



Clackamas Pediatric Clinic
8645 SE Sunnybrook Blvd #200
Clackamas, OR 97015
(503) 659-1694

Oregon Pediatrics – Happy Valley
15970 SE Misty Dr. #100
Happy Valley, OR 97086
(503) 427-2637

Central Fax • (503) 659-8984

Oregon Pediatrics – Meridian Park
19260 SW 65th Ave #275
Tualatin, OR 97062
(503) 691-2519

Oregon Pediatrics – NE Portland
5050 NE Hoyt St. #B55
Portland, OR 97213
(503) 233-5393

Patient Accounts • (503) 427-2118

Dear Valued Patient,

The following pages will provide you with brief information about the Behavioral Health providers at Clackamas & Oregon Pediatrics, as well as inform you of your rights and responsibilities as a patient.

Ketki Shah, Ph.D. - Clinical Supervisor

I am a Licensed Psychologist. I received my doctoral degree in Educational Psychology from University of Wisconsin-Madison and have worked as a licensed psychologist since April 2009. I have been a supervisor to graduate students working toward their master's degree in Marriage, Couple, and Family Therapy since 2013 and their master's degree in Clinical Mental Health since 2017. I have been approved by the Oregon Board of Licensed Professional Counselors and Oregon Board of Psychology to supervise master's level clinicians working towards their licensure as Licensed Marriage, Child, Adolescent and Family Therapist (LMFT) or Licensed Professional Counselor (LPC).

My approach to therapy primarily follows a Cognitive-Behavior Therapy (CBT) approach. Very simply the premise underlying CBT is: in order to change a maladaptive behavior, you need to change how (or what) you think about that behavior or focus on changing the behavior itself. CBT is outcome oriented, goal directed, and typically short-term therapy. Modeling of appropriate behavior in-office, exposure therapy, visualization (social) skills training, relaxation exercises, psychoeducation, parent training are offered as part of CBT. This form of therapy is most frequently considered for patients with anxiety/avoidant, depression disorders, PTSD, and stress disorders. Although some patients may receive a combination of CBT and medication, *we are not medication prescribers or managers*. I believe CBT empowers patients by having them take an active role in the counseling process. I have training in different forms of therapy and recognize that CBT is not ideal for every patient. Therefore, the approach I use with patients is determined by their presenting concerns, personality, and treatment goals. Irrespective of the approach I use, I see my role as a guide in the problem-solving process. I do not force opinions on patients; rather, I try to provide insight, understanding, skill development and practice, and encouragement.

Katherine Durocher, MA. LPC

I am a licensee with the Oregon Board of Licensed Professional Counselors which requires me to abide by the Oregon Licensing Board's code of ethics and to continue to participate in continuing education classes annual to stay current on subjects relevant to the field. I hold a master's degree in couples' marriage and family counseling from Portland State University. The graduate program I attended is accredited by the Counsel on Accreditation of Counseling and Related Educational Programs (CACREP). Additionally, I conduct my practiced based on the American Counseling Association's code of ethics.

I believe that the best therapy is a collaborative process where the client is driving the treatment direction. I approach clients as my authentic self and tailor my approach to meet the needs of the client. My main treatment

philosophies are narrative and systemic theories. I focus on the narratives or stories we hear about ourselves and tell about who we are and how they impact the way we view ourselves and the world. I also approach treatment from a systemic point of view which means that I believe that we are constantly impacted by the various systems in our lives (i.e. Schools, families, couples, child welfare etc.). I assist the client in examining these systems and how they impact our daily functioning. Treatment can often include individual and family therapy.

Olivia Gordon, MA. LMFT

I am a licensed child, adolescent, and family therapist. I received my bachelor's degree from Marylhurst University where I majored in Human Studies and minored in Liberal Arts. I hold a master's degree from George Fox University in Marriage, Couple, and Family Counseling with an emphasis in working with children and families. While receiving my formal education in counseling, I worked as a Montessori teacher with children eighteen months to seven years old, for ten years.

I view counseling as a collaborative effort where patient and counselor work as a team to find the treatment methods, interventions, and goals that best suit you and your current needs. As a professional therapist, I work from an eclectic approach with a strong emphasis in systems (*meaning human beings are innately social and are shaped by their experiences with others*) and attachment theory (*meaning interpersonal relationships and attachments have a profound impact on the person you are and how you relate to others in your life*). By working from an integrative approach, I am able to draw from a variety of different theories or schools of therapy, use tools and interventions that best meet your current needs, and more closely tailor the therapy experience to match you as an individual. By coming to therapy, you have taken an important and courageous step toward creating meaningful changes in your life. Building upon your inherent knowledge and capabilities, I will additionally draw from a number of different methods to support and encourage your growth. The type of therapy and interventions used will greatly be determined by the personalities in the room, as well as by the nature of the challenges you may currently be experiencing.

I am a professional member of the American Association of Marriage and Family Therapy (AAMFT), and the Association of Play Therapy (APT).

Ryan Briscoe, MA. LPC – Clinical Supervisor

I believe that everyone has innate value, worth, and dignity. My approach to counseling strives to meet youth and families where they are, identify strengths and resources, and together create new ways of healthy functioning. I operate primarily from an attachment perspective, while utilizing a variety of techniques best suited to the particular patient. Lastly, I believe parents are the most important people in the lives of young people, and so I strongly encourage parental involvement throughout the course of treatment.

I obtained a Master of Arts in Counseling from Western Seminary in 2014. I have experience working with individuals, couples and families in multiple settings, including inpatient drug and alcohol centers, community mental health, schools, hospitals and private practice.

Richard Schultz, MA. LMFT

My name is Richard Schultz and I am a licensed marriage and family therapist. I received my bachelor's degree from the University of Oregon where I majored in Psychology. I hold a Master's degree from Argosy University in Clinical Psychology.

I see therapy as a tool that helps bridge the gap between how we would like to perform and behave as opposed to how others may actually experience us. Counseling provides a safe space to work past the surface of our struggles in order to address the root causes of them. Therapy is a place where you can be completely open, honest, and genuine. I see the primary purpose of therapy as a way to help us realize where our challenges are coming from and an opportunity to discover new ways to best address them, with the goal of being our best selves. Counseling is beneficial not only to the individual but is beneficial in relationships and within families as a whole. It is helpful to have

an unbiased perspective when working through obstacles and having a support system is important when repairing or improving any relationships. My diverse experience and training allow me to provide therapeutic counseling to individuals, families, and couples. I am committed to helping people improve their well-being and quality of life through compassionate and attentive care adapted to best meet your needs.

Hanna Thompson, MA. - Behavioral Health Registered Intern

I am a clinical mental health therapist. I received my Bachelor's degree from Oregon State University where I majored in Psychology. I graduated in April of 2018 with a Master's degree from George Fox University in Clinical Mental Health Counseling.

You have taken a very positive step by seeking therapy. The outcome of your therapy depends greatly on your willingness to engage in this process, which may, at times, result in discomfort. I promise to support you through this, as well as to help you define what it is you want for yourself and this experience. I work collaboratively with my patients to create a safe and trusting environment that supports their discovery of internal strengths, hope, and resiliency. Each child/adolescent and/or family comes to the Behavioral Health team with a different set of therapeutic needs; therefore, it is not possible to treat each patient in an identical manner. With that being said, as a therapist I work from an integrative approach to psychotherapy that draws from Cognitive Behavioral Therapy (meaning our thinking, feelings, and behaviors are all correlated and affect each other), Acceptance and Commitment Therapy (meaning we can develop psychological flexibility through: accepting our thoughts and feelings and being present; connecting with our values; and taking effective action), as well as Person Centered Therapy (meaning within each of us is a self-actualizing tendency to develop our potentials and that we can do so through personal growth in order to not only cope with current presenting problems, but also with future problems). This approach allows me to assess the needs of the individual, meet them where they currently are in life, and work collaboratively to improve functioning and well-being.

As a registered intern, I am under the continued supervision of Ryan Briscoe here at Clackamas & Oregon Pediatrics.

I am a member of the American Counseling Association (ACA) and the American Mental Health Counseling Association (AMHCA).

Michelle Gelow, M.A. - Behavioral Health Registered Intern

I am a registered intern with the State of Oregon. I hold my Master of Arts degree in Clinical Mental Health Counseling from George Fox University. I have received my Bachelor of Science from Oregon State University, where I majored in Psychology and minored in Business. I have experience working with children and adolescents in residential care at an adolescent behavioral health and rehabilitation center. I am also a current member of the American Counseling Association (ACA).

Each stage of life has its own unique challenges, which is why I truly enjoy working with children, adolescents, and their families. My goal is to move patients forward in a positive direction, through developing skills and tools that will last a lifetime. In order for this goal to be achieved, it requires a willingness to participate and engage in therapy. I hope to make this process easier by offering a warm and friendly environment which encourages open communication. This includes sharing the experiences which have influenced patients and the symptoms they have experienced. My goal during therapy is for the patient to gain a greater understanding of themselves and their mental health. Therefore, improving their current quality of life, as well as preparing them for the future.

As a therapist, I utilize an integrative approach with a heavy focus on Cognitive-Behavioral Therapy (CBT) and Person-Centered Therapy. CBT is an evidence-based approach which evaluates how our thinking patterns and behaviors interact with one another and influence our perceptions and actions. CBT has a strong emphasis on how we use our thought processes and behaviors to cope with the situations around us. Whereas Person-Centered Therapy works from the premise that each individual is capable of discovering their own solutions, while receiving active support and empathy from their therapist. While using these approaches, I make sure that adjustments and customizations are made to accommodate each individual's needs. Collaboration between the therapist, the patient, and the patient's support system, is the most effective way to conduct therapy.

As a registered intern for the State of Oregon, I accumulate direct patient contact hours to apply towards licensure. During this time, I receive supervision to provide patients with the best care possible. I am under the continued supervision of Ketki Shah, Ph.D. here at Clackamas & Oregon Pediatrics. Thank you for including me in your journey, I look forward to our work together.

Chantelle Hadeed, M.A. - Behavioral Health Registered Intern

I believe that each child and adolescent interpret the world in their own unique and valuable way, forming an individualized set of values, experiences, and perspectives. Each child and adolescent's differences are valued and encouraged in therapy, along with their strengths and interests; as we collaboratively work toward their goals. Therefore, I approach counseling with an integrative approach, matching each patient's needs, goals, and circumstances with evidence-based therapy. The main theory that I utilize, in collaboration with each child and adolescent, is Cognitive Behavioral Therapy (meaning the way we think and feel affects the way that we act). I strive to provide a space in which each child and adolescent can gain a better understanding of themselves, through their emotions and cognitions. The decision to come to counseling is a very courageous and exciting step that has the potential to benefit you immensely. Through your willingness and our collaborative work together, we will find a well-suited approach with strategies and tools to meet your goals and needs. I will provide endless encouragement and support throughout the entire process.

I am a mental health therapist and a registered intern with the state of Oregon. I earned both my bachelor's degree and master's degree from George Fox University, where I received an extensive education in Clinical Mental Health Therapy.

I am under the continued supervision of Ryan Briscoe, LPC, here at Clackamas & Oregon Pediatrics. I am a member of the American Counseling Association (ACA).

PRACTICE POLICIES & INFORMATION:

We specialize in evaluating and treating youth ages 2-21 with concerns such as, but not limited to; attention, anxiety, anger and behavioral and conduct concerns, depression, reactive attachment disorder, obsessive compulsive disorder, phobias, social skill deficits, issues related to divorce (but not related to custody), autism screeners, and academic or learning challenges.

We have experience working with individuals from many diverse backgrounds, skill sets, needs and honor all aspects of the unique person that you are. We strongly believe that although we may have training and experience working with youth and families that you are the expert in your life. It is our sincere honor to be entrusted with your story.

The dynamic process we will engage in together involves efforts on all our parts. It is our responsibility to create a safe and nurturing environment conducive to your growth and learning. Therapy involves significant commitment of time and energy, and as such, it is your responsibility to make that commitment and be open to the changes that may emerge during our journey together. If for any reason during our work together we find, or you feel, that we do not have the experience, training, or knowledge to work with your current concerns, we can offer referrals to other professionals.

We believe in empowering patients by having them take an active role in the therapy process. In our opinion, counseling is a collaborative effort where patients and therapists work as a team to find the most appropriate treatment methods, interventions, and goals to best suit the patient's and/or the family's current needs. We recognize that therapy can be a difficult process and, at times may result in discomfort. We strive to create a safe, trusting, and supportive environment.

The therapy approach we use is determined by patients' presenting concerns, age, personality, and treatment goals. Irrespective of the approach we use, we see our role as a guide in the problem-solving process. We do not force our opinions or beliefs on patients, rather, we try to provide empathy, validation, insight (as appropriate), skill development and practice, internal strength, hope and resiliency.

We use an integrative and eclectic approach to therapy. We consider factors such as age, personality, current needs, treatment goals, and evidence-based practices/research, and our own areas of competence and training when tailoring therapy for each individual patient and/or family.

We conduct both evaluation and therapy in our practice. Evaluations include a combination of direct observations, interviews with patients, family members, and other professionals (e.g., teachers, outside therapy providers, other caregivers) as appropriate, records reviews (including medical and developmental history as needed), consultations, assessment/checklist administration, and review and interpretation of responses/response

patterns.

We strive to provide the best services in our ability. Should there be a conflict between our ethical responsibilities, the law, and/or our clinic practices, we work to clarify the nature of the conflict, make our commitment to our ethics code known, and take reasonable steps to resolve the conflict consistent with our defined ethics codes.

All therapists licensed with the state of Oregon, they are required to complete a minimum of 20 continuing education and/or additional training hours annually and meet Oregon standards for licensure renewal each year. Consultation with other behavioral health providers, as well as with the medical staff at Clackamas & Oregon Pediatrics, is a regular part of their counseling practice. All members of these sessions also adhere to and abide by the Oregon Code of Ethics and any discussion will be kept confidential according to Oregon ethics standard and HIPAA. All efforts will be made to maintain patient confidentiality while also consulting with the patient's health provider(s) to the extent necessary to provide continuity and total person care.

All Registered Interns have individual supervision, group supervision, and consultation as required and they are a regular part of their counseling practice. Supervision may include video or audio recorded sessions (with your written permission), or verbally discussing information related to you and your child at these meetings. All members of these sessions also adhere to and abide by the Oregon Code of Ethics and any discussion or recording of a therapy session will be kept confidential according to Oregon ethics standards and HIPAA. All efforts will be made to maintain patient confidentiality while also consulting with the patient's health provider(s) to the extent necessary to provide continuity and total person care.

We abide by the Oregon Code of Ethics in our respective fields. A full list of our ethics code can be found at <http://www.oregon.gov/OBLPCT> and <http://www.apa.org/ethics/code/index.aspx>.

As a patient you have the following rights: To expect that a licensee has met the minimal qualifications of training and experience required by state law;

- To examine public records maintained by the Board and to have the Board confirm our credentials;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board (see address below);
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, including the following exceptions
 - Reporting suspected child abuse;
 - Reporting imminent danger to patients or others
 - Reporting information required in a court proceeding or by patient's insurance company, or other relevant agencies
 - Providing information concerning intern case consultation or supervision
 - Defending claims brought by patient against licensee
- To be free from being the object of discrimination on the basis of age, color, culture, disability,

ethnicity, race, national origin, religion, gender, sexual orientation, marital status, socioeconomic status, or other unlawful category while receiving services.

- Information may also be disclosed if a patient and/or parent signs a written authorization. Electronic transmission and patient identification by phone, email, fax, or internet increases risk for breach of confidentiality.

You also have the right to contact the Oregon Board of Licensed Professional Counselors and Therapists should you require further information or wish to file a formal complaint with the board you can contact them at;

Oregon Board of Licensed Professional Counselors and Therapists

3218 Pringle Rd. SE, Suite 120

Salem, OR 97302

503.378.5499 lpct.board@oregon.gov

Oregon Board of Psychology

3218 Pringle Rd. SE, Suite 130

Salem, OR 97302-6309

503.378.4154 psychology.board@state.or.us

With my signature I acknowledge that I have been provided with a copy of the counselor disclosure statement and have read and understand the information provided.

Parent/ Legal Representative Initial _____

Patient Initial _____

CONFIDENTIALITY & LIMITS TO CONFIDENTIALITY

Your privacy is of utmost concern to us. All work provided in this office is protected by state and federal confidentiality laws as well as professional ethics guidelines. Information shared in our sessions together is confidential and can only be released with your written permission or as required by Oregon and Federal law, and/or the Oregon Code of Ethics.

We may have to breach confidentiality if you share information pertaining to a safety issue. Safety issues include: suspected child abuse, dependent adult or elder abuse, and abuse of the developmentally disabled or chronically mentally ill, animal abuse, inability to care for one's basic needs for food, clothing, or shelter, and threatened harm to oneself or others.

Confidential information will also have to be released without consent of the patient or legal representative if it is required to obtain professional services, consultations, obtain payment for services, or if it is the Notice of Psychologist Policies and Practices to Protect the Privacy of Your Health Information pages included with this packet.

Our practice uses EPIC, an integrated electronic health record (EHR) system administered and maintained by Legacy Health Systems. Our version of Epic has been developed so that counseling notes from our Behavioral Health providers receive an added layer of security. Behavioral Health providers, as well as other responsible

providers using Epic will be able to access records on an as needed basis to provide our patients with the best possible continuity of care. Access to counseling records are subject to multiple layers of security. Our Practice Manager and Behavioral Health Coordinator are notified in the event of atypical access.

Our behavioral health providers do not respond to text messages. If you have written information that you would like to share with a specific provider you can email our Behavioral Health Coordinator, Megan at mpolamalu@orpedcs.com.

If you have any further questions regarding confidentiality or access to your record, please do not hesitate to ask us.

Parent/ Legal Representative Initial_____

Patient Initial_____

FINANCIAL POLICY:

- ♦ Payment for each session is due at the time of service/session.
 - For patients with no insurance, or those with insurance that choose to not utilize those benefits, the out of pocket expense is 100% of the billable charge, less any discounts for payment in full at time of service.
 - For insured patients, the estimated out-of-pocket amount will be calculated by our Patient Accounts Department.
- ♦ If you have insurance, please be prepared to present your insurance card at each visit. We will bill your insurance for all services rendered unless you advise us otherwise, and in advance of services rendered. In these cases, payments in full for services rendered are due at the time of service.
- ♦ We submit claims on your behalf to all major carriers as well as most secondary carriers and third-party payers when all necessary information to do so has been provided to us.
- ♦ In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. Patients with health insurance often have benefits for mental health services. Please note that your insurance coverage and benefit package is an arrangement between you and your insurance carrier. ***The patient or legal representative is ultimately responsible for payment for service rendered.*** Many insurance plans have limitations on benefits. Please contact the insurance carrier directly to discuss the specific benefits and/or limitations of your plan or when issues arise regarding timely payment of claims, denials, rebilling, contracted providers and other such matters. We are happy to assist in facilitating your claims and to help address general insurance benefit questions.
- ♦ Any reference our practitioners or staff may make regarding insurance benefits or policy is not a quote but is an estimate only. We cannot, and do not, quote or guarantee insurance benefits. Regardless of insurance coverage, all services provided are the financial responsibility of the patient or the parent(s)/legal representative(s) of the patient.
- ♦ We offer a 25% “Prompt Pay” discount on *professional services* when paid in full at the time of service.
- ♦ You may pay with cash, personal check, money order, credit card, or bank debit card. Payments may be made when you visit the office, by mail, by phone or through our on-line portal at www.oregonpediatrics.com. If you are unable to pay in full within 30 days, please contact our office to set up a Payment Arrangement (P.A.) for regular monthly payments.
- ♦ Statements are provided monthly when a balance is due and is payable upon receipt. Invoices for services rendered shall be provided to the designated financially responsible parent/guardian. This is usually the parent/legal representative that is the primary caregiver. *In Oregon both parents are entitled to access their child's healthcare information and are equally responsible for healthcare expenses unless legal judgment stipulates otherwise. Except as required by law, Clackamas & Oregon Pediatrics will not be party to nor arbitrate financial disputes between parents.*
- ♦ Outstanding balances (60 or more days) may result in suspended services until payment is resolved.

Balances that remain outstanding after 120 days may be assigned to an outside collection agency and reported to the credit bureaus. Patients whose account have been assigned to outside collections are liable for attorney fees and court costs, are thereafter on a cash basis with no further extension of credit and may be subject to dismissal.

- ♦ The cancellation policy is 24 hours in advance of the appointment time. Appointments cancelled less than 24 hours in advance and appointments not kept are subject to a **\$75 “No Show” fee**.
- ♦ Please note we have a three appointment no show policy. If a patient fails to attend an appointment three times within the course of treatment, we reserve the right to terminate treatment with our Behavioral Health Department at that time. In this event patients will receive a termination of care letter, mailed to the address on file.

Additional Charges:

- 1.5% Monthly Finance Charge. (18% APR) added to accounts with personal balance over 90 days old, including those for which a PA has been established.
- \$15 – Copay Billing. Added to account when visit is subject to copayment that is not paid on the date of service. Non-urgent care may be subject to rescheduling when copay is not paid.
- \$25 - Returned check. Added to accounts for which check payment is not honored by the bank.
- \$75 – No Show (behavioral practitioner). Applies when the patient does not keep a scheduled appointment. To avoid this charge, call 24 hours in advance when you are not able to keep your appointment with a behavioral health practitioner.
- \$30 - After-Hours. A \$30 charge is assessed to visits scheduled outside regular weekday (Monday – Friday 8:00am -5:00pm) office hours.
- 35% - Collection. A charge equal to 35% of the outstanding balance will be added to accounts assigned to an outside collection agency.

Please contact the business offices at (503) 427-2118 if you have questions or need assistance.

Parent/ Legal Representative Initial _____

Patient Initial _____

PROFESSIONAL FEES

The patient or legal representative is ultimately responsible for payment for service rendered.

As with all psychological services, insurance coverage for the costs associated with the consultation services varies. Depending upon the clinical findings during your child's assessment, services will be billed using either traditional psychotherapy billing codes (which require a behavioral health diagnosis and are paid out of your mental health benefits) or using health and behavior codes (which require a medical rather than behavioral health diagnosis and are paid out of your medical benefits), whichever is more appropriate. There may be a required deductible or co-pay, for which you are financially responsible. If you would like information regarding the fees for services, please contact our billing office at (503) 427-2118. If you would like more information regarding your benefits, you should contact your insurance company directly.

- Initial psychotherapy consultation (billed to insurance) \$440.00
- Initial psychotherapy consultation (self-pay) \$220.00
- Psychotherapy (routine - billed to insurance) \$354.00 per hour
- Psychotherapy (routine – self-pay) \$172.00 per hour
- Psychological and academic testing and evaluation \$265.00 per hour
- Other psychotherapy services \$102.00 per hour
 - Charged on a prorated basis for various professional psychotherapy services including, but not limited to report writing, services provided by phone lasting longer than 10 min., attendance at meetings/consultations with other professional(s) which you have authorized, preparation of

records or treatment summaries, and other similar services performed. Insurance companies do not typically pay for these services.

- Preparation and travel time for legal matters \$187.20 per hour
- Attendance at legal proceedings \$312.00 per hour
 - Charged in the unusual event you become involved in litigation that requires our participation, and reflect professional time required even if we are compelled to testify by another party. A deposit of 50% of the anticipated charge is required up front as a retainer for services related to participation in legal matters. Insurance companies do not typically pay for these services.

Parent/ Legal Representative Initial _____

Patient Initial _____

CONTACT INFORMATION:

Please note, our current behavior health office hours (*subject to change*) are as follows:

Monday: 8:00am – 7:00pm

Tuesday: 8:00am – 7:00pm

Wednesday: 8:00am – 7:00pm

Thursday: 8:00am – 7:00pm

Friday: 8:00am – 6:00pm

** Please refer to our website for any changes to office hours due to inclement weather and holidays. **
Telephone messages are checked during office hours only. If you leave a message after hours, please note we will call you the next working day/as soon as we are available.

EMERGENCIES:

If you/your child are experiencing a mental/behavioral health crisis after hours, please DO NOT leave a message on our answering machines. While you do have the option on contacting our MEDICAL after hours answering service at 877-631-7451, please know it will take time for the message to come to a behavioral health provider. Therefore, if you are ever in a situation that feels like a crisis, or is an emergency, we encourage you to contact:

**Metro Crisis Hotline at (503) 988-4888,
call 911, or
go to the nearest hospital emergency room.**

Clackamas County Crisis Services Line

[Http://www.clackamas.us/behavioralhealth/crisis.html](http://www.clackamas.us/behavioralhealth/crisis.html)

Public Services Building

2051 Kaen Road, Oregon City, OR 97045 Phone: (503) 655-8585

Multnomah County Crisis Services Line

<https://multco.us/mhas/mental-health-crisis-intervention>

Open 7 am to 10:30 pm, seven days a week

2415 SE 43rd Ave., Portland, OR Phone (503) 988-4888

Washington County Crisis Services Line

<http://www.co.washington.or.us/HHS/MentalHealth/GettingHelp/crisis-services.cfm>

Open 24-hours a day, seven days a week

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVEIW IT CAREFULLY.

Clackamas and Oregon Pediatrics is legally required to maintain the privacy of your protected health information (PHI) and to provide you with this notice of legal duties and privacy practices with respect to your PHI. Please note, when we have to release your PHI, we must release only the minimum amount of information necessary to achieve the purpose of the use or disclosure. We reserve the right to change the privacy policies and practices described in this notice. Unless notified of such changes, however, we are required to abide by the terms currently in effect. If we change our policies and procedures, you will be provided with written notification of the revisions.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Clackamas and Oregon Pediatrics may use or disclose your protected health information (PHI) for treatment and health care operations with your consent. To help clarify these terms here are some definitions.

- *Use* - refers to activities within this patient (such as sharing, applying, utilizing, examining, and analyzing, information that identifies you).
- *Disclosure* - refers to activities outside of this clinic such as releasing, transferring, or providing access to information about you or other patients.
- *PHI* - refers to information in your health records that can identify you.
- *Treatment* - refers to the provision or management of your health care and other services related to your health care. An example of treatment would be if our Behavioral Health Care Team, or Clackamas and Oregon Pediatrics were consulting with another health care provider like your child's pediatrician or another psychologist in order to help determine which intervention option best addresses your needs.
- *Payment* - While we do make every effort to work with our families and their insurance to utilize plan benefits in a way that best serves the patient, we do not quote benefits, nor do we make any guarantee of insurance benefits.
- *Health Care Operations* - refer to activities that relate to the performance and operation of this clinic. Examples of health care operations are quality of care assessment and improvement, activities, business related matters (such as audits and administrative services), and case management and care coordination.

USES AND DISCLOSURE REQUIRING AUTHORIZATIONS

In the majority of situations Clackamas and Oregon Pediatrics may use or disclose PHI for purposes outside of treatment, payment, and health care operations only if we have your authorization. *Authorization* refers to written permission beyond the general consent that allows for specific disclosures. In those instances when Clackamas and Oregon Pediatrics is asked for information for purposes other than treatment, payment, and health care operations.

You may revoke all such authorization at any time. This revocation must be in writing and should be submitted to the office manager. You may not revoke an authorization to the extent that our Behavioral Health Care Team or Clackamas and Oregon Pediatrics relied on that authorization.

USES AND DISCLOSURE OF PHI WITHOUT YOUR CONSENT OR AUTHORIZATION

Listed below are the circumstances when Clackamas and Oregon Pediatrics may disclose PHI without your consent or authorization:

- **Child Abuse** - If we have reasonable cause to suspect that a child is or has been abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, we will report such knowledge or suspicions to the appropriate agency or agencies.
- **Adult Abuse** - If we have reasonable cause to suspect that a vulnerable adult (such as elderly person or developmentally disabled person) has been or is being abused, neglected or exploited, we will report such knowledge or suspicion to the appropriate agency or agencies.
- **Animal Abuse** - If we have reasonable cause to suspect that an animal in your care has been or is being abused, neglected, or exploited, we will report such knowledge or suspicions to the appropriate agency or agencies.
- **Serious Threat to Health or Safety** - If we believe you present a clear and immediate danger of harm to other or society and/or you have a clear and serious intent to commit a crime involving the physical injury, threat to the physical safety or any person's sexual abuse or death the law and American Psychological Associations ethics code allows us to report this knowledge or suspicion to the appropriate agency or agencies.
- **Health Oversight** - We can disclose your health information to authorities, so they can monitor, investigate, inspect, discipline or license those who work within the health care system (for example if you make a complaint against this clinic) or for government benefit programs.
- **Judicial or Administrative Proceedings (federal, state, or local)** - If you are involved in a court proceeding and a request is made for information regarding your diagnosis or treatment and related records, we will not release this information without written authorization from you or your legal representative as this information is privileged by law. However, privilege does not apply when you are being evaluated by a third party, when the evaluation is court ordered, if you are relying on your mental or emotional condition in a legal claim or defense, if another party is relying on your mental or emotional condition as part of their claim or defense, or if we have reasonable cause to believe you pose a danger to yourself, others, or society.
- **Death Related** - we may disclose your health information to coroners or medical examiners, so they can carry out their duties related to your death (such as determining the cause of death).
- **Workman's Compensation** - If a workman's compensation claim is made, we may disclose your health information to the appropriate authorities.
- **Those Involved in Your Care of Payment of Your Care** - If there are other people helping care for you (such as family members or relatives), we may need to release important health information about you to them. You have the right to object to such disclosure either verbally or in written form. It is our policy to provide you with enough information to allow you to make an informed decision as to whether or not you want to object to the release of this information to other involved in your care. We may provide this information, despite your objections in an emergency situation, or if we believe it will serve

your best interest because your mental or emotional condition has deteriorated, or you require inpatient treatment, or your condition requires detoxification in a residential or acute care facility.

- **Research Purposes** - Group statistics, which preserve your anonymity, may be shared with other in order to help conduct research.

PATIENT'S RIGHTS

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of your protected health information (such as to whom the information is disclosed or to what extent it is disclosed). However, we are not required to agree to your restriction request.
- *Right to Inspect and Copy* - With a few exceptions, you have the right to inspect and/or obtain a copy of the protected health information we use to make decisions about your diagnosis and/or treatment, as long as the PHI is maintained in the records. Upon request, we will discuss the details of this process with you. We may charge a reasonable fee for copies of your PHI.
- *Right to Amend* - You have the right to request an amendment of your PHI as long as it is maintained in the record. We may ask you to provide your request in writing and to provide reasons for your request. If we disagree with you because we believe the information is correct or is pertinent to your care, we may deny your request. In addition, we are unable to amend any information that we did not create. Upon request, we will discuss the details of this process with you.
- *Right to Receive Confidential Communication by Alternative Means and at Alternative Locations* - You have the right to ask that we communicate your health information to you in different locations. For example, you may request we do not leave messages on your home telephone number. We will attempt to accommodate all reasonable requests.
- *Right to Receive a Record of Disclosures of PHI* - In general, you have the right to receive a record of the PHI disclosures made about you. Upon request, we will discuss the details of this process with you.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of this notice at any time, even if you previously agreed to receive this notice electronically.

COMPLAINT PROCEDURES:

If you believe that Clackamas and Oregon Pediatrics has violated your privacy rights, or you disagree with a decision made about your access to records you may send a written complaint to us and the Secretary of the US Department of Health and Human Services. We will not penalize or retaliate against you for filing a complaint. Should you choose to make a complaint, please inform our office Manager Mickey Clark at 503.659.1694 ext. 464. She can provide you with the appropriate information and addresses upon request.

We reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that we maintain. We will provide you of any revised notices by mail on or before the effective dates.

By signing below, you are indicating that you have read and understand your privacy rights as outlined in this document and have had the chance to discuss the question or concerns you have about your PHI and providing consent for us to release your PHI in accordance with these policies. Your signature below also indicates informed consent to treatment and assent to treatment by our Behavioral Health providers. You are also stating you read and agree to all practice policies, financial and cancellation policies, and fees associated with your care.

Patients' Name and Signature

Date

Parent/Legal Representative Name & Signature

Date

Thank you for your time and trust in us,

Sincerely,

Ketki Shah, Ph.D. – Clinical Supervisor
Katherine Durocher, LPC
Olivia Gordon, LMFT
Ryan Briscoe, LPC – Clinical Supervisor
Richard Schultz, LMFT

Chantelle Hadeed MA, Registered Intern
Hanna Thompson MA, Registered Intern
Michelle Gelow MA, Registered Intern