

**MICHAEL TREMKO, PMHNP-BC**  
PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER  
2250 D STREET NE, SALEM, OR 97301  
(503) 364-6093

Client Informed Consent of Office and Practice Policies

\*\*This is your copy to keep\*\*

Thank you for considering me as a resource at this time in your life. I trust that you will experience a professional approach within an atmosphere of warmth and sensitive concern.

Before I can begin, however, there are certain details which you will need to know about our professional and business standards. This letter will clarify those standards and ask you to document your agreement to abide by them. Please do not hesitate to ask for clarification on any of these expectations.

**First Appointment**

Before the initial visit the **Client History, Questionnaire, Notice of Privacy Practices**, and this **Informed Consent of Office and Practice Policies** form must be completed, signed and brought along with you. You will also need your insurance card and co-pay/payment for the visit. During the first appointment, *the diagnostic evaluation* will be initiated.

**Approach to Initial Therapy**

I may take two or three sessions to conduct a thorough assessment of my clients before finalizing a diagnosis and proposing a treatment plan. Sessions can be added to the schedule as needed to complete the assessment as quickly as desired.

**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 even yearly. Duration of treatment varies depending on the nature of the treatment and the individual client needs.

**Description of Services**

I provide medication management and psychotherapy services to clients 8 years or older. My services may include: Initial assessment and evaluation, diagnosis, consultation, individual therapy, telephone conferences, and coordination of treatment with other professionals (physicians, advanced practice nurses, psychologists, social workers, professional counselors). 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 the balance among the body, mind, relationships, culture, and spirit, and provide relief with avoidance of re-traumatization.

**Services available elsewhere that I do not provide**

I do not provide court evaluation 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 they will not involve me in legal matters, including child custody, worker's compensation claims or criminal cases. Forensic (court) work is a specialty in which I am not trained and I am happy to refer you to someone who does this type of therapy. I do not provide legal opinions, evaluations or testify for disability or child custody cases.

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

### **Telephone Messages**

My regular office hours are Monday through Thurs, 9:30am-5:30pm. You may reach me or leave a voicemail for me at 503-364-6093. I check my messages at least daily and I will do my best to return all telephone calls within 24 hours. In the event of an emergency, call 911 or go to the nearest emergency department.

I am not allowed to accept or return telephone messages from friends, family, other providers, significant others, or any others who are not covered by a signed and dated ROI (Release of Information) in your file. Please sign a release ahead of time with our office if you would like friends, family, other providers, or significant others to be able to communicate about your service and care. We can discuss the various types of information that might be released at any therapy session.

### **Cancellation and No-Show Policy**

Please make your appointment a priority.

If you do not show up for your scheduled appointment, or if you need to cancel your appointment and do not notify us at least 24 hours in advance of your scheduled appointment, you will be charged a fee up to **\$250**. This is not covered by insurance.

If you are physically ill/contagious, please cancel your appointment. A late cancellation for illness will not be charged a fee. A "no call"/"no show" for illness may be addressed as any other non-cancelled appointment, including a financial cost/ responsibility.

### **Skype option**

In lieu of your in person visit, I do have the option to join you for a "Skype" conference call if you have a Skype account. Simply inform the receptionist of this decision & I will contact you via Skype. You will then avoid the cancellation fee and be able to keep your regularly scheduled visit. This is HIPAA compliant, encrypted and secure. **It may not be covered by your insurance & will be your responsibility to pay in full.**

### **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 without 24 hours notice once and do not call within 30 days to reschedule you will be considered to have terminated treatment with Michael Tremko, 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.

If there has been a lapse in scheduled appointment times for 12 months or greater (without previous notice/confirmation with Michael Tremko, PMHNP) it may be considered that you have terminated treatment. If you wish to continue treatment at that time, an intake evaluation will be needed to update your health history and re-assess your current needs.

### **Emergency/Urgent services**

My practice is an out-patient mental health practice and limited to Monday-Thursday at the hours specified above.

It is very important that in the event of an emergency, you call 911 or go to the nearest emergency department, or go to urgent care.

If you are in crisis and you need immediate help, you may contact:

- \*Emergency (police, fire, ambulance) - 911
- \*Marion County Psychiatric Crisis Center (PCC) - 503-585-4949
- \*Poison Control - 503-494-8968 or 1-800-452-7165
- \*Oregon Council on Alcoholism and Drug abuse - 1-800-923-4357
- \*Clackamas County Behavioral Crisis 1-503-655-8585

If you are able, please call me and leave a message at 503-364-6093. I will call you back within the day and, with your permission, will call the emergency room to participate in your treatment. Please give the emergency room physician my phone number to contact so we can coordinate your care. If I am out of the office and another provider is covering for me, I will provide the name and number of another PMNHP for you to call.

### **Medication Management and Safety**

All medication has the potential to cause side effects as well as interact with other prescriptions/over-the-counter medications, herbal remedies, and with alcohol and recreational drugs. However, there is no way of testing what effects a medication will have on a specific person. Please be advised that medications used in psychiatry are often prescribed "off label" meaning they are used to treat/manage symptoms other than those for which the FDA originally granted approval. This "off label" use will be discussed during treatment planning, and the risks, benefits and alternatives will be discussed before settling a treatment plan. It is important to let me and other providers know about changes in your medications including prescriptions, herbal, over-the-counter, and recreational substances or materials that you have added or deleted from use.

**I recommend that you use the same pharmacy for all 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**

My prescriptions can only be filled in Oregon. If you plan on traveling, contact me for a vacation refill at least a week before your trip. It might require a prior authorization from your insurance company, and that can take time. If you find yourself far from Oregon and can't have someone pick up your medications and mail them to you on time, make an appointment with a local provider to refill your prescriptions. Urgent care facilities have worked for my patients in the past.

Refill requests will be handled during my regular office hours. Your pharmacy can send electronic medication refill requests to me through my electronic health record and prescription software. This is the most efficient way for you to have your prescriptions filled. Please ask them not to send me a fax if they are able to send electronically.

Refills for medications are typically written during the time of your appointment. Refills are not considered an emergency and require at least three days notice. You must notify your pharmacy three days ahead of time to assure your medication refills are in place when you need them and that any problems that arise in the process can be addressed in a timely fashion. I prefer you to call in your refill to the pharmacy who will contact me directly. As I will not always be at my office to receive your request for a refill, and may not have access to your record for information, you can help me fill your prescription completely and quickly if you leave **ALL** 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 you do not have this information, I will not be able to call in your prescription until I am at the office with your file, which may mean a delay of several days (ex. If you call on a Thursday and I'm not back in the office until Monday morning.)

Schedule II medications, e.g. Ritalin and Adderall, can be refilled electronically. No refills can be authorized by phone or FAX. Please call me for a medication management appointment to refill these medications. Typical medication management appointments are 30 minutes in length.

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

My practice, including my physical office, electronic records and communications are HIPAA compliant. With this policy, you have received a copy of my HIPAA privacy notice. Signing this notice indicates you have received, read, understood and had the opportunity to ask any questions about this policy. I will provide you with a copy of this notice for your records.

### **E-Mail (Restricted Use Allowed)**

I go to every effort to keep your confidentiality secure and I recommend using phone communication for your confidential personal issues rather than e-mail. E-mail is not a guaranteed confidential means of communication. If you use e-mail to communicate health needs they must be of non-urgent medication or appointment change need. I am not always connected to my e-mail and may not check it daily. Urgent needs must be handled over the phone including suicidal ideation, medications, side effects, prescriptions etc.

### **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 these before you talk with me.

### **Exceptions to Confidentiality**

-The Safety of children, elders, and disabled persons is the 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 my decision, however in emergency situations I may not be able to inform you first.

-Information about potential harm to yourself or others will be carefully evaluated. If I think there are significant risks 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; however, a nurse practitioner can be compelled by court order or subpoena to testify or release records regardless of your consent.

-Oregon law allows a nurse practitioner to make a police report when crimes are committed against property or staff, without threat of violation of confidentiality.

-I may consult with other professionals for 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, you may opt-out on the signature page (last page).

### **Ethical Guidelines**

It is my commitment to conduct my relationship with my clients according to the highest ethical and professional codes, as specified in the American Nurses Association code for Nurses. The ANA code of ethics is available online. Please be assured that 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.

We live in a small community and unplanned or inadvertent contact outside my office may occur. It is my practice not to initiate any contact with clients in the community. You may initiate contact and I will respond out of courtesy, but I leave the choice to you for your discretion.

### **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 us to learn from these situations/discussions. If you feel a formal grievance is necessary, you may contact your insurance company or the Oregon State Board of Nursing at: 17938 SW Upper Boones Rd, Portland, OR, 97224. Or call them at 503-673-0685.

## **Payment agreement**

### **Hourly Fee and File Set-up**

The fee for my initial diagnostic visit varies depending on your insurance company or private payment agreement. This fee covers initial paperwork, file set-up costs, testing and confirmation of diagnosis. It is very helpful to have all paperwork completed prior to your appointment to ensure your time with me is used for assessment purposes. A 60-minute appointment with me is for 45 minutes with 15 minutes of documentation time. Medication management appointments are either 15 or 45 minutes in length.

### **Methods of Payment**

***Private payment-*** Full payment is due on the day of services; this allows us to avoid clerical costs for paperwork, billing and postage. Insurance co-payments are due on the day of service. A \$10 clerical fee may be added if we have to bill you.

***Insurance Assignment-*** As courtesy, insurance forms will be submitted without charge to your insurance only.

Payment for treatment is still the patient's responsibility. Any insurer not paying within 90 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 deserve the right to send your bill to collections if no prior agreement has been made. You will also be responsible for all collections fees.

### **Insurance and Billing Information**

-There is no charge when you call or leave a message. When ***calls or emails require more than 10 minutes*** of my time to complete your requested task, time may be billed by the quarter hour at the rate of \$50 per quarter hour.

***-Reports for insurance companies, disability insurance, and work related reports (FMLA, SDI, etc.)*** are billed at the hourly rate of \$250 per hour. 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 \$200 per hour fee, and we cannot charge your insurance for them.

***-Late fees-*** Accounts that are in arrears for more than 30 days 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.

If you have an insurance plan in which Michael Tremko, PMHNP does not participate or is out-of-network, as a courtesy this office will nonetheless file the claim on your behalf; however,

payment is usually at a lower price percentage than an in-network provider and the difference between the two is your responsibility.

Michael Tremko, 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 occurrence is rare, but if you call your insurance, you can ask for the benefits for "outpatient mental health office visit" and you can find out if authorization is required for my services through your plan.

You are required to pay any co-pay and/or deductible at the time of the visit. Payment may be made with cash, check, or accepted credit cards (Visa, MasterCard)

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 billing manager is 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 the 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. Such action is considered unethical and fraudulent.

**It is your responsibility to provide our 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 the business manager.

A service charge of \$30 will be assessed for all checks returned by your bank for nonsufficient funds or written on a closed account.

If payment is not received services may be discontinued.

Thank you again for considering me as a helping resource.

Sincerely,

Michael Tremko, PMHNP

Psychiatric Mental Health Nurse Practitioner

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**Please sign below and return before the first session.**

- I have received and read a copy of the Office and Practice Policies for Michael Tremko, PMHNP.

-I understand these policies and agree to become a client of Michael Tremko, PMHNP under these conditions.

-I understand the cancellation and no-show policy. If I do not show up for my scheduled appointment or do not cancel within 24 hours of my scheduled appointment, I understand I may be charged a fee up to \$250, that is not covered by insurance.

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

-I may consult with other professionals for 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, please initial here to opt-out\_\_\_\_\_.

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Print name

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Signature

Date

Please provide credit card information below. This is to reserve your first appointment and will only be charged if you “no-show” your appointment or fail to cancel with 24 hours notice. This excludes clients covered through Veteran’s Administration.

Card type (circle one):                      VISA                      MASTERCARD

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVV code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_