

Informed Consent and Rights & Responsibilities for Medical Provider (PMHNP/MD) Services (Version MedProvider13)

This notice outlines Western policy and procedures for receiving psychiatric medication evaluation and management services with Medical Providers. Medical providers include psychiatric nurse practitioners (PMHNP) and psychiatrists (MD or DO). This notice is **in addition** to the Western Informed Consent, Rights & Responsibilities and Notice of Privacy Practices. Those notices also apply to your services with our Medical Providers.

Treatment Process

Your Medical Provider at Western will conduct an Assessment. Your provider will talk with you about recommended treatments and medications. This includes a discussion of risks and benefits to particular medications. Please ask any questions you might have. The Medical Provider coordinates care with your therapist and information is shared between providers. If further medication evaluation and management is indicated, your Medical Provider at Western will recommend that you schedule a follow-up appointment.

Therapy

Western provides individual, family, and group therapy to address mental health concerns. Most conditions are best treated with therapy or a combination of therapy and psychiatric medications. As a result, Western requires that clients **engage in active therapy while being treated by a Medical Provider**. If the Medical Provider assesses that therapy is “finished”, the Medical Provider may decide to continue providing services or refer you to your Primary Care Provider.

Since it is important to coordinate care between therapist and psychiatric provider, Western does not provide psychiatric services when there is a therapist outside of Western.

Primary Care Provider (PCP)

Coordination of care with your PCP is very important for your health. Federal and state privacy laws **encourage** healthcare providers to coordinate with one another. As a result, your Medical Provider will provide information to other providers as is necessary for coordinating care. Shared information includes prescribed medications, plans for care, and other medical information. You may “restrict” this disclosure. However, your Medical Provider at Western may be unwilling to provide care if it is not coordinated with your PCP.

PCPs are often willing to prescribe psychiatric medications. Since PCPs are responsible for all aspects of medical care for you, the focus of Western’s services is to transfer the management of psychiatric medications to your PCP as soon as acceptable.

Cancellations and No-Shows

We require a **48-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 are unable to serve another person. As a result, we charge **\$75 dollars for a no-show or late cancellation** (i.e., less than 48 hours of notice). This fee is not covered by insurance and is due prior to any next appointment.

For OHP members, there is no fee for no-shows or late cancellations. However, if you have no-shows or late cancellations, we may consider that treatment is not indicated for you at this time or we may ask you to do

**Informed Consent and Rights & Responsibilities for
Medical Provider (PMHNP/MD) Services
(Version MedProvider13)**

certain things before scheduling another appointment (e.g., calling the day of the appointment, seeing a therapist prior to setting an appointment, standby appointment).

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 60 days have passed where you don't have an appointment with us and 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.

Medication Refills

If you need a prescribed medication refill prior to an appointment, please **call your pharmacy**. They will contact us and the order can be filled more quickly than if you call Western. We only authorize medication refills during normal business hours, Monday thru Friday. Be sure to contact your pharmacy **5-7 days before you run out** of your medications so that there is enough time to process the request.

If you do not attend appointments, your provider may not be willing to authorize refills. It is often very important to complete an exam prior to continuing a prescribed medication.

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. Your therapist is the primary person to address a mental health crisis. Your Medical Provider is involved only with crises involving prescribed medications.

The phone number of our **after-hours service is (503) 727-3764**. This after-hours service is for **crisis calls** only (i.e., where there is a risk of harm to someone). Your Medical Provider will only be involved with crises related to prescribed medications.

**Informed Consent and Rights & Responsibilities for
Medical Provider (PMHNP/MD) Services
(Version MedProvider13)**

**Acknowledgment of
Informed Consent and Rights & Responsibilities**

I have read the Informed Consent and Rights and Responsibilities for Medical Providers (PMHNP/MD), Version MedProvider13.

I understand and agree to the Informed Consent and Rights & Responsibilities for these services. This includes that

- Active therapy is a requirement of services, unless therapy has been fully completed
- Care is coordinated with primary care, unless I restrict this disclosure
- There is a 48-hour cancellation requirement. I will be charged \$75 for a late cancellation or no-show (unless Oregon Health Plan or General Fund). There may be requirements for services if I late cancel or no-show for services
- Medication refills start from an appointment with a Medical Provider or by contacting my pharmacy.

Print Client Name: _____ Client Date of Birth: _____

If Parent/Guardian, print name: _____ Parent Guardian Other _____

Signature of Client or Parent/Guardian: _____ Date: _____