

# Client Informed Consent of Office and Practice Policies

Lesley Arle RN, MN, PMHNP-BC  
LL Arle PMHNP PC

Telehealth Office  
444 SW Alderwood Dr., West Linn, OR 97068  
Tele: 503-312-2619 Fax: 503-385-1129

West Salem Office  
3392 Basswood St. NW  
Salem, OR 97304

Mid-Valley Counseling Center  
2250 D St. NE, Salem, OR 97301  
Tele: 503-364-6093 Fax: 503-364-5121

Lake Oswego Office  
4000 Kruse Way Pl., 2-330  
Lake Oswego, OR 97035

Spruce Telehealth: New Account Registration - <https://spruce.care/5038529015>

\*Telehealth Session/Account Log-in - [www.Sprucehealth.com](http://www.Sprucehealth.com)

Websites: [www.LesleyArle.com](http://www.LesleyArle.com) / [www.mvcounseling.com](http://www.mvcounseling.com)

HIPAA Email: [Lesley@Lesleyarle.com](mailto:Lesley@Lesleyarle.com) (Hushmail)

## Patient Rights and Responsibilities

- Every patient has the right to be treated with integrity and respect.
- Services will not be denied to any patient on the basis of race, color, creed, gender, sexual orientation, national origin, religion, duration of residence, any kind of disability or identity characteristic.
- Every patient will receive appropriate care and treatment, using an individualized treatment plan, alternative treatment options will be discussed if available and appropriate.
- Every patient is expected to actively participate in the development/modification of their individual treatment plan.
- Every patient will be informed of risks associated with the treatment proposed if information is known and available.
- Every patient can refuse proposed treatment, if the patient does not wish to receive it.
- Every patient is expected to arrive on time for appointments, free of alcohol and/or illicit substances, arrivals 15 min. late or longer will be rescheduled.

## Description of Services

I provide medication management and psychotherapy services to clients 18-65 years old. (As you get close to age 65 I will remind you that you will need to find a new provider who is educated in elder prescribing.) My other services may include: initial assessment and evaluation, consultation, individual therapy, telephone conferences, and coordination of treatment with other professionals (physicians, advanced practice nurses, psychologists, social workers, professional counselors, etc.). Goals and objectives are developed with the client. An environment of hope, trust and safety is important for gaining meaning and insight. All therapies used address body, mind spirit and propose to provide relief with avoidance of re-traumatization.

## Services Available Elsewhere That I Do Not Provide

-I do not provide court evaluations or court testimony as it seriously undermines the therapeutic relationship. **Please inform me immediately if you are involved in, or plan to go to court.** I accept clients only with the specific agreement that that they will not involve me in legal matters, including child custody, workers compensation claims or criminal cases. Forensic (court) work is a specialty that I am not trained in and I am happy to refer you to someone who does this. I do not provide legal opinions, do evaluations, or testify for disability or child custody cases.

-I do not provide treatment at the West Salem Office to sex offenders, persons with the psychotic or impulse-control disorders or persons with violent criminal histories, due to the neighborhood environment.

**-If I feel you need more intense services than I can provide, I reserve the right to refer you to a more appropriate provider.**

### **First Appointment**

Before the initial visit the 1) **Registration/Client History**, the 2) **Notice of Privacy Practices**, 3) **Respect and Safety in the Home Office**, this 4) **Client Informed Consent of Office and Practice Policies/Payment Agreement** and some screening forms must be completed, signed, and sent one (1) week ahead. You will also need to send your insurance card. Your co-pay/payment for the visit will be due at the time of service. Mid Valley Counseling Center staff will help you to prepare for this appointment. During the first appointment an *initial evaluation* will be initiated. I occasionally may take two to three initial sessions to conduct a thorough assessment of clients before finalizing a diagnosis and proposing a treatment plan.

### **Length of Treatment**

Individual therapy usually involves regularly scheduled weekly or bi-weekly sessions. Medication management sessions are more frequent in the beginning or after any changes are made, and then typically occur monthly, quarterly, and every six (6) months thereafter. Duration of treatment varies depending on the nature of the treatment and the individual client needs.

### **Telephone Messages - Lesley Arle – 503-312-2619 / Mid Valley Counseling Center - 503-364-6093 (Billing)**

My regular office hours are Monday through Wednesday 10am-6pm. You may reach me or leave a voicemail for me at 503-312-2619. I usually check my messages at the end of each business day, and I will do my best to return all telephone calls within 24 hours on business days. Billing and new patient messages may be left at the Mid Valley Counseling Center phone number – 503-364-6093.

**In an emergency situation, please call 911 or proceed to your nearest emergency department. Do not leave a message on the telephone, email, or text that needs immediate crisis interventions such as risk of immediate self-harm or suicidality because I may not see the message until the end of the business day or later. Call the 24 hour crisis line at 503-585-4949 or 911, or go to the closest ER if these are occurring and you cannot reach me directly.**

I am not allowed to accept or return telephone messages from friends, family members, other providers, significant others, or any others unless it is an emergency situation. However, we may have a conference call with another person with you present to help with your care.

### **Scheduling Appointments**

**New patients** – Intake appointments are made by Mid Valley Counseling Center – 503-364-6093.

**Current patients** - All current patient scheduling will be done directly with Lesley Arle. For appointment scheduling and all other matters not pertaining to billing, please 1) use the Spruce app (Spruce app on phone or web browser app. To log into your account: [www.sprucehealth.com](http://www.sprucehealth.com) or to register for an account: <https://spruce.care/5038529015>) where you can email, text, and attach PDFs, etc., or 2) call Lesley at 503-312-2619. You may also leave non-urgent medication questions on the Spruce text system which is HIPAA compliant.

### **Cancellation**

Your scheduled time is reserved for you. If you know that you need to reschedule or cancel your appointment, please call 503-312-2619 or use the Spruce app to make arrangements to change it or cancel it at the earliest possible time, **no later than 24 hours in advance**. Otherwise you will be charged a fee for that appointment. **INSURANCE COMPANIES DO NOT ABSORB COSTS INCURRED FOR MISSED APPOINTMENTS** and I have people on the waiting list who need an appointment, who would be grateful for the earliest notice possible. Frequent missed appointments, rescheduling or late cancellations may result in termination of services. The cancellation fees are \$100.00 for appointments 5-30 min, and \$150.00 for 45-60 min appointments. The fee must be paid before your next appointment.

### **Termination of Services**

**If you fail to show to an appointment without calling at least 24 hours in advance to cancel an appointment two times, or fail to show with no notice (no show) once and do not call within 30 days to reschedule you will be considered to have terminated treatment with Lesley Arle, PMHNP.** Please keep track of your scheduled appointments. If there have been multiple absences or late cancels without 24 hours notice you may be sent a letter confirming that I am no longer your provider. However, a letter is not required to end services if there is no communication with our office regarding your continued care for 30 days from a missed appointment.

Termination may also naturally occur if my services are no longer needed by the client, another professional may be of better service, if payment is not received, or if there is hostile/aggressive behavior by client/family member.

If there has been a lapse in scheduled appointment times for 6 months or greater (without previous notice/confirmation with Lesley Arle) it will be considered that you have terminated treatment. If you wish to continue treatment, an intake evaluation may be needed.

### **Emergency/Urgent Services**

**For Life-Threatening Emergencies, please call 911 or proceed to the nearest ER.**

Other Mental Health Emergency/Urgent Services:

Crisis Lines -

Marion County Crisis Line: 503-585-4949

Lane County: 541-967-3866 or 1-800-304-7468 (24 hours)

Polk County: 503-623-9289 (daytime) or 503-581-5535 or 800-560-5833 (after hours)

Multnomah County: 503-988-4888 (24 hours)

Other Crisis Lines -

National Suicide Prevention Lifeline 1-800-273-8255

Text 741741

Once You Are Safe -

If you are able, please call me and leave a message at 503-312-2619. I will call you back within the day, and with your permission, if applicable will call the emergency room to participate in your treatment. If you go to the ER, please give the emergency room physician my phone number to contact so we can coordinate your care.

### **Medication Management and Safety**

All medication has potential to cause side effects as well as interact with other prescriptions/over-the-counter medications or herbal remedies. However, there is no solid, reliable way of testing what effects a medication will have to a specific person. Please be advised that medications used in psychiatry are often prescribed "off-label" (meaning they used to treat/manage symptoms other than for those which the FDA originally approved them). This will be discussed during treatment planning and risks and benefits and alternatives will be discussed before setting a treatment plan. It is important to let me and other providers know about changes in your medications including prescription, herbal and over-the-counter. If you choose to use a medication I prescribe or suggest, it is with your informed consent. You can refuse any medication. You may not change your prescription on your own, but you can call me to request one change between sessions or you can call if you have concerns about your medications, effectiveness, or side effects. Changing medication doses on your own is considered unsafe. By signing this consent you agree to only change medication with my consent.

**I recommend that you use the same pharmacy for all of your medications for ease of refills and safety regarding interactions with other medications. Antidepressants and other mood-stabilizing agents have increased the risk of suicidal thoughts and actions in children, teenagers, and young adults. Patients of all ages starting treatment should be watched closely for worsening depression, suicidal thoughts or actions, unusual changes in behavior, agitation and irritability. Families and caregivers should watch patients daily and report these symptoms immediately.**

### **Prescription Refills**

Refill requests will usually be handled during my regular office hours. Your pharmacy can fax refills to me at 1-503-385-1129. Refills for medications are typically written or sent electronically during the time of your appointment. Refills are not considered an emergency and require at least three (3-7) business days notice. To be most sure of timely refills, you must notify your pharmacy one (1) week ahead of time to assure your medication refills are in place when you need them and any problems that arise in the process can be taken care of. Call in your refill to the pharmacy who will contact me directly. In an emergency for a refill with the three (3) – seven (7) days notice, you can help me fill your prescription completely and quickly if you leave **ALL** of the following information in your message:

- Your date of birth
- Your pharmacy's phone number
- Your phone number
- The full medication name (ex. Effexor XR, Ambien CR)
- The medication strength (ex. 1mg, 20mg)
- The exact way you take the medication (ex. "one half tablet in the morning and two tablets at night")

If I do not have this information, I will not be able to call in/electronically prescribe your prescription, which may mean a delay of several days (ex. If you call on a Wednesday and I'm not back in the office until Monday morning.)

Schedule II medications, e.g. Ritalin and Adderall, need an appointment. No refills are authorized for Schedule II medications without an appointment. Please call me for a medication management appointment to refill these medications.

### **Lab Results:**

Lab results will be discussed at the next appointment unless there is urgent treatment required as a result of the lab reports.

### **Health Insurance Portability and Accountability Act (HIPAA)**

My practice, including my physical offices, electronic services such as telehealth and electronic health records, and communications are HIPAA compliant. Attached at the end of this policy, you will receive a copy of my HIPAA Privacy Notice which is also available to download via my website: [www.LesleyArle.com](http://www.LesleyArle.com). Signing this consent form indicates you have received, read, understood, and had the opportunity to ask any questions about this privacy policy.

### **Hushmail (HIPAA Protected Email When Encrypted)**

I go to every effort keep your confidentiality secure and I recommend using phone communication for your confidential personal issues rather than e-mail. E-mail is not always a guaranteed confidential means of communication. If you use e-mail to communicate health needs they must be of a non-urgent medication question or appointment change need. I am not always connected to my e-mail and may not check it daily. Any email communications sent should be sent to [Lesley@LesleyArle.com](mailto:Lesley@LesleyArle.com) to ensure the most secure message transmission. **Urgent needs must be handled directly over a phone conversation, not message, including suicidal ideation, serious medication concerns, side effects, prescriptions changes, etc.** Hushmail can be encrypted and protected when enabled. Initial communication from outside of Hushmail system is not encrypted, but once inside the Hushmail system encryption can be enabled. Encryption to and from recipients is HIPAA compliant.

### **Spruce Telehealth Service**

Spruce Telehealth is available for all patients to use for secure HIPAA compliant communications with Lesley. If you are a new patient or have not created a Spruce account, please go to <https://spruce.care/5038529015> to register for an account which will be linked directly to the practice. The Spruce telehealth app is available for download to use on any smartphone device. For tablet and laptop users, please use Google Chrome or Apple Safari to log into Spruce. Once you have created an account to access Spruce telehealth service, use the app on your smartphone, or login using the web browser at [www.sprucehealth.com](http://www.sprucehealth.com) to access your account. You will not be able to log in at the <https://spruce.care/5038529015> link.

Spruce Telehealth is HIPAA compliant when using the messaging system directly through the phone app or logged into the web browser. Any non-Spruce text messages or calls made to the Spruce Telehealth phone number (503-852-9015) will not be secured and not HIPAA compliant. Please use only the app or log into your account on the web browser to securely communicate with Lesley. If texts or phone voicemails are received via the Spruce phone number, Lesley will be able to receive the message, but reply communication will be sent securely via Spruce which can only be accessed by using the app or logging into your account.

For appointment scheduling and all other matters not pertaining to billing, please use the Spruce app where you can email, text, and attach PDFs, etc. to Lesley directly. You may also leave non-urgent medication questions on the Spruce text system which is HIPAA compliant. This may be more timely than leaving a voicemail on my telephone 503-312-2619.

## **Confidentiality**

As my client, you have the right to confidentiality. Unless you sign a release of information, what you tell me is confidential. However, there are some exceptions that apply and I want you to know about these before you talk with me.

### **Exceptions to Confidentiality**

- The safety of children, elders and disabled persons is a top ethical priority. All nurse practitioners are mandated to report any suspected abuse of these populations to legal authorities. If I suspect someone is being abused, I may need to take protective action, including a report to the authorities. I will try to discuss this matter with you before I make any decision, however in emergency situations I may not be able to inform you first. This includes learning of perpetrators from the past who may re-offend again.
  
- Information about potential harm to yourself or others will be carefully evaluated. If I think there is significant risk of harm, I may need to notify the appropriate authorities and/or other people to protect you or others from harm.
  
- Custodial and non-custodial parents generally are granted equal access to information about their child under Oregon law.
  
- If you have insurance, you have already signed a waiver with your company that allows them to inspect your file.
  
- Your records will not be released to anyone without your written permission. An exception is: A nurse practitioner can be compelled by court order or subpoena to testify or release records regardless of your consent. I will make every effort to avoid releasing your records even in this situation,
  
- Oregon law allows a nurse practitioner to make a police report when crimes are committed against property or staff.
  
- I may consult with other professionals for the purpose of maintaining high quality treatment. Information about you will not include your name or any unique information that would allow the consultant to identify who you are. If you do not agree, initial here \_\_\_\_\_.

## **Ethical Guidelines**

It is my commitment to conduct my relationship with my patients according to the highest ethical and professional codes, as specified in the American Nurse's Association Code for Nurses. I view the purpose of the therapist-client relationship to exist solely to enhance the client's welfare and achievement of therapeutic goals.

Accordingly, boundaries, both physical and emotional, will be respected at all times. When we negotiate a treatment plan, we will discuss the scope of our relationship. Please understand that I can only be your therapist. I cannot have other roles in your life, such as friend, romantic partner, or client of your work or services. Be assured that any contact you have with a therapist or physician should be free of sexual contact, dating or sexual pressure. Any violations should be reported to the credentialing agency for that profession.

## **Grievance Procedure**

**I encourage you to discuss your complaint with me first so that we can try to resolve whatever problem there may be together.** It is important for me to learn from these situations/discussions. If you still feel a formal grievance is necessary, you may contact your insurance company or the Oregon State Board of Nursing at: 17938 SW Upper Boones Ferry Rd. Portland, OR 97224. Or call them at 503-673-0685.

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**Signature**

**Date**

1.20.21

# Payment Agreement

**Note: All billing for LL Arle PMHNP, PC, Lesley Arle, PMHNP-BC is being managed by Mid Valley Counseling Center – 503-364-6093, including collection of payments.**

## **Session Fees**

The fee for my initial diagnostic visit varies depending on your insurance company or my standard rates. This fee covers initial paperwork, file set-up costs, screening, and confirmation of diagnoses. You must have all paperwork for the Intake completed prior to your appointment to ensure your time with me is used for assessment purposes. Your appointment with me is for 60-120 minutes. After the initial assessment appointment, a therapy hour is 45-50 minutes long and a medication check or shorter therapy session is 15-25 minutes long to allow for documentation of session and transition. This benefits both the patients and the therapist.

## **1. Methods of Payment**

We accept cash, personal checks, money orders, Visa, Mastercard, and debit cards which are handled by Mid Valley Counseling Center. All services require payment or copayment on the date of service. Mid Valley Counseling Center phone number is 503-364-6093 Monday-Friday 8am-12:15pm, 1:15pm-4:45pm to make payments.

## **2. Insurance Assignment**

Insurance copays are due on the day of service. As a courtesy, insurance forms will be submitted without charge to you or your insurance company. Payment for treatment is still the patient's responsibility. Any insurer not paying within 60 days of submission of bill will be treated as past due and the patient will be informed and asked to contact their insurance company accordingly. Please understand that insurance is your coverage, not ours, and we cannot guarantee any payments from your company. After 90 days we reserve the right to send your bill to collections if no prior agreement has been made. You will also be responsible for all collection fees. In-network insurance has contracted fees I must follow. Out-of-network insurance fees vary by the insurance company. You will need to contact your insurance carrier to confirm your copay in each case. Also confirm that no prior authorization is required. If there is a deductible for in-network or out-of-network, the amount of the deductible, and whether it has been met or if more is due is also important to know prior to starting services

***Out of Network*** - If you have an insurance plan in which Lesley Arle, PMHNP does not participate or is out-of-network, as a courtesy this office will file the claim on your behalf; however, payment is usually at a lower price percentage than an in-network provider, the difference between the two is your responsibility. You may call your insurance company to try to obtain a referral to an in-network provider to save costs.

***Prior Authorization*** - Lesley Arle, PMHNP is a participant with numerous insurance companies, but not all. While you will be provided with the best information available, it is your responsibility to check with your insurance company prior to the visit to verify coverage and benefits. It is your responsibility to ensure that any required pre-authorization is in place and available to your provider prior to the visit. Visits may be rescheduled or you will be financially responsible due to lack of pre-authorization. This is a rare occurrence, but if you call your insurance you can ask for the benefits for "outpatient mental health office visit", you can find out if authorization is required for my services through your plan.

If we are working on a disputed claim on your behalf, you will be financially responsible until such dispute is settled. It sometimes can take a lengthy period of time to resolve some disputes.

The Mid Valley Counseling Center billing experts at 503-364-6093 are pleased to assist you with insurance questions that relate to how a claim was filed or provide additional information the insurance carrier might need to process the claim. Specific coverage issues, however, can only be addressed between the insurance company and the subscriber of policy. (The phone number is usually printed on the business card).

Your provider is unable to change a diagnosis code or procedure code solely for the purpose of securing reimbursement from any insurance carrier. This is considered unethical and fraudulent.

**It is your responsibility to provide our Mid Valley Counseling Center staff with current, correct insurance information and to bring your current card to each visit. You will be financially responsible for any services received wherein this office has been provided with incorrect or outdated insurance information.**

Overpayments are sometimes held over for a future visit if you are continuing to see your provider. If you think a refund is due, please contact Mid Valley Counseling Center billing staff.

**3. Non Insurance Billing Information (These are collected by Mid Valley Counseling Center on my behalf.)**

**-Long Telephone Calls** - There is no charge when you call or leave a message. However, **calls that require more than 10 minutes** to complete may be billed by the quarter hour at \$50.

**-Reports for insurance companies, disability insurance, and work related reports** are billed directly to the patient at the hourly rate of \$150 per hour unless completed in a session covered by insurance. I encourage patients to make an appointment so we can write the report together.

**-Meetings requested on your behalf with other health care professionals** are billed at a \$200 per hour fee, and we can not charge your insurance for them. They are billed directly to the patient.

**-Late payments** - Accounts that are in arrears for more than 30 days will place all appointments for the future on hold and may require a signed payment plan. Refusal to arrange payments or to pay in full as services are provided will result in suspension of services until the bill is paid in full and/or termination of services.

**-No show fees** - Not coming to an appointment or cancelling less than 24 hours ahead leads to no show/late fees of \$150 for 45-55 min appointments, and \$100 for 15-25 min appointments. These must be paid prior to next session. Three (3) of these fees results in end of services, in most cases.

**4. Private Payment**

Full payment is due on the day of services, this allows us to avoid clerical costs for paperwork, billing and postage. No further appointments can be authorized until the private pay payment is fully paid. A \$10 clerical fee may be added if we have to bill you.

**5. General**

A service charge of \$30 will be assessed for all checks returned by your bank for nonsufficient funds or written on a closed account. This will be collected by Mid Valley Counseling Center staff.

If payment is not received services may be discontinued. If you are not prepared to pay for your portion of the cost at the time of your appointment, let me know and I will try to reschedule you, and not charge for the visit (if appropriate)

Thank you again for considering me as a helping resource.

Sincerely,  
Lesley Arle, PMHNP  
Psychiatric Mental Health Nurse Practitioner

**Please sign below and return to me one (1) week before the first session.**

-I understand these policies and agree to become a client of Lesley Arle, PMHNP's under these conditions.

-I understand how these fees work.

-If I have insurance, I authorize Lesley Arle, PMHNP to release the information necessary to my insurance company to obtain payment.

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**Signature**

**Date**

**1.20.21**