

Ashland Integrative Care PC
1607 Siskiyou Blvd
Ashland, Oregon 97520
Phone: 541.201.3173 Fax: 541.371.5551

Patient Rights and Responsibilities/Consent for Treatment

Thank you for choosing our office to meet your healthcare needs. We ask that you take the time to read and sign the following to help better understand what to expect of your patient/provider/insurance company relationship including office policies. By signing this form, you agree and consent to treatment at this office.

Patient's Rights:

- You have the right to an explanation of your diagnosis as well as treatment recommendations.
- You have the right to make an informed decision whether to accept or refuse treatment.
- You have the right to voluntarily terminate treatment any time. You will still be financially responsible for unpaid services already rendered.
- You have the right to be treated with dignity and respect regardless of race, religion, gender ethnicity, age or disability.
- You have the right to receive assistance in a prompt, courteous and responsible manner. This may include having a friend, family member, caregiver or interpreter come to your appointment with you if desired.
- You have the right to confidentiality. Only in a life threatening emergency, or if required by law, can records be released without patient authorization. State and local law require reporting of abuse or neglect of the elderly or minors. The law also requires the practitioner to report any danger to self or others.
- You have the right to see and request a copy of your health records.
- You have a right to limit who can see your health records. Furthermore, if you request a copy be sent to your insurance company or third party payer for billing or reimbursement purposes, we cannot guarantee absolute confidentiality of your insurance company or third party payer. It is a routine process of insurance companies to request written treatment plans and to review psychiatric records and diagnosis codes. Any agent of your insurance company may be privy to information regarding your treatment.

Patient's Responsibilities Are:

- To present your ID and insurance card and make authorization arrangements prior to receiving services.
- To inform our office of any address, phone number or insurance changes before appointments.
- To provide honest and complete information to those providing care, including drug or alcohol information.
- To know what medication you are taking, why you are taking it, and the proper way to take it.
- To inform us of any medication or supplements you are taking this includes alcohol and recreational drugs.
- If you are seeing other psychiatric prescribers concurrently we will not be considered your provider and may discharge you unless otherwise arranged. This is a safety risk issue.
- To allow the office a 72-hour response time when requesting refills, which need to be initiated by your pharmacy. If you are unable to get your medication contact this office so that we can intervene with your pharmacy.
- To give the staff the same respect you are given. Any conflicts should be discussed with your clinician. Verbal, physical or written abuse may be result in dismissal from this office.

Payments and Appointments:

- To pay all applicable charges at time of service, including any co-payments, co-insurance, or charges for missed appointments, bank charge for any returned checks and services non-covered by your insurance carrier.
- To assume responsibility for the date and time of your appointments you will get one courtesy reminder call, or e-mail depending on your preference.
- To keep scheduled appointments or provide a minimum of 24 hours notice when canceling or rescheduling.
- We reserve the right to refer you to another healthcare provider if we feel that your needs are beyond what this office can provide you or we are not able to establish a therapeutic relationship. We will do the best to make an appropriate referral or refer you back to your insurance company.

Contact/ Clinical Information:

Office Hours: Mon-Fri, 9:00 am-5:30 pm. Every other Saturday 9:00 am-3:00 pm. Closed for all major holidays
Voicemails are checked daily with the exception of closed days.

Ashland Integrative Care PC
1607 Siskiyou Blvd
Ashland, Oregon 97520
Phone: 541.201.3173 Fax: 541.371.5551

Emergencies: If you have an emergency and need to reach the on call provider follow the prompts on the voicemail. Please reserve this for true emergencies. If you are having feelings of harming yourself or others call 911 or seek help at your local emergency room. If you are having a reaction to your medication that includes shortness of breath, rash or allergic reactions call or seek medical help.

Phone Calls: Phone calls between visits are reserved for urgent issues and will be brief. **No changes in medications will be made without a visit.** A temporary solution will be arranged and a visit will be made to discuss long-term plans. Phone calls lasting more than 10 minutes will be billed at a rate of \$200.00 per hour.

Email/Text: We do not text at this office other than for appointment reminders. **We will not respond to any clinical issues nor assume responsibility for clinical issues presented via email.**

Medication side effects: It is your responsibility to discuss your side effects or reactions with your prescriber so that changes can be made to your treatment plan. Do NOT stop your medication without notifying your prescriber as this may affect you in a negative way.

Benzodiazepines: If you are using these medications routinely you will be subject to random urine drug screens. Benzodiazepines are best used for short-term use only. Long-term effects include memory loss and dementia. Benzodiazepines have also been found to be the cause of some unintended deaths. It is expected you will be actively involved with alternative therapies including counseling, cognitive behavioral therapy, and/or using non-benzodiazepine medications to treat your anxiety. If you are not willing to participate in any other treatment options for your anxiety, you may want to look for a different mental health provider. Monthly visits are required for this type of medication to be prescribed.

Stimulants: These medications are reserved for specific diagnosis and if taking these, you will be subject to urine drug screening as they are considered to be highly abused medications. If you are not willing to participate in the necessary testing for proper diagnosis and trying non-stimulant alternatives, you may want to look for a different mental health provider. Monthly visits are required for this type of medication to be prescribed.

Insurance and medications: Your insurance has a unique list of "covered" medications (formulary). Once the best medication for your diagnosis has been determined, we will try to prescribe within that formulary to the best of our ability. Ultimately, it is your responsibility to know your insurance formulary.

If you have not had an appointment in 90 days (unless agreed upon with your practitioner) you will no longer be considered a patient and no refills will be given.

My signature below indicates that I understand, consent to, and agree with the above statements.

Patient Name (print): _____ Date: _____

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

I have discussed the above information with the named individual and/or parent/guardian if a minor. My observations and clinical impression of the mental status, behavior and responses of named individual or representative give me no reason to believe that they are not fully competent at this date and time to give informed, voluntary consent to treatment.

Practitioner Signature: _____ Date: _____