

## *Integrative Psychiatry Northwest PLLC*

This Practice and Services Agreement (“Agreement”) includes and describes practice information about Integrative Psychiatry Northwest PLLC (“Integrative Psychiatry Northwest” or “iPNW” or “the company”) that you will need to review and consent to. Please review it carefully.

### **Practice Approach**

Integrative Psychiatry Northwest operates from a holistic perspective and is committed to providing individualized, compassionate and comprehensive care. Patients are encouraged to make informed treatment decisions and partner with their provider to develop a personalized care plan.

### **Provider Credentials**

Dr. Jennifer O'Hare is a licensed and board certified Psychiatric Mental Health Nurse Practitioner with experience treating a wide range of mental health concerns in adult populations. Provider licensing is recognized by the Washington State Department of Health.

Educational background:

- Bachelor of Arts - Community Psychology - University of Washington 2010
- Bachelor of Science - Nursing - University of Washington 2014
- Doctorate of Nursing Practice - Psychiatry - University of Washington 2017

### **Contact/Electronic Communication**

The primary method of communication will be through the AdvancedMD (the company's Electronic Health Record [EHR]) patient portal platform. Upon acceptance as a new patient, you will be provided access to create a patient portal account. Please utilize the patient message feature within the portal for all communications.

The patient portal can be accessed via <https://patientportal.advancedmd.com/151641/account/logon>

Portal messages are typically reviewed and responded to within seven business days if not sooner. Please be aware that immediate portal message receipt and response is not a guarantee. If the message is urgent, emergency services should be utilized.

Email, phone and fax contact information can be found on our website, [www.psychnorthwest.com](http://www.psychnorthwest.com), however these methods of communication should not be the primary means of patient communication and any correspondence received via these methods may be met with a reminder to utilize the patient portal messaging system instead.

When you utilize the messaging features with the patient portal platform, or contact iPNW by phone / email, you are communicating electronically. You consent to receive communications from iPNW via these means as well. You agree that all agreements, notices, disclosures, and other communications that are provided to you electronically satisfy any legal requirement that such communications be in writing. Financial policies, including payment timing, fees, and credit/debit card on file authorization, are outlined in the Financial Agreement and the portal's Card on File Terms & Conditions. For your security, do not send payment information by email.

### **Services**

Time in session will allow for care services such as psychiatric evaluations, health history reviews, patient education, diagnostic formulation, medication management and review of treatment options.

New patients may need an “initial intake appointment” as well as “one hour follow up appointment(s)” to ensure a thorough evaluation.

Follow up appointments may need to occur on a weekly or monthly basis depending on your symptom presentation, response to treatment and/or stability.

For long-term patients, you may be asked to be seen at least every three to six months in order to continue safe and effective management of your psychiatric medications and condition.

### *Medication management*

Prescription treatment options will be given as indicated based on symptoms and patient needs. Sessions will allow for discussion of medication, efficacy, length of expected treatment, and other related concerns. Non-prescription options, including natural or nutritional supplements, may also be discussed. Psychiatric medication may or may not be prescribed at your first appointment.

- Refills: Medication refills should be requested in session. If you need a refill between sessions, please call your pharmacy and notify your provider as soon as possible via the patient portal. Please allow up to seven business days for refills requested outside of your appointment time. Refills may not be authorized if you have no future appointments. Refills may also not be authorized in the event of a missed, rescheduled, or cancelled appointment. If a pattern of repeated refill requests outside of appointments develop, a service fee of up to \$50 for requests may be charged.
- Controlled substances: Initiation of controlled substances is done conservatively. Continuation of already prescribed controlled substances will be managed as indicated. Tapering plans will be discussed if necessary. Prescribing laws vary between states and you may not be able to fill controlled substance prescriptions outside of WA state. Due to the additional level of care coordination that is involved in managing controlled substances, a service fee of up to \$50 may be assessed depending on refill frequency.

#### *Psychotherapy*

For some patients, brief supportive and problem-focused counseling may be provided. If patients request or require regular and/or in-depth therapy, establishing with a therapist will likely be recommended.

#### *Genetic testing and labs*

Lab work may be ordered and reviewed for monitoring purposes and/or to rule out any underlying conditions that may complicate treatment/contribute to ineffective treatment responses. Genetic testing is also available for patients interested in this service. These services are provided via third party companies. The costs of these services, and the degree of coverage by your insurance carrier, is your responsibility to know. You will be encouraged to discuss any questions or concerns regarding the cost and coverage of these services with your insurance carrier and the third party companies directly.

#### *Form completion*

Requests for form completion (e.g., leave paperwork) will be fulfilled based on clinical discretion. Allow up to 2 weeks to complete paperwork requests. A service fee of up to \$50 for form completion may be charged.

#### *Referrals/care coordination*

If it is deemed to be in your best interest to obtain a second opinion to clarify diagnoses and formulate treatment plan(s) then follow up referrals will be made.

#### *Limits to practice*

Some needs or clinical situations will not be able to receive services from iPNW. These situations include but are not limited to court-ordered evaluations, parenting or custody evaluations, and substance abuse evaluations and/or management.

#### **Appointments and Scheduling**

Please utilize the patient portal for all scheduling needs. Messages regarding scheduling or rescheduling needs as well as requests for an alternative time slots can be done via the patient portal.

#### *Cancellation policy*

If you are unable to meet for your scheduled appointment, you need to provide a minimum of 48-hour notice. If you do not cancel your appointment with a 48-hour notice, you may incur missed appointment and late cancellation fee(s) as follows:

- \$50 for missing a 30-minute follow up appointment

- \$100 for missing a 60-minute initial intake or 60-minute follow up appointment

These charges are irrespective of the reason for the cancellation/no show and are your financial responsibility as insurance companies do not pay for late cancellation/no show fees.

If there is a pattern of no show's/cancelled appointments, iPNW reserves the right to terminate services with you and you will be financially responsible for any remaining balance on your statement.

If you expect you're going to be late to a scheduled appointment, please notify Integrative Psychiatry Northwest or your provider. Depending on the circumstance and the frequency of such occurrences, you may incur a missed appointment/late cancellation fee and/or be asked to reschedule.

### **Termination of Care**

It is your right to terminate care with Integrative Psychiatry Northwest or your provider for any reason.

Similarly, iPNW also reserves the right to terminate care and services to you in situations including but not limited to: inappropriate behavior, missing numerous appointments, abusing medications prescribed to you, not adhering to your treatment plan.

### **Emergency and Non-emergency Situations**

Integrative Psychiatry Northwest does not provide emergency or on-call psychiatric services.

#### *What is an emergency?*

A mental health emergency is any situation where you feel an immediate risk of serious harm and/or death to yourself or someone else. If you are experiencing an emergency situation and/or having thoughts of harming yourself or others, **please call 911 and/or go to the nearest emergency room**. You may also call or text **988** for the Suicide & Crisis Lifeline.

#### *What is not an emergency?*

Situations and/or events that result in a strong desire to talk to someone; any situation that does not involve immediate danger to yourself and/or others.

#### **In the event that you are needing help in a non-emergent situation:**

Suicide & Crisis Lifeline – call/text 988 or call (800) 273-8255 or chat at 988lifeline.org

Crisis Connections – Washington / King County regional crisis line – (866) 427-4747 or (206) 461-3222

Crisis Text Line – text “HOME” to 741741

Snohomish County / North Sound region CARE Crisis Line – (425) 258-4357 or (800) 584-3578

Veterans Crisis Line – Dial 988, then press 1, or text 838255, or chat via veteranscrisisline.net