

Linda Corey, ARNP
Heron Mental Health, PLLC
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FINANCIAL AND SERVICES AGREEMENT

Thank you for choosing Heron Mental Health Services. I appreciate the opportunity to provide you with professional services including psychiatric evaluation and medication management.

Please read the following information regarding office policies. Your signature signifies that you have read, understand, and agree to abide by these policies.

Client's Rights:

- You have the right to refuse treatment.
- You have the right to change practitioners or receive referral to another practitioner.
- You have the right and responsibility to choose a practitioner that best suits your needs.
- You have the right to confidentiality. There are exceptions including the reporting of abuse as required by law, dangerousness to self or others, or grave disability. Please refer to the Notice of Privacy Practices.
- You have the right to raise questions about my therapeutic approach or your progress at any time.

Fee Schedule:

Initial psychiatric evaluation: \$250 to \$460

This is an opportunity to determine whether my services are likely to benefit you, and to ensure that your mental health concerns fall into an area where I have the experience to provide safe and effective treatment.

Follow-up appointments: \$120 to \$390

Fees for appointments are billed using guidelines set by the American Medical Association, and are based on length and complexity.

Tasks requiring out of session time such as employment-related paperwork or telephone calls in excess of 5-10 minutes are billed at \$300 per hour on a prorated basis. When possible, forms will be completed during appointments.

Payment for telephone calls, paperwork completion, missed appointments or late cancellation fees is your responsibility as insurance companies do not reimburse these costs.

Cancellation policy:

Initial evaluations missed or canceled with less than 24 hours notice are billed at \$250, and follow-up appointments missed or canceled with less than 24 hours notice are billed at \$100. These fees may be waived for emergencies at provider discretion. If a new appointment is not scheduled and attended within 5 business days, the fee will not be waived. Fees will **not** be waived for work-related emergencies.

There is a \$35 charge on all returned checks.

Payment requirements:

Your credit, debit, or HSA card will be kept on file to automatically pay for deductibles, copays, late cancellation/no show fees and other charges. Payment in full will be charged at the time of service if you will not be utilizing insurance. Insurance reimbursement is a contract between you and your carrier and you are ultimately responsible for paying for services. Heron Mental Health cannot accept responsibility for collecting on a disputed insurance claim, and reserves the right to discontinue services to anyone whose account is greater than 90 days past due, until the account is paid in full. Accounts with balances over 120 days past due will be turned over to collections unless special arrangements for payment are made. A 25% fee will be added to the amount to be collected to help cover the cost of collections.

Consent for telehealth appointments:

Telehealth utilizes electronic communications to enable a practitioner to connect with patients using interactive video and audio communications. The same privacy laws that apply to in-person appointments apply to telehealth appointments. The platform used is secure and HIPAA compliant, however, there may still be risks. These include, but are not limited to, the possibility that a technical failure could prevent the commencement or completion of our appointment, your information could be disrupted or distorted by technical failures, or the transmission of personal information could be interrupted by unauthorized persons. Fees for telehealth appointments are the same as for in-person appointments, and the requirement for at least 24 hours notice prior to canceling the appointment to avoid a fee still apply. Please note that your insurance company may not cover telehealth. It is your responsibility to determine whether the appointment will be covered in order to avoid responsibility for the entire fee. Please note that appointments can only be conducted while you are in Washington state where I am licensed, even if the appointment takes place remotely. By signing this services agreement, you agree to the terms of engagement in telehealth.

Consent to obtain medication history:

Patient medication history is a list of prescription medicines that have been prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history. The information obtained will be stored in your confidential electronic medical record. By signing this services agreement, you are consenting to allow Linda Corey, ARNP to access your prescription history through Surescripts, a health information network.

Medication refills:

Prescriptions are written with sufficient refills to last until our next scheduled appointment. Follow-up appointments enable me to make an assessment about the appropriateness and safety of refilling medications. It is your responsibility to schedule an appointment prior to running out of medications. New medications are not prescribed, nor are doses increased, between appointments. If a refill is needed between appointments, contact me directly rather than having the pharmacy contact me. Refills will not be prescribed for anyone who does not have a scheduled follow-up appointment.

Contact outside of appointment times and emergencies:

I frequently check voicemail and messages on the patient portal, and attempt to respond within two business days. **I do not communicate via text.** As a solo practitioner, I am unable to provide 24-hour emergency coverage. If you are unable to connect with me, and you need to speak with someone right away, please call 988 for the Suicide and Crisis Lifeline. In the event of an emergency, call 911 immediately or go to the nearest hospital emergency room. During extended absences, I will leave the phone number of a colleague on my voicemail. I will authorize this individual to access your records in the event they are needed to address an urgent concern that could not have been anticipated.

Legal Issues:

The services I provide are purely clinical, thus, I am unable to handle L&I or state/federal disability claims, or any claims intended for various legal purposes such as court-mandated and custody/parenting plan assessments. It is often unforeseen, but legal matters requiring the testimony of a mental health professional can and do arise. Legal testimony can be damaging to the relationship between a patient and their practitioner. Additionally, making attestations about any behaviors of legal concern is out of my professional scope of practice. For these reasons, independent forensic psychiatric or psychological services must be employed if this type of evaluation or testimony is required. If for any reason I am deposed or subpoenaed on your behalf and required to testify or appear in court, you will be responsible for my court fees at a minimum of \$1,050 for a half day (up to 4 hours) or \$2,100 for a full day (more than 4 hours).

I retain the right to terminate our relationship under the following conditions:

- You fail to show up for a scheduled appointment and do not schedule a new appointment or contact me within 30 days. You may re-engage in treatment based on my availability to see you.
- You move out of the state or are getting psychiatric medication management services with another provider.
- I believe that my services are no longer beneficial to you.
- I believe that another professional would serve you better or I determine that you require a higher level of care than I can provide.
- You have not paid for two sessions and/or no show/late cancellation fees, and are not working with me to address this.
- You failed to keep your past two appointments without 24 hours notice or frequently miss appointments.
- You do not cooperate with the proposed treatment.

- You purposely withhold relevant clinical information from me, thereby impairing my ability to safely assess and treat your condition(s).
- You or your family member/significant other are hostile or aggressive to me in person, on the phone, or by any other means of communication.

Credentials and Licenses:

I am licensed by the State of Washington as a Registered Nurse (R.N.) and as an Advanced Registered Nurse Practitioner (ARNP) with prescriptive authority. Prescriptive authority means I am licensed to prescribe medications within my specialty and scope of practice. I hold a Master of Science in Nursing and am board certified by the American Nurses Association Credentialing Center as a Nurse Practitioner in Family Psychiatric-Mental Health Nursing. I am a member of the Association of Advanced Practice Psychiatric Nurses. As a licensed professional, I am accountable for my work with you. Should you feel that I have been unethical or unprofessional, please address your concerns with me. If we are unable to resolve your concerns, you may contact the Department of Health, Nursing Care Quality Assurance Commission Complaint Intake, Post Office Box 47864, Olympia, Washington 98504-7864. The phone number is (360) 236-4739.

Additional Information:

My practice sometimes serves as a clinical site for psychiatric nurse practitioner students in their final year of graduate school. Students observe or participate in the assessment and treatment of patients under my direct supervision. Students will only be invited into the office with your consent, and I will always respect and honor your decision.