

Basic Mindfulness Portland, LLC

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PRACTICE POLICIES AND CONSENT TO TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully so that we can discuss any questions you may have. When you sign this document, it will represent an agreement between us.

1. Recommended Treatment

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been scientifically shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience, or that there will be a positive outcome in your individual case.

At the beginning of the therapeutic relationship and throughout your treatment as appropriate, I will discuss my recommendations for treatment. You are encouraged at all times to ask whatever questions you may have about the recommended treatment. Remember that you have the right to refuse to participate in any treatment.

2. Ethical Standards and Confidentiality

As a psychologist, I am governed by the Ethical Principles of Psychologists and Code of Conduct, published by the American Psychological Association and incorporated into Oregon state regulations. Copies of the Ethical Principles are available on request.

Under Oregon laws, communications between a client and a licensed psychologist are privileged (confidential) and may not be disclosed without the specific authorization of the client except under specific, limited circumstances. Oregon laws allow some exceptions to confidentiality and require adherence to APA Ethical Guidelines, mostly to protect people's safety. In this practice reasonable suspicion of abuse or neglect of a child or incapacitated adult, or serious threat of violence against a clearly identifiable victim or property will be reported. Records may also be subject to audit by regulatory authorities. Special Federal rules (42 C.F.R., Part 2) apply to the confidentiality of records of persons being treated for alcohol or drug abuse.

3. After-Hours Availability and Emergencies

You may leave messages on voice-mail at 503-719-5499, at any time day or night. I check for messages until about 9pm on weekdays and once a day on weekends. The voice-mail system should not be considered an emergency response system. If in an emergency you feel you cannot wait for me to return your call, you may contact the Multnomah Crisis Hotline at 503-998-4888, call 911, your primary care physician or go to the nearest emergency room and ask for the psychiatrist on call. Please leave me a message as to which hospital you have gone to.

4. Financial Policies

a. Fees

The fee schedule is as follows:

Initial consultation	\$250
Individual psychotherapy (45 minutes)	\$150
Individual psychotherapy (60 minutes)	\$200
Couples and Family therapy (45 minutes)	\$175
Couples and Family therapy (60 minutes)	\$225

Some insurance companies reimburse based on what they determine to be usual and customary rates. I am committed to providing the best possible services and my fees are in line with area rates. You are responsible for payment regardless of what the insurance company's standard is (except as noted below).

b. Insurance

Many insurance plans require that you get pre-approval for services. Some insurance policies also require the provider be contracted with that company (in-network) to be eligible to be paid for services by the insurance company. I am currently a provider for Regence Blue Cross and Blue Shield of Oregon (RBCBSO), Aetna and Aetna Student Health, Pacific Source and First Choice Health. I have agreed to accept their rates (which may be different from my standard rates). I will bill these directly and you will be responsible for any deductible and co-pay amounts. If required, I will prepare necessary reports for submission to the insurance company.

c. Payment

Full payment is due at the time services are provided unless other payment arrangements have been made. In most cases, you are responsible for your entire bill regardless of the amount your insurance company reimburses you or me. Your policy is a contract between you and your insurance company; other than RBCBSO, I am not a party to that contract. Cash, checks, Visa, MasterCard, Discover and American Express are accepted. In cases of financial hardship a reduced fee maybe possible. Please talk with me to arrange an alternative fee or payment plan.

d. Rebilling. If you have a personal balance and have made no payment on that balance in the preceding 30 days a rebilling fee of \$10.00 will be assessed to cover the costs of billing again. If you have a personal balance on your account it is important that you **make a payment every billing cycle by the 10th of the month to avoid a rebilling charge.**

e. Missed Appointments

If you discover you will be unable to keep a scheduled appointment, please contact me as soon as possible. **Unless cancelled at least 24 hours in advance, you will be charged at the rate of the scheduled visit.** Insurance companies will not cover the cost for missed appointments.

5. Minors

A parent or guardian must authorize the treatment of minors except under special circumstances (see ORS 109.675). In the treatment of minors, parents (even non-custodial parents) have a right to access and authorize release of the

information. When a child turns 18 years old, control of treatment, information and records reverts solely to them.

6. Couples

Treatment records of couple's sessions contain information about each person. Therefore, both clients agree that treatment records will only be released by joint consent. In the event of a disagreement, the records will not be released without a court order.

7. Records.

By law I am required to keep treatment records. According to HIPAA, I keep 2 sets of Personal Health Information Records on you. One is Clinical Record which includes such things as medical history, diagnosis, treatment goals, progress towards those goals, financial records and so forth. You are entitled to a copy of these records with a written request and I will provide them unless I believe it would be emotionally damaging to you. In such a case I will provide a summary or withhold the record. Additionally I keep a set of Psychotherapy Notes which are to help me provide the best treatment. They may contain the content of our conversations and my analysis of the conversations. These Psychotherapy Notes are kept separate from the Clinical Record and insurance companies cannot gain access to these records without your written authorization. The insurance company cannot refuse coverage or penalize you for refusing to give such an authorization.

8. Professional Qualifications and Scope of Practice

I earned a Ph.D. in 1980 from the California School of Professional Psychology, San Diego. My post-doctoral internship was at the University of San Diego Counseling Center. I am licensed in the state of Oregon #1978. My areas of expertise are adult and adolescent psychotherapy, couples therapy, mindfulness-based psychotherapy, organizational consultations and training, teaching and supervision. I do not assess fitness for custody, serve as an advocate on other issues or act as an expert witness.

*I hereby authorize the release of any medical or other information necessary to process insurance claims for services provided by Basic Mindfulness Portland, LLC or Dr Janet Sims.

*I authorize my insurance company to pay medical benefits to the provider of services, Basic Mindfulness Portland, LLC or Dr Janet Sims. I request payment of government benefits either to myself or to the party who accepts assignment.

*I understand that I am fully responsible for all professional fees not covered by this assignment of insurance benefits.

*I understand that payment in full is due at the time of service unless prohibited by Basic Mindfulness Portland, LLC's or Dr Janet Sims' contract with my insurer. I will pay by (*check one*): Cash [] Check [] Credit Card []

*I have reviewed Dr. Sims' **Practice Policies and Consent to Treatment** and the **HIPAA Privacy Notice**. I have had all my questions answered and agree to these policies.

Client/Responsible Party _____ Date _____