

STATE-SPECIFIC ADDENDUM FOR: OREGON/WASHINGTON

Disclosure Statement

LifeStance's professional staff consists of Psychiatrists, Psychologists, Advanced Practice Nurses, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Marriage and Family Therapist Associates, and Licensed Social Workers. The credentials and affiliations of your specific provider are available under the "Find a Provider" menu here: <https://www.westernpsych.com/directory/search>

Patient Rights

While receiving services, every person shall have the right to:

- (a) Choose from available services those which are appropriate, consistent with the plan developed in accordance with paragraphs (b) and (c) and provided in a setting and under conditions that are least restrictive to the person's liberty, that are least intrusive to the person and that provide for the greatest degree of independence.
- (b) An individualized written service plan, services based upon that plan and periodic review and reassessment of service needs.
- (c) Ongoing participation in planning of services in a manner appropriate to the person's capabilities, including the right to participate in the development and periodic revision of the plan described in paragraph (b) of this subsection, and the right to be provided with a reasonable explanation of all service considerations.
- (d) Not receive services without informed voluntary written consent except in a medical emergency or as otherwise permitted by law.
- (e) Not participate in experimentation without informed voluntary written consent.
- (f) Receive medication only for the person's individual clinical needs.
- (g) Not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services and exercise of a grievance procedure.
- (h) A humane service environment that affords reasonable protection from harm, reasonable privacy and daily access to fresh air and the outdoors, except that such access may be limited when it would create significant risk of harm to the person or others.
- (i) Be free from abuse or neglect and to report any incident of abuse without being subject to retaliation.
- (j) Religious freedom.

- (k) Not be required to perform labor, except personal housekeeping duties, without reasonable and lawful compensation.
- (l) Visit with family members, friends, advocates, and legal and medical professionals.
- (m) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Oregon Health Authority.
- (n) Be informed at the start of services and periodically thereafter of the rights guaranteed by this section and the procedures for reporting abuse, and to have these rights and procedures, including the name, address and telephone number of the system described in ORS 192.517(1), prominently posted in a location readily accessible to the person and made available to the person's guardian and any representative designated by the person. (See Procedures for Reporting Abuse below.)
- (o) Assert grievances with respect to infringement of the rights described in this section, including the right to have such grievances considered in a fair, timely and impartial grievance procedure.
- (p) Have access to and communicate privately with any public or private rights protection organization or rights advocate.
- (q) Exercise all rights described above without any form of reprisal or punishment.

Declaration of Mental Health

You may complete a Declaration for Mental Health Treatment to appoint another person to make decisions about your mental health treatment and make choices about your future mental health care in the event you become incapable of giving or withholding informed consent. If you would like more information about completing a Declaration of Mental Health, speak with your provider.

Register to Vote

While receiving services, you may register to vote. If you would like to register to vote, please let your provider know.

Appointment Cancellation

Regular attendance at scheduled appointments is a key component of successful counseling. If you cannot attend an appointment, you must cancel 48 hours/2 business days in advance to avoid being charged a cancellation fee. Please note that Saturdays, Sundays and national holidays are not considered business days and notice of cancellation provided on those days will be deemed received on the next business day. If we do not receive notice of cancellation sufficiently in advance of your appointment, you will be responsible for the cancellation fee. Our cancellation fees vary by provider and service. This policy will be applied in all circumstances unless prohibited by law or our agreement with your insurer.

Fees

LifeStance maintains a fee schedule for each provider identifying the price of various services. If you have insurance and are receiving service covered by your insurance, the fee schedule may not accurately reflect our agreement with your insurer, which may affect the amount you are responsible for.

Late Cancellation/No Show Appointment Fee

Service	Late Cancellation Fee* (less than 48 business hours)	No Show Appointment Fee*
Appointment (MD)	\$90 - New \$90 - Established	\$95 - New \$90 - Established
Appointment (NP)	\$90 - New \$90 - Established	\$90 - New \$90 - Established
Appointment (PHD)	\$80 - New \$75 - Established	\$90 - New \$75 - Established
Appointment (MS)	\$75 - New \$75 - Established	\$85 - New \$75 - Established
Testing Appointment	\$200	\$350
Group Therapy	\$30	\$30
TMS	\$25	\$50

Other Potential Fees

Service	Description	Fee (\$)
Collateral Service (MD)	Participation in meeting or conference, letters, forms	\$112.50 per 15 minutes
Collateral Service (NP)	Participation in meeting or conference, letters, forms	\$100 per 15 minutes
Collateral Service (PHD)	Participation in meeting or conference, letters, forms	\$47.50 per 15 minutes
Collateral Service (MS)	Participation in meeting or conference, letters, forms	\$46.67 per 15 minutes
Legal Fees	Testimony, responding to subpoena, all other legal related work for client or third party	\$300 per hour
Record Release	Medical records request	\$6.50
Prescription Refills	Prescription refill outside of appointment	\$25
Returned Check Fee	Checks returned/unpaid	\$30

*The Company may update these charges from time to time in its sole discretion.

Please note, if psychological or neuropsychological evaluation testing or assessments are provided, you may incur charges and co-payments for dates of services different than the dates the evaluations

were actually administered. For example, charges related to scoring and interpreting test or assessment results, integrating other sources of data, and report writing.

Professional Relationship

To maintain an appropriately professional and therapeutic relationship, LifeStance providers will not socialize or spend time with clients outside of treatment. This also helps to maintain confidentiality for clients regarding their treatment relationship. Mutually respectful engagement is critical to a successful therapeutic relationship. Treatment can be uncomfortable and sometimes can create misunderstandings that lead to hurt feelings. If you have concerns about how your provider is treating you, please raise them and the provider or other LifeStance personnel will address them directly. Similarly, LifeStance does not tolerate rude, disrespectful, threatening or violent behavior. If your behavior causes our staff or professionals concern, we will remind you of our behavior standards. Excessive or repeated violations of these standards may result in transfer or discontinuation of therapy in accordance with applicable legal requirements.

Testing and Assessment Services

Evaluation-only services, such as tests and assessments, are intended to help diagnose and guide treatment, but are not considered therapeutic treatment services themselves. The clinician conducting the evaluation is not available to provide treatment services, including emergency response or crisis intervention. Should your evaluation suggest the need for any therapeutic treatment services, your clinician will refer you to a provider as appropriate.

Privacy, Confidentiality and Records

Communications in the context of a therapist-patient relationship are generally confidential and record will be maintained in accordance with the strictest level of confidentiality applicable under federal or state law. This means that your provider generally cannot be required to disclose information about you or your care without your consent. Nonetheless, these laws provide numerous exceptions to confidentiality of information where information may be disclosed. Some of the most common situations where this can occur include the following:

- The patient signs a Release of Information permitting disclosure to a specific person, organization or group of persons;
- A professional determines that a patient poses a significant and immediate threat of harm to themselves, another identifiable person, or national security;
- A judge issues a court order requiring the disclosure of client records;
- A professional suspects that child or elder abuse or neglect has occurred;
- Criminal or delinquency proceedings where assessment or therapy is ordered by the court;
- You are determined to be gravely disabled due to a mental disorder.

In addition, it may be necessary to share information or records with other providers as part of your treatment or if you transfer your care.

Specific additional exceptions to the rule of confidentiality can be found at ORS § 192.558.

Records of your sessions, communications with and other documentation regarding your relationship with your treating provider will be maintained during treatment and after for the time period required by law. Records for couples seeking counseling as a couple will be maintained in a single record under the name of the financially responsible member. In the event that the financially responsible member is also, separately, a client receiving treatment as an individual, the record will be segregated and the other member of the couple will be able to access only the records from joint sessions.

Complaints and Grievances

We hope you will feel comfortable raising any concerns about your treatment with your provider or the practice Director by contacting our main number at (503) 233-5405. If you are not comfortable doing so or are not satisfied with the response you receive, you can file a complaint with the Health Systems Division of the Oregon Health Authority at amh.web@dhsoha.state.or.us, by calling 503-945-5772 or by mail at:

Health System Divisions
500 Summer Street NE
Salem, OR 97301-1079

Procedures for Reporting Abuse

Disability Rights Oregon is Oregon's designated Protection and Advocacy System and can be reached at the following address:

Disability Rights Oregon
511 SW 10th Avenue, Suite 200
Portland, Oregon 97205

Or, by phone at [503-243-2081](tel:503-243-2081) or [1-800-452-1694](tel:1-800-452-1694) between 9am-12 or 1pm-5pm, Monday through Friday

Emergency Services

LifeStance does not provide emergency services. If you find yourself or a family member in a life-threatening situation, call 911 or go to an emergency room (at your cost).

If you are in crisis, you can call the National Suicide Prevention Lifeline 24 hours a day, 76 days a week, at 800-273-8255.

Date: _____

Signature: _____

Name of Patient Representative, if applicable: _____

Description of Patient Representative's Relationship to Patient, if applicable: _____