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**PATIENT COPY**

**INITIAL EVALUATION & SESSIONS**   
Our nurse practitioners generally conduct a thorough psychiatric evaluation during the initial session – which is typically scheduled for 60 minutes. The purpose of this assessment is to determine the best treatment plan possible and is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring information about previous providers, past psychiatric treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) are often necessary for children and adolescents – and helpful for adult patients as well. These issues will be discussed during the initial session. Additionally, you and the evaluating nurse practitioner will mutually determine if she is the best fit for your individualized care.  
  
**PRACTICE STATUS**   
Integrity Mental Health is a small practice in which nurse practitioners, physician’s assistants, and therapists provide services. While we share space, each provider is responsible for providing care that meets professional standards. All records are stored using an industry leading electronic health record called Valant. Your records should only be accessed by your primary provider. At times, one of our other providers may access your information if your primary is unavailable. It may also be necessary for the office manager to access your records when billing your insurance company. Please note that it is our policy to always protect this information in accordance with all legal and ethical standards. Additionally, your provider will refer you to other providers if you have needs that are outside of the scope of psychiatry. If a referral is necessary, this will be discussed in-session. Your provider will work to collaborate with these professionals and coordinate your care while continuing to treat you unless otherwise indicated. Please note, however, that although we attempt to identify top quality professionals with very high standards of care, it is always your responsibility to determine if a professional referral is acceptable. If necessary, alternative options will be considered.

**MEDICATION MANAGEMENT**   
Psychiatric medications can be used to treat many conditions. It is important to find the best treatment for each individual case. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, your nurse practitioner will always discuss the risks, benefits, side effects, government warnings, and non-medication treatment alternatives with you. Your nurse practitioner may determine that the best treatment approach for you includes a combination of medication and therapy. In this case, you may be referred to an alternative provider for therapy. Your nurse practitioner will continue to manage your medications in collaboration with your therapist. Prior to sending referrals, your nurse practitioner will have a discussion with you so that you may mutually determine if therapy should be part of your treatment plan. If your nurse practitioner refers you to a therapist, she will take the utmost care to ensure you are directed toward the best possible option for your needs.  
  
**PSYCHOTHERAPY**   
Depending on your individual needs, your nurse practitioner may occasionally provide psychotherapy during your medication management session. This form of treatment can be helpful to individuals. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self- insight. However, therapy is not guaranteed to work for everybody. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. If your therapy-specific needs exceed the abilities of your nurse practitioner, she will always be willing to refer you to a therapist. 

**BILLING AND PAYMENTS**   
You are expected to pay for each session at the beginning of each appointment. Alternative payment plans must be discussed with and agreed to by the office manager. Please notify our office manager prior to arriving at your appointment if you have concerns about payments. We accept checks, cash, and credit cards (MasterCard, Visa, American Express, or Discover) for professional services. If your account is overdue for more than 90 days, we reserve the right to use legal means to secure payment. This includes charging an on-file credit card as well as utilizing a collections agency or a small claims court. In such cases, certain information may be required by these agencies. This can include name, nature of services provided, clinical notes, and amount due. A $25 fee is charged for all returned checks.   
  
**CANCELLATIONS AND NO-SHOW POLICY**   
**If you cannot make your appointment, you must provide 24-hour notice of cancellation.**If you fail to do so, that visit will be considered a “no show.” In addition, if you are going to be late to your appointment, please notify the office by telephone as soon as possible. If you are 15 minutes late or more, you may have to reschedule your appointment. If you exceed three ‘no-shows’, you are at risk for termination from our services. Please remember that business hours are considered weekdays from Monday through Friday and exclude all standard holidays. Also, insurance companies generally do not reimburse for missed sessions or those cancelled too late.  
  
**CONTACTING YOUR PROVIDER**   
If your nurse practitioner is not immediately available by office telephone (208-283-7314), please leave a voice message and we will return your call as soon as possible. Calls are generally returned within one business day. Please always leave a phone number where you can be best reached. If your call is an emergency, please contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your nurse practitioner at any time. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage.   
  
**PROFESSIONAL RECORDS**   
Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.  
  
**CONFIDENTIALITY**   
Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law: (1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection; (2) danger to others – if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs; (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency; (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.   
  
**ELECTRONIC MAIL (EMAIL)**   
Always be aware that email is not a confidential means of communication. We cannot guarantee email messages will be received or responded to without breaches in patient confidentiality. As such, Integrity Mental Health will not communicate private health information via email.

**LEGAL TESTIMONY**   
Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

**NOTICE OF PRIVACY PRACTICES**

**YOUR RIGHTS**   
You have the right to:

 Get a copy of your paper or electronic medical record

 Correct your paper or electronic medical record

 Request confidential communication

 Ask us to limit the information we share

 Get a list of those with whom we’ve shared your information

 Get a copy of this privacy notice

 Choose someone to act for you

 File a complaint if you believe your privacy rights have been violated

**YOUR CHOICES**   
You have some choices in the way that we use and share information as we: 

 Answer coverage questions from your family and friends

 Provide disaster relief

 Market our services

**OTHER USES AND DISCLOSURES**   
We may use and share your information as we: 

 Manage the healthcare treatment you receive

 Run our organization

 Bill for your services

 Help with public health and safety issues

 Do research

 Comply with the law

 Address workers’ compensation, law enforcement, and other government requests

 Respond to lawsuits and legal actions

**YOUR RIGHTS**   
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.   
  
**Get an electronic or paper copy of your medical record**   
 You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

 We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**   
 You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

 We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**   
 You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

 We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**   
 You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

 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.

**Get a list of those with whom we’ve shared information**   
 You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

 We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**   
 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**   
 If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

 We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**   
 You can complain if you feel we have violated your rights by contacting us by mail or phone.

 You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.We will not retaliate against you for filing a complaint. 

**YOUR CHOICES**   
For certain health information, you can tell us your choices about what we share.   
If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.   
  
In these cases, you have both the right and choice to tell us to: 

 Share information with your family, close friends, or others involved in your care

 Share information in a disaster relief situation

 Include your information in a hospital directory  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*  
  
In these cases we never share your information unless you give us written permission:

 Marketing purposes

 Most sharing of psychotherapy notes

 In the case of fundraising: *We may contact you for fundraising efforts, but you can tell us not to contact you again.*

**OTHER USES AND DISCLOSURES**   
**How do we typically use or share your health information?**   
We typically use or share your health information in the following ways.   
  
**Managing your healthcare treatment**  
 We may share your health information while coordinating care with other professionals who are also treating you.

 Example: A doctor treating you for an injury asks for information on your psychiatric medications to avoid drug interactions.

**Run our organization** 

 We can use and share your health information to run our practice, improve your care, and contact you when necessary.

 Example: We use health information about you to manage your treatment and services.

**Bill for your services** 

 We can use and share your health information to bill and get payment from health plans or other entities.

 Example: We give information about you to your health insurance plan so it may authorize and pay for your services and prescriptions.

**How else can we use or share your health information?**   
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. 

**To help with public health and safety issues**   
We can share health information about you for certain situations such as: 

 Preventing disease

 Helping with product recalls

 Reporting adverse reactions to medications

 Reporting suspected abuse, neglect, or domestic violence

 Preventing or reducing a serious threat to anyone’s health or safety

**For research** 

 We can use or share your information for health research.

**To comply with the law** 

 We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**To respond to organ and tissue donation requests** 

 We can share health information about you with organ procurement organizations.  
**To work with a medical examiner or funeral director**

 We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**To address workers’ compensation, law enforcement, and other government requests**   
We can use or share health information about you: 

 For workers’ compensation claims

 For law enforcement purposes or with a law enforcement official

 With health oversight agencies for activities authorized by law

 For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions** 

 We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities** 

 We are required by law to maintain the privacy and security of your protected health information.

 We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

 We must follow the duties and privacy practices described in this notice and give you a copy of it.

 We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.  
For more information see:   
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.   
  
**Changes to the Terms of this Notice**   
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.   
  
HIPAA Officer: Stacy Humpherys, Director of Operations

[stacy@mentalhealthidaho.com](mailto:stacy@mentalhealthidaho.com)

208-283-7314 Extension 1006