Child/Adolescent Contact Information

WESTERN PSYCHOLOGICAL & COUNSELING SERVICES, P.C.

Date: ____/____/________

First Name: ____________________ Middle Name: ____________ Last Name: ____________________

Nickname: ____________________ Gender: ____________________ Date of Birth: ___/___/______

Address: ______________________________ City: ______________ State:______ Zip: ________

Race/Ethnicity: ☐ Asian/Pacific Islander ☐ African-American/Black ☐ Native American
(Check all that apply) ☐ White/Caucasian ☐ Latino/Hispanic ☐ Decline to specify

Pediatrician/Family Practice/Primary Care Provider

Provider Name: __________________________ Medical Group (if applicable): ________________

Provider Phone #: (   ) ______-____________ Fax #: (   ) ______-____________

Contact Phone Numbers

Please complete relevant information

Name: ______________________ ☐ Father ☐ Mother ☐ Other: ________________ Legal Custody: Y N

Phone #1: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Phone #2: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Name: ______________________ ☐ Father ☐ Mother ☐ Other: ________________ Legal Custody: Y N

Phone #1: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Phone #2: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Name: ______________________ ☐ Father ☐ Mother ☐ Other: ________________ Legal Custody: Y N

Phone #1: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Phone #2: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Youth contact information (if applicable)

Phone: ______________________ ☐ Home ☐ Work ☐ Mobile Ok to leave message? Y N

Portal

Western has a "Patient Portal" that gives you the ability to see appointments, request changes, view statements, and access medical information. If you are interested in accessing this portal, indicate your email and we will send you information to get signed up-

Email address: ______________________________@________________

Insurance or EAP Information

Health Plan (Primary):________________ Subscriber Name: ______________________________

Relationship to Subscriber: ____________ ID number:___________________________________

Group/Policy #: ____________________ Employer (for Group Plan): ______________________

Check if you are using your EAP (Employee Assistance Program): ☐

Health Plan (Secondary):________________ Subscriber Name: ____________________________

Relationship to Subscriber: ______________ ID number:_________________________________

Group/Policy #: ____________________ Employer (for Group Plan): ______________________

Type of Additional Coverage: ☐ Secondary ☐ EAP (Employee Assistance Program)

WPCS WESTERN PSYCHOLOGICAL & COUNSELING SERVICES, P.C.

Youth Intake Form

Check here if a parent/guardian completed this form for the youth. [ ]

Name: _____ Date: _____

Presenting Problem and Treatment Planning

Describe the problem that brought you here today. _____

_____

_____

When did you first notice this problem? _____

_____

Mark and describe any treatment you have tried for this problem or other problems.

X	Type	When	Where
	Outpatient counseling		
	Medication (mental health)		
	Psychiatric hospitalization		
	Drug/alcohol treatment		
	Self-help/support groups		

Which services would you consider while working with Western providers for your concerns?
Services will be offered based on medical necessity in collaboration with your provider.

[ ] Individual Therapy [ ] Family Therapy [ ] Group Therapy [ ] Medication Services
[ ] Chemical Dependency [ ] Autism Services [ ] Psych Testing [ ] Home-based Services
[ ] ADHD Services [ ] Other: _____

What is your goal for therapy? How will you know therapy is done? _____

_____

_____

Therapist Notes:

Name: _____

Mental Health Information

In the **past two weeks**, how often have you experienced the following? Please circle your answers:

Had problems paying attention when in class, doing homework, reading a book or playing a game? . . . . . Never Sometimes Often

Fidgeted or squirmed with hands or feet when you had to sit for a long time? . . . . Never Sometimes Often

Felt little interest or pleasure in doing things (especially what you used to enjoy)? Never Sometimes Often

Felt down, depressed or hopeless? . . . . . Never Sometimes Often

Felt nervous, anxious, or scared? . . . . . Never Sometimes Often

Not been able to stop or control worrying? . . . . . Never Sometimes Often

Been irritable, argued or become easily annoyed? . . . . . Never Sometimes Often

Disobeyed adults including those that aren't your parents? . . . . . Never Sometimes Often

Blamed or annoyed others? . . . . . Never Sometimes Often

Had thoughts about killing or hurting yourself? . . . . . Never Sometimes Often

Had thoughts about hurting someone else? . . . . . Never Sometimes Often

Been threatened or hurt by someone else? . . . . . Never Sometimes Often

Have you ever hurt or tried to kill yourself (in your life)? . . . . . Yes No Unknown

In the last six months, have you gambled? . . . . . Yes No Unknown

If yes, let us know the following:

Have you felt the need to bet more and more money? . . . . . Yes No Unknown

Have you ever had to lie to people about how much you have gambled? . . . . . Yes No Unknown

Name: _____

In your life, have you experienced the following? Please circle your answers.

Had an alcoholic beverage (beer, wine, liquor, etc.)? . . . . . Yes No Unknown

Smoked or used drugs (marijuana, meth, etc.)? . . . . . Yes No Unknown

Had any experience that was so frightening, horrible or upsetting that you

had nightmares or thought about it when you didn't want to? . . . . . Yes No Unknown

tried hard not to think about it or avoided situations that reminded you of it? . . Yes No Unknown

were constantly on guard, watchful or easily startled? . . . . . Yes No Unknown

felt numb or detached from others, activities or your surroundings? . . . . . Yes No Unknown

Please circle if you have experienced any of the following types of trauma or loss.

Emotional abuse	Neglect	Lived in a foster home
Sexual abuse	Violence in the home	Multiple family moves
Physical abuse	Crime victim	Homelessness
Parent substance abuse	Parent illness	Loss of a loved one

Medical Information

Month/year of last physical exam: ____/_____ Pediatrician: _____

Does you have any chronic medical conditions? . . . . . Yes No Unknown

If yes, please list. _____

Do you have any CURRENT health concerns? . . . . . Yes No Unknown

If yes, please list. _____

Current prescription medications: [ ] None

Medication	Dosage	Date first prescribed	Prescribed by

Current over-the-counter medications (including vitamins, herbal remedies, etc.): _____

_____

Do you have allergies and/or adverse reactions to medications? . . . . . Yes No Unknown

If yes, please list. _____

Therapist Notes:

Name: _____

School Information

Current grade/placement: _____ Current School: _____

Do you have an IEP or 504? . . . . . Yes No Unknown
Are you having difficulties with academic performance (grades)? . . . . . Yes No Unknown
Are you having difficulties at school with your behavior (referrals, detentions, etc)? . . . . . Yes No Unknown
Are you having difficulties at school with peers? . . . . . Yes No Unknown

Family and Developmental History

Please list the individuals in your family and their relationship to you. For children, include age. Continue on the back of this page, if needed.

Name	Relationship to you and quality of the relationship	Lives w/ you	Age

Have any of your family members been treated for a mental health disorder? If yes, please describe who and what disorder. _____

_____

During your mother's pregnancy and your birth, were there medical problems (gestational diabetes, parent substance use, etc.)? . . . . . Yes No Unknown

Did you experience developmental delays (walking, talking, toileting, etc.)? . . . . . Yes No Unknown
If yes to either, please describe. _____

_____

_____

Name: _____

Social/Cultural Information

Do you have challenges finding support (from family, friends, etc.)? . . . . . Yes No Unknown

Are you experiencing any difficulties or concerns due to race, culture, sexual orientation, gender, gender identity, age or ethnic issues? . . . . . Yes No Unknown
If yes, please describe. _____

Sexual Orientation (Optional) : _____

Please list your spiritual, religious, or worldview. _____

Please list your strengths, skills and talents. _____

List any special areas of interest or hobbies (art, books, physical fitness, etc.). _____

Legal Information

Are your parents legally separated or divorced or were never married? . . . . . Yes No Unknown
If yes, please describe the current custody/visitation plan. _____

Is your custody currently being reviewed or contested in court? . . . . . Yes No Unknown
Have you ever been a ward of the court or involved in foster care? . . . . . Yes No Unknown
Have you ever been charged with a legal offense or in juvenile services? . . . . . Yes No Unknown
If yes to any of the above, please describe. _____

Additional information

Please describe any additional information or concerns you feel your provider should know. _____

Therapist Notes:

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ **was on medication** ☐ **was not on medication** ☐ **not sure?**

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

American Academy of Pediatrics

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NICHQ

National Initiative for Children's Healthcare Quality

McNeil Consumer & Specialty Pharmaceuticals

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 0303

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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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McNeil Consumer & Specialty Pharmaceuticals

WPCS WESTERN PSYCHOLOGICAL & COUNSELING SERVICES, P.C.

Informed Consent, Rights & Responsibilities, and Notice of Privacy Practices

Version 13R

Who we are

Western Psychological & Counseling Services, Inc is a group of behavioral health clinicians, including psychologists, psychiatrists, psychiatric nurse practitioners, social workers, professional counselors, master's level clinicians, and chemical dependency counselors. Case managers or skills trainers may be available, as well.

Our locations include:

Site	Address	Phone
Beaverton	9670 SW Beaverton-Hillsdale Hwy	503-626-9494
Bethany ("Cornell West")	1500 NW Bethany Blvd, Suite 320	503-567-3260
Cedar Hills	1815 SW Marlowe St, Suite 218	503-444-4862
Gladstone	880/890 SE 82nd Drive	503-659-5515
Gresham	1700 NW Civic Drive, Suite 310	503-666-8832
Hillsboro	21210 NW Mauzey Rd	503-439-9531
Portland (SE)	12636 SE Stark St.Plaza 125, Building J	503-253-4600
Salmon Creek	2103 NE 129th Street, Suite 101	360-574-9303
Tigard	7455 SW Beveland St.	503-624-2600
Tualatin	18765 SW Boones Ferry Rd, Suite 100	503-612-1000
Vancouver	7507 NE 51st Street	360-906-1190
Western Conexiones	3500 NE MLK Blvd, Suite 200	503-327-8205

This packet includes an informed consent, our Notice of Privacy Practices, a description of "advance directives", and an outline of your rights and responsibilities. This packet is for you to keep. We ask that you sign an Acknowledgement that you have received this packet prior to the start of treatment.

Informed Consent

Philosophy of care

We believe in providing treatment that is strengths-based and solution-focused. We believe you should be treated as a whole person. We collaborate with others when it is indicated and authorized. This includes managed behavioral healthcare, PCPs & other healthcare providers, hospitals, and schools. We individualize treatment to match your needs. We provide high quality care. We review progress and outcomes in treatment. We believe in providing the most cost-effective care, in the least restrictive setting.

Each individual clinician may be different in their approach to care. However, these qualities are overarching. You may learn more about your clinician's philosophy and experience by checking our website (wwww.westernpsych.com) or contacting us for that information.

Treatment Options & Medical Necessity

Western offers individual therapy, family therapy, group therapy, and psychiatric medication management services. Case management and skills training may also be provided, if it is part of your health plan.

All services using your health plan need to be "medically necessary". This means that 1) you have a covered condition (i.e., diagnosis) and 2) the services are expected to make improvements on that condition (as well as other factors). Your health plan outlines what conditions are covered and what is limited or excluded. Most mental health conditions are covered by most plans.

An "employee assistance program" (EAP) is a benefit from an employer that is intended to help employees deal with personal problems that might adversely impact their work performance, health, and well-being.

EAPs do not require a diagnosis. The benefit is usually time-limited and up to a handful of sessions. Your clinician can talk to you about options if you need more assistance.

Treatment Process
Services at Western start with an assessment. Your clinician will talk with you about your current situation, ask you about your history, and make a recommendation for services. You will then develop a "treatment plan" together that outlines how services will go and what outcomes are expected.

Individual sessions usually last 40-45 minutes. They may be weekly or less than weekly. The frequency will likely decrease over time. Your clinician will talk with you about what is recommended for you. We may have group therapy options for you as well.

If you and your clinician believe that psychiatric medications might be helpful, your clinician can make a referral within Western. If you are only seeking psychiatric medication services, we may refer you to a non-Western provider or your primary care provider.

Risks & Benefits
Mental health services are generally effective in treating most mental health conditions. We review outcomes and we find that most people benefit from therapy and/or medications. Few people get worse from treatment. Improvements do require attending appointments and following through with recommendations.

When we develop a treatment plan with you, we will discuss risks and benefits more. Also, if you are provided medication management services, the provider will talk with you about risks and benefits of medications that are prescribed.

Minors and Custody
Western's role is to help people with mental health issues make lasting life improvements. It is not our role to conduct a custody evaluation, determine whether a parent is "fit" or not, recommend one parent over another, nor focus on reunification of a child and parent. We will not testify in court about custody issues, unless we are compelled by a court.

For children with divorced parents, we expect the parents to communicate with each other about services, decide who will schedule appointments, who will bring the child to treatment, etc. The clinician and the child cannot be messengers between parents.

It is important to note that **both** parents have access to a child's record, regardless of custody, unless parental rights have been revoked.

Since children benefit from an expectation of some privacy, we try not to share details of what a child says or does in treatment. We will share progress in treatment, as well as notify parents of any risks of harm. We include parents in treatment for the benefit of the child.

Minor Consent
Western may provide treatment to a child who is 14 (fourteen) years or older in Oregon and 13 (thirteen) years or older in Washington without the consent of a parent. Oregon law requires that parents are involved in treatment before the end of treatment unless there are very clear, clinical reasons why they should not be involved. These reasons include having been sexually abused by a parent or being "emancipated". It is our policy to notify the parents on or before the third (3) session, unless there is a clear, clinical reason.

If you are a minor signing this document, you authorize your clinician to use their best judgment to decide whether to contact your parents or not. It is also important to know that parents have a right to access a minor's record, unless parental rights have been revoked, up until the son/daughter turns 18 years of age.

Rights & Responsibilities

Rights
We recognize the following rights:

- Be treated with dignity and respect
- With your treatment plan (also referred to as an Individual Services and Supports Plan),
    - Choose from available services and supports that are consistent with the plan
    - Participate in & assist in the development of the written plan
    - Receive services consistent with that plan
    - Participate in periodic review and reassessment of service and support needs
    - Assist in the development of the plan
    - Receive a copy of the written plan
- Have all services explained, including expected outcomes and possible risks;
- Services in the most integrated setting in the community and under conditions that are least restrictive to your liberty, least intrusive to you and that provide for the greatest degree of independence
- Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, ORS 179.505, ORS 179.507, ; ORS 192.515, ORS 192.507, 42 CFR Part 2 and 45 CFR Part 205.50.
- Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law.
    - Minor children may give informed consent to if under age 18 and lawfully married, age 16 or older and legally emancipated by the court, or age 14 or older
- Inspect your Individual Service Record in accordance with ORS 179.505;
- Not participate in experimentation
- Receive medication specific to the individual's diagnosed clinical needs;
- Receive prior notice of service conclusion or transfer, unless it poses a threat to health and safety;
- Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- Have religious freedom;
- Be free from seclusion and restraint, except as regulated in OAR 309-032-1540(9).
- Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;
- Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative, assist with understanding any information presented. A summary of policies is available upon request.
- Have family involvement in service planning and delivery;
- Make a declaration for mental health treatment, when legally an adult;
- File grievances, including appealing decisions resulting from the grievance;
- Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
- Exercise all rights set forth in ORS 426.385 if the individual is committed to DHS; and
- Exercise all rights described in this rule without any form of reprisal or punishment.

Advance Directives and "Declaration for Mental Health Treatment"

Every Oregon or Washington adult has the right to make decisions about his/her medical treatment. This includes the right to decide now whether to accept or refuse medical treatment in case you are physically or mentally unable to make them sometime in the future. This is outlined in an "Advance Directive" form.

For a medical advance directive, you may ask your clinician, contact Oregon Health Decisions at 503-241-0744, check the State of Oregon website Oregon.gov or Washington State Medical Association website.

For more information on the Oregon advance directive for mental health (called a "Declaration for Mental Health Treatment"), contact your clinician or any Western staff member.

Complaints & Grievances

If you are unhappy with services at Western, you have a right to file a complaint. You may do it informally by talking directly with your clinician or the front desk. You may also contact our Vice President of Operations. His phone number is 503-828-8718 and his address is P.O. Box 82819, Portland, OR 97282. He responds to complaints for Western. You may also fill out a "Comment and Complaint Form". These are available at

each site. They are also on the Western website (westernpsych.com). You may also write a letter. The form or letter will be sent to the VP of Operations. He will listen to your complaint within a day of receiving the information. He will respond to your complaint within one week.

Responsibilities
There are also **responsibilities** that come with receiving treatment at Western. These include the following

Coverage. Please bring a copy of your medical card to each appointment. If you are no longer eligible for benefits, we will cancel future appointments. We may provide transitional appointments, as clinically necessary. We will also tell you of other options. This includes paying cash for services at Western or free/reduced cost services elsewhere.

Cancellations and No-Shows. We require a 24-hour advance notice for cancellations or re-schedules. Please call the office where your appointment is scheduled. If office staff are not available, you may leave a message on the confidential voice mail. **Please do not call Western's after-hours on-call service for appointments or cancellations.**

A late cancellation or no-show has an impact. If we have enough notice of a cancellation, we can provide help to someone else. A late cancellation or no-show means that we were unable to serve another person.

As a result, we charge **$55 dollars for a no-show or late cancellation** (i.e., less than 24 hours of notice). This fee is not covered by insurance and is due prior to any next appointment.

This fee is waived for Oregon Health Plan and General Fund recipients. However, we may ask you to do certain things before scheduling another appointment. This might include calling the day of the appointment, attending a drop-in time, or taking some other step before setting an appointment. If we do not believe you will make progress on your mental health condition because of no-shows or late cancellations, we may end treatment with you.

If you have no-showed and have not scheduled an appointment after 30 days, we will assume you are ending your treatment. We may close your file at that time.

Overall, we may consider that you are not an active client with us if 1) 60 days have passed, 2) you don't have an appointment with us, and 3) we have not heard from you. You may contact us to set up an appointment to become active again.

Western provides an automated reminder call for appointments. This reminder call is a courtesy call. You are responsible for remembering and attending your appointments.

Crisis & Emergencies. Call 911 if you are experiencing a medical emergency. During office hours, please call the site where you are seen if you are in a mental health crisis.

The phone number of our **after-hours service is (503) 727-3764.** If your provider is not available, another WPCS provider will be contacted to assist you. This after-hours service is for **crisis calls** only. This means situations where there is a **risk of harm** to someone.

Oregon and Washington have a "warm line" where you may talk to peer counselors. You can use this if you need help with a crisis or concern that does not involve a risk of harm to someone. That number is 1-800-698-2392 for Oregon and 1-877-500-9276 for Washington.

Other. For the health of all, Western does not allow the use of tobacco on campus. Weapons (guns, knives, etc.) are not allowed on campus, as well.

Financial Responsibilities As a courtesy, Western will check with your health plan or EAP to verify your benefits. However, this is not a guarantee of payment. It is your responsibility to understand your coverage, including co-pays, co-insurance, and deductibles. This also includes understanding what services are covered and what are not covered. It is also your responsibility to let us know if there is a change in your insurance or coverage.

We will bill your health plan or EAP for you. You are responsible for payment of fees (co-pays, co-insurance, deductibles, or non-covered services) for Western services. If we provide services that are not covered by

your health plan or EAP, you will be responsible for payment of these services. Payment of fees is due prior to the start of an appointment. If fees are not paid, services may discontinue.

The person who signs the Acknowledgement page is agreeing to be the "financial guarantor", which means this person agrees to pay any of these fees.

If we determine there is a balance on your account (i.e., you owe fees), we will send you a statement. We ask that you complete payment within 30 days. If the fees are not paid, we will send your account to a collection agency. You are responsible for paying the fees, as well as any court/legal fees.

Checks may be made to Western Psychological & Counseling Services, P.C. or WPCS. There is a $21 service charge for returned checks (non-sufficient funds).

Notice of Privacy Practices

Who We Are
This Notice describes how protected health information (PHI) about you (or your child) may be used and disclosed at Western. This includes all our staff and contractors at all our sites. This Notice describes how you can access your information and your other privacy rights.

We are required by law to 1) make sure your medical information is kept private, 2) give you this Notice about our legal duties and privacy practices about your health information and 3) do what we say in the Notice

If you have questions or concerns about privacy of information, you may contact:
Privacy Office
Western Psychological & Counseling Services (Western)
P.O. Box 82819 Portland, OR 97282
Telephone Number: 503-828-8718

Use & Disclosure of Protected Health Information (PHI)
We may use or disclose information about your treatment for the following reasons:

Written Authorization. We have a form you can complete that allows us to share PHI with someone or an organization.

Treatment. We use and disclose your PHI to you in order to provide treatment and other services. We may contact you to provide appointment reminders. We may talk to you about alternatives or other benefits and services that may be of interest to you. We may share information between Western mental health providers in order to coordinate care. We may disclose information for supervision or case consultation within Western.

Payment. We may use and disclose your PHI to obtain payment for services that we provide to you from your insurance plan or payer.

Health Care Operations. We may use and disclose your PHI for our health care operations. This includes our internal administration and planning. This also includes various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our therapists. We may also disclose information within Western in order to resolve complaints.

Disclosure to Relatives Close Friends and Other Caregivers. We will use or disclose your PHI to a relative, friend, or caregiver only if you are present and we can reasonably infer you do not object to the disclosure. For example, if you bring a friend or relative to a session, we may decide to use or disclose information for treatment purposes.

Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (3) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (4) to report information to your

employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Abuse or Neglect. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to the appropriate government authority. This include children, persons who have a mental health diagnosis, and the elderly. We may also disclose PHI if we come in contact with someone who has abused or neglected someone as defined by state laws.

Health Oversight Activities. There are organizations who are responsible for overseeing compliance with government rules for delivering healthcare. We may disclose your PHI to such organizations to ensure compliance.

Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative order.

Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. This includes, but is not limited to, identifying or locating missing persons, fugitives, or suspects, or reporting crimes committed on our property.

Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. We may also disclose PHI as required for any investigation related to a death as allowed by law.

Health or Safety. We may use or disclose your PHI to prevent a serious and imminent threat to someone's health or safety.

Special Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State when the law requires it.

Workers Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

As required by law. We may use and disclose your PHI when required to do so by any other law not listed above.

Uses and Disclosures of Your Highly Confidential Information

In addition, federal and Oregon/Washington law imposes special privacy protections for "Highly Confidential Information". This includes alcohol and drug abuse treatment program services, HIV/AIDS testing, and genetic testing. To disclose this information (unless allowed or required by law), we will obtain your authorization.

Coordination with Primary Care

We believe in "holistic" care: the mind and body relate to one another. So, it is important for us to coordinate your care with your primary care provider (PCP). Both federal and state privacy laws encourage this coordination between health care providers. We only share basic information such as diagnostic information, plans for care, and medications (if they are prescribed). If we need to share other information, it will be only the minimum necessary to coordinate care. You may "restrict" this disclosure if you do not want us to share information with your PCP.

Your Rights Regarding Your Protected Health Information

Complaints. If you want more information about privacy or you have a concern about your privacy at Western, you may contact our Privacy Officer. He is listed above. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. The Privacy Officer can provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI. This is for treatment, payment and health care operations. We are not required to agree to the request. To

request a restriction, contact our Privacy Officer for the form. We will send you a written response to a completed form.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Right to Request Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

Right to Revoke Your Authorization. You may request to revoke an Authorization by contacting the Privacy Officer listed above or obtain the form from our website (www.westernpsych.com). If we have already used or disclosed information, we cannot take the information back.

Right to Inspect and Copy Your Health Information. You may request access to your health information with Western. To access your records, complete a Record request form that is at a Western site, through Medical Records at P.O. Box 82819 Portland, OR 97282 or by calling 503-233-5405, by contacting the Privacy Officer listed above, or at our website (www.westernpsych.com). There are limited circumstances where we may deny you access to portions of your record.

If you request copies, we will charge you $10.00. We will also charge you for our postage costs, if you request that we mail the copies to you. If you request a summary of your PHI, we will charge you $150 per hour for completing the summary.

Right to Amend Your Records. You may request that we amend PHI at Western. To amend your records, obtain and complete an Amendment Request Form from Medical Records or Privacy Officer listed above. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures. You may request a listing of some types of disclosures of your PHI. This applies to disclosures within the last six years and after April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you $10.00 for each page of the accounting statement.

Right to Receive Paper Copy of this Notice. This is a paper copy of our Notice. You may receive paper copies by contacting the Privacy Officer or Medical Records described above.

Right to Be Notified of a Breach. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information

Effective Date
This Notice was first effective on April 14, 2003 and was last amended on March 1, 2013

Changes to this Notice
We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas at Western sites. You also may obtain any new notice by contacting the Privacy Office.