

# New Client Orientation and Informed Consent

Welcome to the Pacific Psychology & Comprehensive Health Clinics. Please review this information about what to expect regarding your services at our clinics.

Your signature on the electronic signature pad indicates that you consent to treatment in this clinic.

We have two clinic locations with convenient hours, easily accessible by TriMet:

- PORTLAND
  - 1411 SW Morrison St, Suite 310
- HILLSBORO
  - 222 SE 8<sup>th</sup> Ave, Suite 212
  - Spanish-speaking services available at the Hillsboro location

## Hours:

Monday-Thursday 9am-8pm

Friday 9am-5pm

The Pacific Psychology and Comprehensive Health Clinics are part of a not-for-profit organization, and our training clinics have been a part of Pacific University's School of Graduate Psychology since the 1980's. We strive to provide services to diverse communities, marginalized groups, and underserved individuals across the lifespan.

## Services available in our clinics:

- **Psychology**
  - Therapy services for individual, families, and groups
  - Intellectual, personality, neuropsychological, and psychoeducational assessment
  - Psychoeducational workshops, seminars, community outreach
- **Speech-Language Therapy: assessment and treatment of**
  - Eating and swallowing challenges
  - Speech and communication challenges
  - Voice coaching
  - Cognitive rehabilitation
- **Behavioral Medicine including medication management for**
  - Depression, Anxiety, Attention Deficit-Hyperactivity Disorder (ADHD),
  - Post-Traumatic Stress Disorder (PTSD), Trauma Informed Care,
  - Obsessive Compulsive Disorder (OCD) , Autism Spectrum Disorder (ASD),
  - Bipolar Disorder, Adolescent and Geriatric Depression and Anxiety

## **PSYCHOLOGICAL SERVICES**

All clients participate in an intake interview and assessment to determine if we are able to provide treatment for you. This intake is not a guarantee we will ultimately be able to provide services to you; however, if you complete the intake and we determine the PCH Clinics are not a suitable treatment setting for you, we will be happy to provide you with a copy of the findings and referrals to other agencies better suited to meet your needs. We can mail (upon your written authorization) this information to another agency of your choosing.

## **EXPECTATION OF CLIENTS**

We schedule therapy appointments that work with both yours and your clinician's schedule. These therapy appointments are generally scheduled once per week and typically lasts 45-50 minutes. As a courtesy, we make reminder calls, for appointments, one to two days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.

If you are unable to make your appointment, you are required to cancel 24 hours in advance. If you cancel with less than 24 hours' notice or "no show" your appointment, you may be charged a missed appointment fee. Repeated missed appointments may result in discontinued services. We encourage you to speak to your clinician about missed appointments. In the event that you have 3 "no show, no call" missed appointments you may be subject to discontinued services. This will be reviewed by your clinician and supervising psychologist.

If we are unable to reach you to schedule an appointment after 3 attempts, we may assume you have discontinued services and close your chart.

The Pacific Psychology and Comprehensive Health Clinics need to maintain a healthy environment for all of our clients. If you are experiencing an illness, bedbugs, or another skin condition which may be contagious, we ask that you reschedule your appointment to avoid compromising the health of others. Animals are not permitted in the Clinics with the exception of service animals for a disability; emotional support animals are not permitted.

The Pacific Psychology & Comprehensive Health Clinics expects that clients will not attend therapy or other healthcare appointments under the influence of any substance or alcohol. If staff determines that your ability to effectively participate in treatment is compromised due to the influence of drugs and/or alcohol, you will not be provided service and you will be asked to leave the facility. If The Pacific Psychology & Comprehensive Health Clinics staff believe that you have driven to our center under the influence of a substance with children under the age of 18 in your motor vehicle, we are required by law to make a report to Department of Human Services.

The Pacific Psychology & Comprehensive Health Clinics additionally makes extra effort to ensure that all of our clients feel safe while receiving services at our program. For this reason, guns, knives or other weapons are not permitted on the premises of the Pacific Psychology & Comprehensive Health Clinics. If a staff member determines that you may pose a threat to staff or other clients, you will not be provided treatment services and you will be asked to leave.

Therapy occurs when an individual, or family meets with a professional clinician to discuss their difficulties. The therapy session is a safe and private place to explore thoughts and feelings and look for ways to solve problems. While it is expected that you or your child will benefit from therapy, there is no guarantee. Other outcomes are possible. In fact, difficulties may show no improvement or even worsen. Therapy is a process that requires time, communication, and commitment from everyone involved. If you are scheduled for a therapy appointment and are unable to find

child care at that time, we encourage you to reschedule the appointment, as we cannot allow unattended children in the clinic. We ask that you speak with your therapist about this prior to the scheduled appointment time.

If your child is receiving therapy services with us, you will be asked to participate in the therapy session on occasion. If there is someone whom you wish to participate in your child's therapy session, please discuss this matter directly with the clinician and they will determine when and if this is appropriate for the child's treatment. Clients 14 years of age and under who are not emancipated from their parents should be aware that the law might allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, we may sometimes request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and their attendance at scheduled sessions. Per Oregon law, if a child is a minor, both custodial and non-custodial parents have access to treatment records.

Our treatment philosophy is strength based and solution-focused and requires a collaborative relationship with your treatment team. We will give you an estimated length of treatment, and may require that you complete assignments between sessions. It is important that you comply with your treatment plan.

Remember, that in therapy, we do not FIX you, but we facilitate helping you with changes that are agreed upon in your treatment plan. You and your clinician mutually agree upon treatment goals. In general, we strive to reduce your distress, symptoms and concerns while increasing your functioning and life satisfaction.

If your problems seem overwhelming right now, remember that your clinician will understand and take your hopes and fears into consideration. It is important that you be honest with your thoughts and feelings at all times, and provide all relevant information and history throughout assessment and treatment. The process of therapy may involve discussing unpleasant aspects of your life, during which you may experience sadness, guilt, anger, frustration and loneliness. Research shows that working through these feelings in therapy may lead to better relationships and improved functioning in various areas of life.

The Pacific Psychology & Comprehensive Health Clinics do not provide parenting evaluations, fitness for duty evaluations, serve as expert witnesses, or get involved with legal proceedings.

## **PRIVACY AND CONFIDENTIALITY**

We will not confirm that you are a client at our clinic without your written consent to do so, and we abide by the privacy practices outlined by HIPAA. Details of these practices are in a separate document, the Notice of Privacy Practices.

As we are a training clinic, your psychological services sessions will be recorded and/or observed by supervisors or qualified students. All recordings are erased automatically unless you give written permission to make other use of them. On occasion, your case may also be discussed in a classroom situation or information you have provided may be used in a research project. Whenever information about you is used in this way, no identifying information will be included.

Please be aware that in group treatment, the clinic cannot guarantee that other group members will not disclose information about you outside the treatment sessions, therefore confidentiality may be limited.

In the State of Oregon, mental health professionals are mandatory reporters of suspected abuse of children, vulnerable adults, and/or elders. Additionally, we may report abuse of an animal. If we have reasonable suspicion that abuse has occurred to a child, vulnerable adult, or an older adult, and we had contact with either the victim or the abuser, we must report the suspicion to the appropriate social service agency. If we have reasonable suspicion that an animal has been abused, and we have had contact with the abuser, we may report the suspicion to the appropriate agency.

## **HEALTH INSURANCE AND SELF-PAY FEES**

We accept HealthShare Oregon and Trillium Community Health for mental health services and Medicare and Care Oregon for Speech-Language Pathology services. If you are a HealthShare, Trillium, or CareOregon member and are receiving a service which is not reimbursed by your insurance, we will ask you to sign an “Agreement to Pay” form and bill you for services. A discount may be available based on your income.

**HealthShare (CareOregon BH, Verity, Multnomah County MH, Washington County MH), Trillium Community Health, Columbia Pacific, Jackson Care Connect.** We will verify authorization and bill your insurance directly for mental health services. If you run out of authorized sessions, we will notify you. We cannot continue to provide services to a HealthShare or Trillium member without an authorization, and we are not permitted to accept payment from members for covered services.

**CareOregon.** We will verify eligibility and bill CareOregon directly for speech-language pathology services.

**Medicare.** We will verify eligibility and bill Medicare directly for Speech-Language Pathology services. There is a limit to the number of sessions available per year, and we will inform you if you have met the limit. At that time we will be unable to provide further services until the next year.

**All other insurance.** While we will not bill your insurance for you, we will provide you with a copy of your bill upon your request so that you may seek reimbursement from your insurance carrier. If you wish to utilize a health insurance benefit to pay for psychotherapy or medical services, you need to be aware of what this means. Some insurance plans require pre-authorization. You are responsible for obtaining the initial pre-authorization if it is necessary. It would be very helpful if you would check the specifics of your insurance benefits, if any, prior to our first meeting. You remain responsible for your entire bill regardless of whether insurance covers treatment costs, or whether you are the primary insured person.

**Self-pay fees.** We are happy to assist you in applying for Oregon Health Plan coverage which may provide insurance to pay for your services. Please see our separate document regarding self-pay fees, policies, and available discounts.

## **PHONE ACCESS AND EMERGENCIES**

Many people can be helpful to you when you are under stress, in a crisis, or experience an emergency. We encourage you to work with your clinician to develop a plan of when and how to access your support system and professional resources such as crises lines and emergency rooms. Since our clinicians are only in the clinic on a part-time basis, they may not be available via phone to support you between sessions. However, we may be able to connect you with

another clinician who can provide support and guidance. For non-emergencies, please call us **during business** hours if you would like to speak to someone. Contact us in Portland at (503) 352-2400 and in Hillsboro at (503) 352-7333. If you need support after hours, or you are currently in crisis, please contact the Multnomah County Crisis Line at (503) 988-4888 or the Washington County Crisis Line at (503) 291-9111.

Other lines that you may find helpful are Lines for Life (1800-273-8255), Oregon's Warm Line (1800-698-2392), or NAMI support line (1800-950-6264). **If you experience a medical or mental health emergency** or feel you are in imminent danger, we advise you to call 911 or go to the nearest Emergency Department.

## **YOUR RIGHTS AND RESPONSIBILITIES:**

All clients of the PCH Clinics are entitled to following rights:

1. **Nondiscrimination:** The PCH Clinics will not discriminate against you based on your race, color, national origin, duration of residence, religion, ancestry, gender, disability, sexual orientation, political affiliation, marital status, or age.
2. **Spiritual and religious freedom:** You have the right to your religious beliefs and spiritual practices. PCH clinic representatives will demonstrate compassion and provide support for you to practice your chosen religion or form of spirituality.
3. **Respect and dignity:** You have the right to treatment that is considerate and respectful of your dignity and individuality.
4. **Exercise of rights:** Your civil and human rights are the same as if you were not in treatment, including the right to vote and political views.
5. **At the start of treatment:** You have the right to
  - be informed of the policies and procedures, service agreements and treatment fees for services provided;
  - have a custodial parent, guardian, or representative, assist with understanding any information presented;
  - have family and guardian involvement in service planning and delivery ;
  - make a declaration for mental health treatment, when you are legally an adult;
  - give informed consent in writing, except in a medical emergency or as otherwise permitted by law (minor children may give informed consent to services if under age 18 and lawfully married, age 16 or older and legally emancipated by the court, or age 14 or older for outpatient services only);
  - file grievances, including appealing decisions resulting from the grievance;
  - exercise all rights set forth in ORS 109.610 through 109.697;
  - exercise all rights described here without any form of reprisal or punishment.
6. **While in treatment:** You have the right to
  - choose from available services that are consistent with the Service Plan, culturally relevant, provided in an integrated setting in the community and under conditions that are least restrictive and that provide you the greatest degree of independence.
  - participate in the development of a written Service Plan, and receive services consistent with that plan, to participate in periodic review and reassessment of service needs, and to receive a copy of the written Service Plan.
  - confidential treatment of your records and to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50. Except as required by a medical emergency, no information will be released to or sought from any other agency or significant other (spouse, parent, etc.), unless you have signed a Release of Information form, are under age 14.

Statistical data reported to funding and monitoring agencies shall be processed while protecting your identity.

- be notified in advance of changes in your care team and if you are being transferred to a new clinician, except in emergencies or if there are concerns about health and safety.
- ask for and receive, from appropriate staff members, information about your diagnosis, individual plan and treatment methods, prospects for recovery and outcomes, potential risks, and alternatives for treatment in understandable terms.
- refuse to participate in research and experimentation.
- not be abused or neglected by any representative of the PCH clinics. Physical punishment and mental, sexual, and physical abuse are prohibited. Clients are not permitted to discipline other clients. Sexual contact between clients and PCH clinic representatives is strictly prohibited. If you are concerned about this guideline, speak with a Clinic Director. There will be no retaliation from making a report of potential of abuse or neglect.
- be free of restraint or seclusion at the PCH clinics. Physical and chemical restraints, or seclusion in a locked room, are prohibited.
- not perform services for the PCH clinics that are not included for therapeutic purposes in the program or in the individual plan.
- formally or informally express concerns and complaints. You have a right to information regarding the grievance process.
- review your service records within five days of your written request to do so in accordance with ORS 179.505.
- terminate services at any time. You also have the right to refuse treatment and to be informed of the consequences of your refusal. However, if your refusal prevents PCH staff from giving appropriate, ethical care, The PCH clinics may terminate your services.

### **IF YOU HAVE A GRIEVANCE**

The PCH Clinics are committed to providing quality services designed to meet clients' needs and to respect clients' rights. If you or any person acting on your behalf believes your needs are not being met within the scope of treatment, or that your rights have been violated, you may submit a grievance regarding any aspect of your treatment.

If you have a concern or complaint, ask your clinician to help you resolve the problem. If your clinician is not available, ask administrative staff to help you. If you are not satisfied with the resolution, then write a grievance for the Clinic Director. The written grievance must include a statement of the problem, the date(s) of occurrence, a list of persons involved, and any other pertinent details that will clarify your grievance. You may suggest potential resolutions.

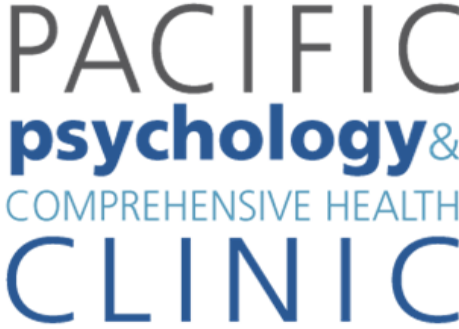
Our full grievance policy and a grievance form are attached to this document on page 7.

### **REGISTERING TO VOTE**

If you are interested in registering to vote or you need to notify the voting office of new address, please see the voter registration cards in the lobby or ask the front desk for a voter registration card.

### **DECLARATION OF MENTAL HEALTH TREATMENT PREFERENCES**

You have the right to direct your mental health care, and are encouraged to complete a Declaration of Mental Health. We will provide information and the form at your request so that you can discuss this with your family and support system as well as your clinician. You may submit a copy to the PCH clinic to include in your file.

Policy # 22 Title: Grievances and Appeals Applicable OAR(s): 309-019-0215	<b>PCH MISSION –</b> Providing children, teenagers, and adults with quality mental health treatment and integrated care services that are culturally sensitive, trauma-informed and evidence-based. Training future clinical psychologists and healthcare professionals to work interprofessionally to improve patient outcomes and satisfaction.	
Approved by Clinic Directors: Irina Gelman, PsyD Kamila Marrero, PsyD		
Date originated: Jan 2016 Revision dates: Jan 2019, Mar 2019		

**POLICY**

PCH clinics are committed to providing quality treatment services designed to meet patients’ needs and to respect patients’ rights. Consistent with this commitment, any client or person acting on a patient’s behalf shall have the right to submit a grievance regarding any aspect of the patient’s care.

**PROCEDURE**

Providing the information

A copy of the PCH clinic Grievance Policy and Procedure as well as a Grievance Form will be part of the intake materials for all new patients to the clinic. Patients will have an opportunity to review all intake materials and ask questions prior to their appointment, and again during their first appointment.

PCH will post a Grievance Process notice in the waiting area of each clinic, explaining the process within the clinic. The notice will also include the phone numbers for the local care coordination organizations, the Health Systems Division, Disability Rights Oregon, and the Governor’s Advocacy Office should the patient or their representative prefer to address the grievance outside of the clinic.

The Grievance Process

PCH clinic will assist the patient or their representative in completing the form, or documenting the phone call as needed. PCH clinic will notify the patient of the outcome and the reason for that result.

The grievance will be submitted to the Business Operations Manager, who will:

- Document date received
- Contact patient within five business days
- Notify the clinic director
- Investigate the complaint by contacting provider(s) or staff involved within 10 business days

Our goal is to resolve all grievances directly with those involved, at the lowest level possible. If unable to resolve the grievance within five business days of originally contacting patient, the manager will contact the

patient to explain the delay. If the complaint is unsubstantiated, the manager will contact the patient to inform them. The grievance process will be completed within 30 days.

A copy of the grievance, along with a written response describing the investigative process and the resolution will be mailed to the patient, and an electronic copy of both will be retained in clinic files.

In circumstances where the matter of the grievance may cause harm to an individual if it is not resolved more quickly than the normal resolution timeline, the patient or representative may request an expedited review. If the manager agrees to the reason for expedition, the clinic director will review and respond in writing to the grievance within 48 hours. The written response will include information about the appeals process.

### Protecting individual rights

A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance, or being a witness. This includes but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.

The grievant is immune from any civil or criminal liability with respect to filing a grievance or the content of the grievance.

### Appeals

Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:

- If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten business days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Health Systems Division;
- Program staff will be available to assist the individual as requested;
- The Health Systems Division shall provide a written response within ten business days of receiving the appeal;
- If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten business days of the date of the written response to the Health Systems Division Director.

A sample grievance form follows.



**PACIFIC PSYCHOLOGY & COMPREHENSIVE HEALTH CLINICS GRIEVANCE FORM**

Today's date: \_\_\_\_\_ Location: \_\_\_\_\_ Hillsboro \_\_\_\_\_ Portland

Your name: \_\_\_\_\_

Tell us about what happened.

When did it happen? \_\_\_\_\_

Who was involved? \_\_\_\_\_

Describe the problem (you can use the back if more space is needed):

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Have you already spoken with the person(s) involved?      Y      N

What suggestion do you have to address the problem?

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Thank you for filling out this form. Our clinic director will look into this and we will get back to you within five business days.

If the circumstances of the problem are urgent enough that you may be harmed before the regular review process is complete, please check the box below and the program administrator will review and respond to the grievance within 48 hours.

Expedite. Reason for expediting request: \_\_\_\_\_

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[STAFF USE ONLY: date received \_\_\_\_\_]

**Here is a copy of the document we will ask you to electronically sign:**

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## STATEMENT OF INFORMED CONSENT FOR TREATMENT

Pacific Psychology and Comprehensive Health Clinic collects information for ongoing anonymous or coded research. If your information is included in research data, your name will NOT be used, nor will any other information that might be used to identify you. You have the right to request that your information not be included in ongoing research. Please indicate your preference by signing in the appropriate place.

I agree to have my health information included in current and future anonymous or coded research.

**INITIALS HERE:** \_\_\_\_\_

I decline to have my health information available for current and future anonymous or coded research.

**INITIALS HERE:** \_\_\_\_\_

My signature below confirms that:

I have carefully read, or have had read to me, the Pacific Psychology and Comprehensive Health (PCH) Clinic's New Client Orientation and Informed Consent document. I have also had a chance to ask questions and discuss this further with clinic staff and I fully understand this information. In particular, I understand:

- my sessions will be recorded;
- the PCH clinic operates a shared medical record with other OCHIN members;
- clinic staff and supervisors may observe or discuss my care in order to provide me with the best possible service;
- the document includes my **Individual Client Rights**, and explains the **Grievance** process should I feel that my rights have been violated and a copy of the grievance form;
- **voter registration cards** are available if I would like to register to vote or update my address;
- If I wish to complete a **Declaration of Mental Health** to direct my mental health care, PCH clinic will provide a form and keep a completed copy in my file.

I agree to be responsible for any patient balance due and hereby assign (if applicable) insurance benefits with HealthShare, Care Oregon, Trillium OHP or Medicare to Pacific Psychology and Comprehensive Health Clinic.

I acknowledge I was given a copy of the **New Client Orientation and Informed Consent document**.

I now freely give my informed agreement for myself and/or minor child or legal dependent to receive treatment or other services at the Pacific Psychology and Comprehensive Health Clinic.

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**PATIENT OR PARENT / LEGAL GUARDIAN SIGNATURE**

**DATE**

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**PATIENT OR PARENT / LEGAL GUARDIAN NAME (PRINTED)**