

Office and Practice Policies

Please read carefully and let us know if you have any questions. A hard copy of this document is available upon request.

At Sunstone Psychiatric, LLC, we believe that informed consent and confidentiality are important issues impacting all of our patients. We value the therapeutic relationship and collaboration of care. Your participation in treatment is of utmost importance and we encourage you to ask questions about your treatment at any time.

Services at Sunstone Psychiatric, LLC may include mental health assessment/psychiatric evaluation, psychoeducation, therapy, and/or medication management as indicated and when appropriate. All services are intended to address an identified mental health concern and services are expected to assist in making improvements to that identified mental health concern.

Confidentiality

All information and records obtained in the course of treatment shall be kept confidential, unless you provide written consent prior to disclosure. Please note, Oregon law requires some exceptions to absolute confidentiality. These exceptions are as follows:

- If there is reason to believe you may be in danger of harming yourself or others
- If there is reason to believe that abuse or neglect of a child, elder, or an individual with disabilities has occurred
- If a court order is received or other situations required by law
- If required for insurance billing purposes
- If an emergency situation requires sharing of information
- Additionally, if your provider is seeking consultation with another expert regarding treatment planning

Confidentiality and Treatment of Children and Adolescents

In Oregon, individuals ages 14 and up have the right to access and consent to outpatient mental health services including drug or alcohol treatment without parental knowledge or consent. The following information is designed to provide clients between the ages of 14 - 17 and their

parent(s)/guardian(s) with information about mental health care decision making, treatment record access and confidentiality.

Sunstone Psychiatric, LLC recognizes that privacy in mental health treatment is crucial. If a minor requests that information pertaining to their mental health care remain confidential from parent(s)/guardian(s), Sunstone Psychiatric, LLC will attempt to honor that request, within the confines of applicable law. Clinicians at Sunstone recognize that parental/guardian involvement can also be valuable. An agreement between the minor client, and parent(s)/guardian(s) allowing your clinician to share general information about treatment progress and attendance when indicated and as appropriate is encouraged.

When will a minor's parent/guardian be notified of treatment?

- The minor client signs consent to release information.
- If the minor's condition presents as a risk of harm to self or others, or requires inpatient treatment or detoxification.
- If the clinician feels there is a significant safety concern, in which case the clinician will make every effort to notify the minor client of intention to disclose information ahead of time and make every effort to handle any objections that are raised.
- Oregon law indicates that a primary goal of treatment should be to involve the parents before treatment ends, unless there are clear clinical reasons arguing against that involvement. Such arguments would include sexual abuse or emancipation.
- Parents/guardians have the right to access minor client's medical records, unless their parental rights have been revoked.

For more information on minor rights, access and consent to health care, please visit:
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf>

Information Regarding Treatment

Therapy has many potential benefits including but not limited to better relationships, tools to manage difficult situations, increased ability to tolerate difficult feelings, and increased mind-body connection. However, since therapy can involve discussing unpleasant aspects of your life, you may feel worse at times. Making changes in your life can be scary, and can disrupt your relationships.

Medication Management

All medication has potential to cause side effects as well as interact with other prescription/over-the-counter medications or herbal remedies. There is no way of predicting all

the potential effects a medication may have on a specific individual. Please be advised that medications used in psychiatry are often prescribed “off-label.” This means that such medication may be used to treat/manage symptoms other than those for which it was originally approved by the FDA. This will be discussed during treatment planning. Potential risks, benefits and alternatives will be discussed prior to setting a treatment plan. It is important to update all providers about changes in your medications including prescription, herbal and over-the-counter medications.

Outcome Measures

For the purpose of monitoring and improving services, you may be asked to fill out screeners or questionnaires related to symptoms and treatment progression. Information from the questionnaires may help monitor improvement and guide adjustments in the treatment plan if necessary.

Emergency Contact

Should you wish to provide an emergency contact, they will only be contacted in the case that your provider has referred you to emergency services and you are unable to contact them yourself, per your request and/or if there is belief that you pose an immediate danger to yourself or someone else—in that case, we will do whatever is necessary, even if that means breaching confidentiality.

Payment and Billing

Payment is due at the time of your appointment. We accept most major credit cards or cash payment. We require a credit card on file for billing purposes. Unfortunately, we can not make change for cash payments so please plan accordingly. You are responsible to check with your insurance for information concerning your mental health benefits, deductibles, copays or coinsurance, and network coverage. If you have questions about a balance statement you may contact our billing team at (866) 949-1070. If you would like to make a payment over the phone please call (503) 477-7878.

Additional Fees

Services that are provided by your clinician outside of appointment times are billed at \$30 per 10 minute increments after the first 10 minutes. This includes phone calls, medication authorizations, letters, reports and emails with you and/or collateral contacts. Please note, insurance does not typically pay/reimburse for these services. If you pay by check and it is returned due to insufficient funds a fee of \$50 will be charged to the credit card on file.

Declined cards will result in a \$50 fee in addition to the owed balance.

Billing Responsibility

If you indicate another party responsible for payment of services received at Sunstone Psychiatric, LLC they may receive communications from us or our billing department related to account balances.

Missed Appointments/Cancellations

We understand that schedules can be unpredictable! If you need to cancel or reschedule your appointment, please call or email us 48 hours prior to your originally scheduled appointment. If you are an established patient you may notify us through the patient portal as well. Without 48 hour notice, you may be billed at the full session rate - this may exceed the insurance company rate. If you arrive more than 15 minutes late to an appointment this may be considered a no show, and your appointment will be rescheduled and a late cancellation fee may be charged. Please note, insurance companies will not pay for missed sessions; payment for missed sessions or late cancellations is the responsibility of the patient.

Length of Treatment

Duration of treatment varies based on the nature of treatment and individual patient needs. Individuals in therapy often are seen weekly or bi-weekly. Medication appointments vary depending on medication response, therapeutic benefit as well as the type of medication prescribed and/or as mutually agreed with your provider. Length of time recommended for use of medication is based on symptoms, history of symptoms, response to medication and the individual's desire to continue medication.

Typically, a patient must be seen a minimum of every three (3) months or more frequently for medication management as indicated by the treatment plan for continuation of the provider-patient relationship.

Medication Refills

The routine practice of Sunstone Psychiatric, LLC is to write a prescription to cover your medication needs until your next appointment. If you keep scheduled appointments or reschedule promptly, there should be no need for additional refills. If an exception occurs, please have your pharmacy fax a refill request to (888) 765-0392 (please do not send an email or leave a voicemail) at least 5 working days before you will run out of medication. Refills will be considered for patients with a scheduled follow up appointment and on a case by case basis. Please note, we do not process refill requests after hours, on weekends or holidays. Please

remember it is your responsibility to schedule a follow-up appointment before you run out of medication and within the return time frame determined in your treatment plan. Controlled substances cannot be refilled by phone and will typically only be written during office visits, if appropriate.

Please note Sunstone Psychiatric, LLC is committed to the health, safety and well-being of our patients. We take a judicious and conservative approach when considering treatment with medications that are classified as controlled substances.

Termination of Treatment

If a patient “no-shows” for an appointment and does not contact and/or respond to Sunstone Psychiatric, LLC, within 30 days, it is assumed treatment has been terminated and must be re-established for further services to continue which includes medication refills.

Discontinuation of treatment may occur when goals have been met. Additionally, Sunstone Psychiatric, LLC reserves the right to terminate treatment if a patient is not actively participating in treatment goals, a patient is referred to another clinician/program who may be of better service, or when deemed necessary by Sunstone Psychiatric, LLC. Such as, if payment is not received, and/or patient or family member/significant-other are hostile or aggressive, or cause any disruption in our work space.

Services Not Provided

Sunstone Psychiatric, LLC does not provide court evaluations or testimony including but not limited to child custody, workers compensation, or criminal cases. Additionally we do not complete disability evaluations and/or provide animal emotional support letters.

Email Communication

Please be aware that email is not a confidential means of communication unless both parties are communicating through secure avenues. Sunstone Psychiatric, LLC can send and receive emails through a signed BAA Google Apps email accounts ([clinician first name]@sunstonepdx.com) that have encryption technology by Virtru. This technology facilitates secure, HIPAA compliant, electronic communication. It is recommended that no information regarding your personal health history be communicated using electronic means without this or similar technology. Communicating with standard email is not secure. Please take this into consideration when sharing your personal health information. **Email is not intended for urgent matters.**

Telephone/Email/Patient Portal Messages

Sunstone Psychiatric, LLC will make an effort to check messages at least once per weekday and attempt to return messages within 24-48 hours. Currently, we do not offer 24 hour call availability. Once you become an established patient with Sunstone Psychiatric LLC, you may set up a secure account through onpatient.com which allows for confidential messaging services for non-urgent communication only.

Record Requests and Open Notes

As of April 5, 2021 patients will have access to each visit note within 30 days of each visit through our onpatient.com portal. After the patient leaves the practice and their access to the onpatient portal is lost, the patient will be able to complete a release of information and receive the requested chart notes

For non-emergency/non-urgent matters, please call: 503.477.7878

Texting

We do not use texting as a form of communication with patients.

Mental Health Emergency/Urgent Services

If you are experiencing a mental health emergency, please call 911, go to the nearest emergency room or utilize local crisis services:

Multnomah County Crisis Line: (503) 988-4888
Clackamas County Crisis Line: (503) 655-8585
Washington County Crisis Line: (503) 291-9111
Marion County Crisis Line: (503) 585-4949 Clark
County Crisis Line: (360) 696-9560

Suicide Prevention Lines

Text 741741
National Suicide Prevention Lifeline 1-800-273-8255
Trans Lifeline: 877-565-8860

Hospitals/Clinics

Your Local Emergency Department

Unity Center for Behavioral Health

1225 NE 2nd Ave, Portland, OR 97232 Phone: (503) 944-8000

Cedar Hills Hospital

10300 SW Eastridge St, Portland, OR 97225 Phone: (503) 944-5000

Cascadia Urgent Walk-in Clinic

4212 SE Division St, Portland, Oregon 97206 Phone: (503) 963-2575

If you are admitted to a hospital, please notify your provider as soon as possible so we can assist in the coordination of your care.

Office Space

Sunstone Psychiatric, LLC is a partnership consisting of Annie Hood, PMHNP-BC and Larissa Birndorf, PMHNP-BC. The independent clinical practitioners are separately licensed independent practitioners and are responsible for each of their respective practices.

Revision of Office and Practice Policies

Sunstone Psychiatric, LLC reserves the right to revise our office and practice policies at any time by updating this document without advance notice to you. Such revisions shall be effective immediately upon posting. Therefore, we encourage you to check our office and practice policies frequently.

Acknowledgment of Office and Practice Policies

My signature indicates that I have received, read, understand, and agree to the office policies as outlined in the Office and Practice Policy Statement for Sunstone Psychiatric, LLC and voluntarily consent to receiving treatment.

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