointment in the office. Prompt payment is always appreciated, and will communicate actively with you if there is a balance over \$200 for more than 3 billing cycles.

PAYMENTS.

Payment is due at the time of service - this includes any co-pays, co-insurance balances, or other unpaid balances. I accept credit cards/HSA cards (Stripe) and checks.

OUT OF POCKET/SELF PAY.

Intake: \$300

Follow up: \$150 Extended follow up: \$250

NO SHOW or LATE CANCELTION

Please call or contact me, at least 48 hours to cancel and/or reschedule. You can also do this through the ONPATIENT portal - via smartphone app or online. You also have the convenience to cancel/reschedule through your reminder email (3 days before) and reminder text (1 day before). If you do NOT show or do NOT call to cancel/reschedule, you will be charged \$150 for a follow up or \$200 for an extended follow for the missed appointment and reserved clinical time. This fee is not covered by your insurance. For any unexpected medical or personal emergencies, please contact me - even if it's under the 48 hours. I will do my best to work with you to reschedule a make-up appointment within the week to waive the no show/late cancel fee. If you have no-showed for more than 3 appointments, you will be at risk of treatment termination.

SERVICE DISCLAIMERS:

If you are on a controlled substance such as a benzodiazepine (e.g. Klonopin, Ativan, Xanax, Ambien) or stimulant (e.g. Adderall, Ritalin), please be aware that there is no guarantee that I will refill these. In the case of benzodiazepines and hypnotics, this class of medications have been shown in the research to be harmful for your health and increase your risk for permanent damage to your memory, especially with chronic long-term use. We can openly discuss your options, including a slow and safe taper, while exploring alternatives.

If you are seeking assistance with short-term or long-term disability forms, please be aware that these can be involved and time consuming. Fees are frequently assessed for the time set aside to complete these forms. I do not complete any forms on the first visit.

REFILLS.

Medication prescriptions should be requested and refilled during your appointments. This allows me to have a meaningful dialogue with you on its effectiveness, and any potential side effects, issues, or interactions you may have. It is my professional duty as your provider to check on your treatment progress and medication effects with you.

Keep an eye on your supply and dosage amount to avoid running out before your next appointment. If you cancel your appointment and run low or out of your medications, without notifying me directly and rescheduling in a timely fashion - your refill request may be charged my standard refill fee of \$50 per medication. If I haven't met with you in over 3 months, I will be unable to refill your meds without a follow up visit.

Please allow up to two or three business days- if I am in the office, I am able to typically take care of this by end of day, however I am in the office only four days per week. Don't hesitate to remind me, if you haven't heard from me in this timeframe.

COLLECTIONS EFFORTS.

If an unpaid visit balance remains after 60 days, you may receive a series of reminders by phone, email, and letters to notify you of unpaid balances before I involve a collections agency. Billing issues happen- just keep me updated and I will work with you. You have the convenient option to pay for your balance online, through the patient portal. If you believe that there is an error in the billing, please let me know as soon as possible so we can research the issue and work together with you to resolve it.

DISMISSAL/TERMINATION OF CARE.

It is your right to terminate your relationship with me, for any reason. I will be happy to provide any treatment records to your new provider or treatment setting, with a signed ROI (release of information). Once you terminate your treatment relationship with me, I will no longer be able to provide care or refills for you. I may also terminate the treatment relationship with you in a few specific cases, including but not limited to:

- Being rude or belligerent to me, or any administrative/billing staff,
- Repeatedly missing your scheduled appointments (3 missed appointments - no shows/late cancels),
- Non-payment of visit balances for over 60-90 days
- Abusing/overusing/selling medications prescribed to you
- "Doctor shopping" - meeting with other prescribing provider(s) without advanced disclosure and obtaining a prescription - which is unsafe with multiple providers prescribing for similar purposes.
- Non-compliance with our therapeutic treatment plan.

If your psychiatric treatment would be better served clinically by a higher level of care (e.g. intensive outpatient, inpatient, drug rehabilitation, or community mental health program) or I recommend you transfer your treatment and care to a different specialist or provider (e.g. geriatric psychiatrist, neuropsychologist, TMS center), I will communicate with you my clinical recommendations as part of your treatment plan.

PRIVACY AND CONFIDENTIALITY.

Information discussed during the course of psychiatric treatment is confidential unless you provide written consent to disclose or share this information. By law, information concerning your treatment may be released only with your explicit consent (written or verbal) of the person treated (or the person's guardian if applicable). I maintain strong ethical standards of privacy and confidentiality of your health and treatment record. I often will double-check and review with you any potential disclosures, so you feel informed about what explicitly is being requested, shared, and disclosed. For example, insurance companies and third-party evaluators, other mental health providers, hospitals, primary care providers are just a few sources where I receive records requests.

- As a mandated reporter there are legal exceptions to this confidentiality
- Suspected abuse or active neglect of an infant/child/adolescent,
- Suspected abuse or active neglect of a developmentally disabled person • Suspected abuse of a dependent adult, including seniors
- Suicidal or self-harm behaviors that require immediate medical attention
- Harmful behaviors towards others - threatening harm to another specific individual, with or without a specific plan, means, or intent - I have the duty to inform law enforcement and the potential

victim/ individual as a mandated reporter to safeguard the safety and life of the identified individual.

- To collaborate care with another treating provider (Emergency Room, PCP, therapist, or other psychiatric provider) in urgent clinical situations, and
- For confidential case consultation with supervisor/psychiatrist/ARNP • When legally required by court order.

In these instances I am required to report to the appropriate authorities (e.g. law enforcement, APS, CPS, etc). In addition, the courts may subpoena your treatment records, under certain circumstances. Any type of release of confidential treatment information will be discussed with you, if I receive an official request from an outside source.

Owens Mental Health and the medical software that is used are compliant with the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to personal health care information (PHI). HIPAA requires that we provide you with a Notice of Privacy Practices. This notice, which is attached to this agreement, explains HIPAA in detail and its application to your personal health care information.

VIRTUAL TELEHEALTH SERVICES:

Health care services are provided by two-way interactive video communication and/or by the electronic transmission of information. Referred to as “telemedicine” or “Telehealth,”, this means that I may be evaluated and treated by a health care provider or specialist from a different location. For Telehealth services, I offer a HIPAA compliant platform for virtual appointments via onpatient.com. I offer the same quality of care with virtual online services as in person sessions.

Thank you so much for your time and patience! I look forward to working with you!

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information (We do NOT sell your information)
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the following information:

- Privacy Officer:

Monty Owens, BSN, MN, PMHNP-BC
300 Admiral Way Suite 201-B
Edmonds, WA 98020
Phone: (425) 954 5110

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- We never market or sell your personal information
- Most sharing of psychotherapy notes

In the case of fundraising:

- At Owens Mental Health, we do Not contact our patients for fundraising

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.