

PSYCHIATRIC MEDICINE ASSOCIATES

1505 Westlake Ave. N., Suite 920
Seattle, WA 98109-6211

T (206)386-3103 F(206)386-3123
www.psychiatricmedicine.com

NOTICE OF OFFICE POLICIES AND PROCEDURES

PURPOSE OF THIS INFORMATION

In order for Psychiatric Medicine Associates to provide the best care possible, we want our patients to have as much pertinent information as possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with us.

PRIVACY AND RELEASE OF INFORMATION

An electronic record (file) is kept of services you receive in this office. You have a right to see the record and receive a copy of it upon request. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by the state law of Washington. Under certain circumstances where seeing the record may put a patient or other person at risk, PMA may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. You may receive an accounting of non-routine uses and disclosures of your record.

Services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. *Psychotherapy notes are handled separately under HIPAA and have additional protections.*
6. In some instances, as provided by the state law of Washington, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

EMERGENCY CONTACT

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not wait for us to return your telephone call. *Call 9-1-1 or report to the nearest hospital emergency room.*

There is an on call provider over the weekends. The contact information is available by calling the main office number of 206-386-3103.

SECURITY PROCEDURES

Psychiatric Medicine Associates make reasonable efforts to prevent access and disclosure to unauthorized personnel. PMA keeps an ongoing log of potential risks and the physical and electronic safeguards implemented to limit these risks. PMA requires our business associates to abide by all applicable privacy regulations.

INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES

Only your health insurance plan can describe your benefits to you or verify provider eligibility. PMA's administrative staff can help you obtain this information from your health insurance plan, but you must contact the health insurance plan directly for verification. If charges are denied by a health insurance plan they become entirely your responsibility, even if you had understood from your health insurance plan that the charges would be paid by them.

REFILL REQUESTS

Since the PMA doctors are not in the office every day, it is important to allow sufficient time for refill requests to be handled. Please allow **at least** two business days for refill requests to be processed and up for four days over a weekend. Note that none of the doctors are in the office on Saturdays or Sundays.

On call providers will be available to refill a limited supply of medications from Thursday at 5pm to Monday at 8am to ensure continuity of therapy. Note, this may result in an additional copay through your insurance.

Controlled substances such as stimulants, opioids and benzodiazepines cannot be prescribed on the weekends and require written prescriptions from your regular provider.

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OUT OF POCKET FEES AND LATE CANCELLATIONS OR MISSED APPOINTMENTS

Payment for charges not covered by your health insurance plan (including but not limited to: co-payment, co-insurance, and deductible amounts, telephone visits, missed appointments, reports and letter preparation and family conferences) is due in full at the time services are provided unless prior arrangements have been made. Phone calls and letter/report preparation is billed at an hourly rate of \$300/hr.

Failure to keep a scheduled appointment by either not showing up for the appointment or by calling and late cancelling will result in a charge of \$125 for the missed appointment, unless you cancel at least one business day prior to the appointment time. For example, Monday morning appointments need to be cancelled by Friday morning. Please note that insurance health plans **do not** pay for missed appointments, these charges will be entirely your responsibility.

A \$35 fee will be added for all returned checks. If you have questions about your statement please call the office.

UNPAID BILLS

It is important that you discuss with PMA any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts will be referred to a collection agency and we will have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context, you agree to pay the collection attorney fees. A service fee of 1.5% will be charged on balances more than sixty (60) days past due for balances over \$25.

GRIEVANCE PROCEDURES AND COMPLAINTS

If you have any questions or concerns about administrative or business matters in this office, please discuss them with your Psychiatric Medicine Associates doctor.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with PMA. In addition, or instead, the following avenues are available:

1. You may contact your health insurance plan or behavioral health benefit manager;
2. If you feel the problem is serious and/or you have not reached resolution through one of the avenues above, you can file a complaint with the Washington State Department of Health. Their telephone number is (360) 236-4700
3. You may also file complaints regarding privacy practices to the Secretary of the U.S. Department of Health and Human Services.

APPOINTMENT FEES AND REQUIREMENTS

Appointments will have one or two distinct billing codes PER VISIT, in accordance with national changes made January 1, 2013 for reporting psychiatric services. We are out of network providers for all insurance except for Blue Cross and Blue Shield. Out of network fees must be paid at the time of service by check or credit card and our billing office will mail you a bill to submit into your insurance company for direct reimbursement. In network claims will be billed directly to your insurer but you will need to pay the co-pay at the time of service.

Complete evaluations can occasionally be more than a single visit. The purpose of the initial consult is to get recommendations and develop a treatment plan to be used either with PMA or an outside provider.

Routine follow up with PMA providers requires a minimum of an in-person appointment every three months unless other, specific treatment plans have been made with your provider. Ongoing psychotherapy is generally more frequent.

Failure to follow up as per your specific treatment plan may result in discontinuation of ongoing active care.

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NOTICE OF PRIVACY PRACTICES AND POLICIES

AS REQUIRED BY FEDERAL LEGISLATION, THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to all of the paper and electronic records of your care maintained by Psychiatric Medicine Associates, whether created by the doctors, clinic personnel, or records acquired from outside resources such as other clinicians involved in your care and laboratory reports.

WAYS THE PRACTICE MAY USE AND DISCLOSE YOUR INFORMATION

The following categories describe ways that we use and share your confidential information. Confidential information includes Protected Health Information (PHI) (information that could be used to identify you). Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

A. **DISCLOSURES WHICH REQUIRE AUTHORIZATION**

Psychotherapy notes are handled separately under HIPAA and have additional protections. Specifically, the regulations state that in most instances a practice must obtain an authorization for any use or disclosure of psychotherapy notes. No authorization is needed to carry out treatment, payment, healthcare operations, or the uses listed in routine situations. All other circumstances require a valid authorization from you for use and disclosure.

Confidential information may be released for payment and healthcare operations only to health insurance plans and their agents, as well as business associates of the practice. The definition of a health insurance plan does not include life insurance companies, automobile insurance companies, or workers' compensation carriers. These are not covered under HIPAA. If you would like information submitted to one of these companies, an authorization will be required, unless it is already mandated by state or federal law.

B. **ROUTINE SITUATIONS**

- 1. For Treatment** PMA may use information about you in order to provide you with proper medical treatment or services. Treatment is when we provide, coordinate, or manage your healthcare and other services related to your healthcare. An example of treatment is when the PMA provider consults with another healthcare provider, such as your primary care physician.
- 2. For Payment** Psychiatric Medicine Associates may use and disclose information about you so that the treatment and services you receive may be billed and payment can be collected from you, an insurance company, or a third party (including a collection agency if necessary). For example, PMA may give your health insurance plan information about services you received at the practice, so your health insurance can pay PMA or reimburse you for the services. We may also tell your health insurance plan about a treatment you are going to receive, in order to obtain prior approval or determine if your plan will cover the treatment.
- 3. For Healthcare Operations** PMA may use and share information about you for administrative functions necessary to run the practice and promote quality care. We may share information with business associates who provide services necessary to run the practice, such as transcription companies or billing services. Psychiatric Medicine Associates will contractually bind these third parties to protect your information as we would ourselves. Also, we may permit your health insurance plan or other providers, such as life insurance and disability insurance companies, to review records that contain information about you to assist them in improving the quality of service provided to you.
- 4. Communicating with You and Others Involved in Your Care** Psychiatric Medicine Associates may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. In certain situations, we may share information about you with a friend or family member who is involved in your care or payment for your care unless you have requested that such disclosures not occur and PMA has agreed. Information disclosed will be directly relevant to such person's involvement with your care or payment related to your care. Whenever possible, this person will be identified by you. However, in emergencies or other situations in

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which you are unable to indicate your preference, PMA may need to share information about you with other individuals or organizations to coordinate your care or notify your family.

C. SPECIAL SITUATIONS

1. **As Required By Law:** Psychiatric Medicine Associates will disclose information about you when required to do so by federal, state or local law. For example, PMA may release information about you in response to a valid court subpoena.
2. **Health Oversight Activities:** Psychiatric Medicine Associates may disclose information to a health oversight agency for activities authorized by law. For example, these oversight activities include: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
3. **For Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that you have received within my practice and the records thereof, such information may be privileged under state law. PMA will not release information without the written authorization of you or your legal representative, or in instance of issuance. This may also be the case in the instance of a court subpoena, which requires the provision of such information, which you have been properly notified. In response, you have not opposed the court subpoena within the legally specified format and timeframe, or in the instance of the issuance of a court order compelling me to provide Protected Health Information (PHI). This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
4. **To Avert Serious Threat to Health or Safety:** Psychiatric Medicine Associates may disclose your confidential mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual. These disclosures may be to law enforcement officials to respond to a violent crime or to protect the target of a violent crime. For example, threats of harming another individual may be reported to appropriate authorities.
5. **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, PMA must make available at any stage of the proceedings, all PHI information in our possession that is relevant to that particular injury in the opinion of the Washington State Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries *upon request*.
6. **Public Health Risks:** Psychiatric Medicine Associates may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:
 - a. To prevent or control disease, injury, or disability
 - b. To report child abuse or neglect
 - c. To report adult and domestic abuse
 - d. To report reactions to medications or problems with products
 - e. To notify people of recalls of products they may be using
 - f. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - g. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
7. **Law Enforcement:** Psychiatric Medicine Associates may release information about you if asked to do so by a law enforcement official:
 - a. In response to a court order, subpoena, warrant, summons, or similar process
 - b. To identify or locate a suspect, fugitive, material witness, or missing person
 - c. If you are suspected to be a victim of a crime, generally with your permission
 - d. About a death we believe may be the result of criminal conduct
 - e. About criminal conduct at the hospital
 - f. In emergency circumstances involving a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime
 - g.

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YOUR RIGHTS AS A PATIENT

In addition to provisions by the practice to protect your confidential information, you are entitled to six (6) specific rights as a patient. Request forms are available for your assistance at Vālant Medical Solutions™, Inc.

1. **You have the right to request restrictions on certain uses and disclosures.** You have the right to request a restriction or limitation on the use and sharing of information about you for treatment, payment, administrative functions, or with individuals involved in your care. To request restrictions, you must make your request in writing to Psychiatric Medicine Associates. In your request, you must specify: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want it to apply. PMA is not required to agree to your request. If PMA agrees, we will comply with your request unless the information is needed to provide you with emergency treatment.
2. **You have the right to receive confidential communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a post office box. To request confidential communications, you must make your request in writing to Psychiatric Medicine Associates. Your request must specify how or where you wish to be contacted. PMA will not ask you for the reason and will seek to accommodate all reasonable requests.
3. **You have the right to inspect and obtain copies.** You have the right to review and obtain copies of information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does **not** include psychotherapy notes, information compiled in reasonable anticipation of a legal action or proceeding; and confidential information related to certain laboratory tests under Clinical Laboratory Improvement Amendments (CLIA). To inspect and copy information that may be used to make decisions about you, you must submit your request to Psychiatric Medicine Associates in writing. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. In the following circumstances PMA may deny your request to inspect and copy information:
 - a. Psychiatric Medicine Associates have determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of you or another person
 - b. The information makes reference to another person (unless the other person is a healthcare provider) and Psychiatric Medicine Associates have determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person
 - c. The request for access is made by your representative and Psychiatric Medicine Associates have determined, in the exercise of professional judgment, that the provision of access to your personal representative is reasonably likely to cause substantial harm to you or another person. If you are denied access, you may request a review of the denial by another licensed medical practitioner. PMA will comply with the outcome of the review. If your request only concerns billing information, you may call Ronlyn Howe, office manager, at Psychiatric Medicine Associates.
4. **You have the right to amend confidential information.** If you feel that the information Psychiatric Medicine Associates has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Psychiatric Medicine Associates. To request an amendment, your request and a reason that supports your request, must be made in writing and submitted to PMA. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, PMA may deny your request if you ask us to amend information that:
 - a. Was not created by Psychiatric Medicine Associates, unless the person or entity that created the information is no longer available to make the amendment. In such instances PMA would consider the request
 - b. Is not part of the information kept by or for Psychiatric Medicine Associates
 - c. Is not part of the information which you would be permitted to inspect and copy
 - d. Is accurate and complete
5. **You have the right to receive an accounting of disclosures of confidential information.** You may ask to receive an accounting of certain disclosures made about you that were not related to the routine uses listed above. To request this list or accounting of disclosures, you must submit your request in writing to Psychiatric Medicine Associates. Your request must state a time period that may not be longer than six (6) years and indicate what format you want the list (for example on paper or in an electronic file). The first list you request will be free. For additional lists, you will be charged the cost of providing the list. Psychiatric Medicine Associates will notify you of the estimated cost involved and you may choose to withdraw or modify your requests because any costs are incurred. Disclosures do not have to be made when those disclosures are:
 - a. To carry out treatment, payment and healthcare operations
 - b. To individuals of confidential information about them

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- c. As a result of assigned authorization
- d. For the practice's directory or to persons involved in your care
- e. For national security or intelligence purposes; or
- f. To correctional institutions or law enforcement officials

6. **You have the right to obtain a paper copy of this Notice upon request.** Even if you have requested an electronic copy, PMA will provide you with a paper copy of this Notice at your request.

PSYCHIATRIC MEDICINE ASSOCIATES DUTIES

In addition to your rights as a patient, Psychiatric Medicine Associates has duties to protect your confidential information and inform you of changes to protection measures. PMA is required by law to maintain the privacy of confidential information and provide you with notice of our legal duties and privacy practices with respect to such information. Psychiatric Medicine Associates is required to abide by the terms of this Notice currently in effect.

CHANGES TO THIS NOTICE

Psychiatric Medicine Associates reserve the right to revise or change provisions on this Notice. PMA will make the new Notice provisions effective for all confidential information we maintain. PMA will promptly revise and distribute the Notice whenever there is a change to the uses or disclosures, your rights, and our duties, or other privacy practices stated in this Notice. PMA will mail updates of the notice to all active patients. Patients who are inactive at the time of mailing may receive an updated copy at their next scheduled appointment. A copy of the current Notice will be available throughout the practice. The Notice will contain the effective date on the top of first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Psychiatric Medicine Associates or with the Secretary of the Department of Health and Human Services. All complaints must be submitted or verified in writing. You have specific rights under the Privacy Rule. You will not be penalized for filing a complaint.

OTHER USES OF INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to my practice will be made only with your written permission. If you provide my practice with specific permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, PMA will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that have already been made with your permission and that PMA is required to retain our records of the care that we provided to you.

PRIVACY OFFICER

The Practice Administrator is the privacy officer for Psychiatric Medicine Associates. You may contact her or any of the PMA providers with any questions or comments.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I am required to provide you with a copy of this Notice and document your receipt. Please fill out an Acknowledgement of Receipt of Notice of Privacy after receiving this Notice. You may contact the office with questions or comments.