



In-House Counseling Financial Policy

KEEP THIS COPY FOR YOUR RECORDS

Our primary objective is the good health of our patients and we wish to spend our time and energy toward that end. With this goal in mind, we have established these policies to help answer your questions about our payment requirements.

Payments:

- We are required to collect co-payments, deductibles, and non-covered services **at the time of your visit, according to your insurance policy.**
- In-House Counseling offers different payment options, please review the Billing on File Authorization for a method that works best for you.
- We will bill your insurance company for service rendered.
- Accounts become delinquent after **60 days**. Unless you make financial arrangements, delinquent accounts may be turned over to a collection agency.
- Overpayment: if an account is overpaid, a refund will automatically be sent to you.
- **Appointments not cancelled with a minimum of 24 hours notice are considered a "no show." You will be charged for missed sessions at a rate of \$75.00. This charge is billed to the patient and will not be billed to insurance.**
- Types of payment accepted: Cash, Check, Visa, MasterCard or Money order.

Social Security Number:

- Although many insurance companies no longer use your social security number as your ID number, many do still use your social security number internally for patient and dependant identification.
- We also use this information internally to assure correct patient identification.
- Also, because most services are not paid in full at the time of service (we are essentially extending you credit). In the unlikely event services are not paid, this information would be necessary to pursue collection activity.

A \$25.00 service charge will be assessed for checks returned for non-sufficient funds.

Statements are mailed monthly and are payable upon receipt. If there is an unusual financial situation which causes payment of your account to be difficult, please discuss this with our billing department as they can make special payment arrangements.

I have read this payment policy and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I agree that in the event costs and/or fees are incurred in connection with the collection of my account, I will pay all such costs and fees, including collection costs, attorney's fees, and all court costs.

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In-House Counseling Notice of Privacy Policy

Effective 05/26/2011

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION.
PLEASE READ IT CAREFULLY.**

In-House Counseling (IHC) provides health care services. To provide this service we collect protected health information about you. By law, we must keep your protected health information private, give you our Notice of Privacy Practices, and follow its terms.

This notice tells you how we may use and share your protected health information, although not all situations will be described. This notice also tells you about your rights and how to use them.

We have the right to change this notice and apply the changes to health information we already have or may receive about you. We will notify you in writing if we change this notice. A copy of the current notice will be posted in our office reception area.

How We Use or Share Your Health Information

The following are ways we may use or share your protected health information:

- **For Treatment.** We may use or share health information with others for your medical care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** We may use or share health information to get paid or to pay for the services we give you. For example, we may share information when we bill your health plan.
- **For Health Care Operations.** We may use or share health information to manage our programs. For example, we may use information to check on the quality of services you get.
- **Appointments and Other Health Information.** We may send you reminders for health care appointments or information about health services.
- **For Public Health Activities.** We may report health information to public health agencies if we believe there is a serious health or safety threat to others.
- **For Health Oversight Activities.** We may use or share health information when our health care programs are being evaluated to make sure we are following program standards

and laws.

- **As Required by Law.** A court or an administrative agency may, by law, order us to release your health information.
- **For Abuse Reports and to Avoid Harm.** By law, we MAY BE required to report child abuse and elder abuse. We may also share health information to avoid a clear and immediate danger to the health and safety of a person or the public.
- **For Government Programs.** We may use and share health information with other government programs that provide public benefits to see if you are eligible for public benefits and to coordinate services.
- **For Research.** We may use health care information for studies and to develop reports. These reports do not identify specific people.
- **For Coroners and Medical Examiners.** We may share health information to identify you if you have died, or to determine your cause of death.
- **For Worker's Compensation Laws.** We may share health information about you for worker's compensation or other programs that provide benefits to you for work-related injuries or illness.

If we use or share your health information for any reason other than the above, we will first get your written permission. You may cancel your permission at any time, however, we cannot take back information we have already shared with your permission.

Your Rights About Your Protected Health Information

You have certain rights about your protected health information. These include:

- **You have the right to see and get copies** of your health information records that we keep. To use this right you must ask us in writing and send your request to the Privacy Manager named at the end of this notice. We will respond to your request for treatment records no later than **Five (5)** days after we receive your request. For all other records we will try to answer your request within **Thirty (30)** days of receiving it. We may charge you a fee for the cost of copying and mailing the records to you. If you cannot afford the fee you still have a right to see and copy your records. We may not allow you to see or copy records in some situations. If we make that decision we will tell you why in writing and explain your right to have our decision reviewed.
- **You have the right to ask us to amend** or change protected health information about you in our records. To use this right you must ask us in writing and tell us why you want to change your information. Send your request to the Privacy Manager named at the end of this notice. We will respond to you in writing within **Sixty (60)** days of receiving your request. If we agree to your request we will change your information and we will tell you that in writing. If we do not agree to change your information we will tell you why in writing and explain how you can tell us in writing that you disagree with our decision.
- **You have the right to receive an accounting** or a record of who we have shared your protected health information with. To use this right you must ask us in writing. Send your request to the Privacy Manager named at the end of this notice. We will try to answer you within 60 days of receiving your request. Our record may not include times when we shared information with you or others for treatment, payment, and most health care operations, or information given with your permission. The first record you ask for within a twelve (**12**) month period will be free, however if you ask for another record within twelve (**12**) months of receiving your free one, we may charge you a fee. We will tell you before we charge you a fee and you can cancel or change your request. If you cannot afford the fee you still have a right to this record.
- **You have the right to ask us to restrict** or limit how we use or share your health information for treatment, payment, or health care operations. For example, sometimes a person involved in your care will be present when we discuss your private health information with you. If you do not want us to discuss your information while that person is in the room, you can tell us that. You may use this right by either telling us or writing to us with your request. Send your written request to the Privacy Manager named at the end of this notice. You can cancel your request at any time, either by telling us or writing to us. *We do not have to agree to the limits that you request.* If we do agree, we can still use or share your health information when you need emergency treatment. If we do not agree we can tell you that we cancel our agreement at any time.



- **You have the right to tell us how we may contact you** when we send you information. For example, you may ask us to send information to your work address instead of your home address, or to your email address instead of by mail. To use this right you must ask us in writing. Send your request to the Privacy Manager named at the end of this notice. We will honor reasonable requests.
- **You have the right to file a complaint** with In-House Counseling or the Secretary of the U.S. Department of Health and Human Services, if you do not agree with how we have used or shared your protected health information. To file a complaint with us, send your complaint in writing to the Privacy Manager named at the end of this notice. *We will not take any action against you for filing a complaint.*
- **You have the right to get a paper copy of this notice**, at any time, by asking us for one.

How to Contact the Privacy Manager

If you want to:

- Get more information about this notice
- File a complaint
- See or copy your records
- Change information in your records
- Get a record of when we shared information about you
- Ask us to limit how we use or share information about you
- Tell us you cancel your permission to share information with others
- Tell us how to contact you

Send your request in writing to:

Privacy Manager
In-House Counseling
10117 SE Sunnyside Road, Suite F1217
Clackamas, OR 97015
503-740-1971
503-771-2436 (FAX)

In-House Counseling RIGHTS AND RESPONSIBILITIES

This is a list of your rights and responsibilities when getting services from In-House Counseling (IHC). Please read it carefully. Please use your rights and responsibilities.

YOUR RIGHTS:

1. You have the right to be treated with dignity and respect.
2. You have the right to pick the person who works with you and the place you go to see them.
3. You have the right to be told of:
 - a. Treatment options,
 - b. Consequences of treatment,
 - c. Your diagnosis,
 - d. Covered and non-covered services, and
 - e. Your right to refuse services.
4. You have the right to receive services without discrimination because of race, color, creed, religion, sex, national origin, sexual preference, handicap, or age.
5. You have the right to be told how much it will cost to come here. You have to agree to pay us before we can charge you any money.
6. You have the right to have a friend, family member, or advocate with you at your appointments if appropriate for your care.
7. You have the right to receive care that serves your needs and is given by staff that has the appropriate training and skills.
8. You have the right to receive an appropriate assessment and management of pain.
9. You have the right to involve your family, if you choose, with questions and concerns you may have about your health care.
10. You have the right to be involved in your care plan, including:
 - a. Inviting a friend, family member, or advocate to help you;
 - b. Understanding your medications and their side-effects; and
 - c. Receiving a referral for special services that you are eligible for.
11. You have the right to file a complaint if you are unhappy with the services you get here and you will not be treated differently without an explanation.

12. Confidentiality. We won't talk to people about you or show them your record unless you say it is okay. There are some limits to that. Sometimes we have to talk to people about you even if you say it is not okay.

Those times are:

- If you have an emergency;
- If we think you might be abused;
- If we think you might hurt yourself or someone else;
- If you have told us you have committed or may commit a crime;
- If a judge tells us we have to;
- If you are a child, we have to tell your mom and dad if they ask us questions about you unless you are receiving services for:
 - Venereal Disease or
 - Birth Control;
- If you are a child, we have to tell your mom and dad you are receiving services, before the end of your services, if you are receiving services for:
 - Behavioral Health or
 - Chemical Dependency;
- When other people that work here need to check our records to make sure we are doing our job; or
- When other people that work here are helping with your care.

13. You have the right to say in writing, ahead of time, how you would want to be treated if you were seriously ill or injured and you were unable to make decisions or express your wishes.

14. You have the right to receive, and have explained to you, written information about:
- a. Rights and Responsibilities;
 - b. Benefits available;
 - c. Fees charged to you, if any;
 - d. How to access services;
 - e. What to do in an emergency; and
 - f. How to make a complaint or file a grievance.

YOUR RESPONSIBILITIES:

1. You have the responsibility to agree to be seen by us.
2. You have the responsibility to tell us when you do not understand or cannot follow instructions.
3. You have the responsibility to ask questions until you clearly understand the information.
4. You have the responsibility to tell us relevant information about your health such as past illnesses, past hospital stays, and use of medications.
5. You have the responsibility to work on your goals.
6. You have the responsibility to treat others well.
7. You have the responsibility to keep information about other people confidential.
8. You have the responsibility to keep appointments. Call us 24 hours in advance if you are going to miss your appointment.
9. You have the responsibility to supervise your children in clinic waiting rooms, hallways, and restrooms.
10. You have the responsibility to pay any money you owe.
11. You have the responsibility to eat healthy food, exercise regularly, and take care of yourself to promote good health.
12. You have the responsibility to work out problems with us if you have them.

We hope you like it at In-House Counseling, we want to be helpful.

For emergency situations that require immediate response, dial 9-1-1

When we are closed or if you need to contact us for any reason, please call us: **503-740-1971**

Clackamas County Mental Health Services, Toll-Free: **888-651-2134**
503-655-8401

Multnomah County Mental Health Services, Toll-Free: **800-716-9769**
503-988-4888 TTY: **503-988-5866**

Washington County Crisis Services: **503-291-9111**

Clark County Washington Crisis Services: Toll-Free **800-626-8137**
360-696-9560 TTY: **#711**

For primary care services, call your primary care provider.