



AGREEMENT FOR SERVICE / INFORMED CONSENT

This Agreement is intended to provide important information regarding the practices, policies and procedures of Redstone Mental Wellness, LLC and Caroline Jones Redstone, DNP, CNM, PMHNP-BC, (herein "provider"), and to clarify the terms of the professional therapeutic relationship between Provider and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Provider prior to signing.

Fees and length of sessions are dependent on services rendered and fee schedules are available upon request. Fees are payable at the time of service. Cash, checks and credit cards are all accepted. Client will be charged any bank fees assessed for a returned check. In addition, such charges must be current prior to scheduling further appointments.

CONFIDENTIALITY

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a Client makes a serious threat of violence towards a reasonably identifiable victim, or when a Client is dangerous to him/herself or the person or property of another.

MINORS AND CONFIDENTIALITY

Communications between Provider and Clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently the Provider, in the exercise of professional judgment, may discuss the treatment progress of a minor Client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with the Provider.

CANCELLATION POLICY

(initial) Cancellations require 24-hour notice. Late cancellations and missed sessions are charged at the full fee. Insurance companies will not reimburse for missed appointments.

INSURANCE

Provider is contracted with Regence Blue Cross Blue Shield, Pacificsource, FirstChoice Health Network, and Moda. Provider is contracted with MindEase Billing who is available to submit billing information to insurers unless Client notifies Provider or MindEase Billing of preference to manage all transactions independently.

Do you want your insurance company to be billed for visits? **YES / NO** _____ (initial)

MEDICATION REFILL POLICY

(initial) Medication refill requests may take 7 business days to process. I do not process refill requests after hours, on weekends or holidays. Please, plan ahead accordingly. You need to have your pharmacy fax me a refill request.

_____ (initial)



COMMUNICATIONS

Through the Spruce Health app, secure messaging is available. This is the preferred and most secure form of communication and client's will be invited to link accounts at the initiation of care and again upon request. For more complex issues, telephone is the best method of communication. Text messages are reserved only for notifications of running late to appointments, please. Provider generally does not return emails after hours, on weekends, or holidays.

RECORDS AND RECORD KEEPING

Provider may take notes during session, and will also produce other notes and records regarding Client's treatment. These notes constitute Provider's clinical and business records, which by law, Provider is required to maintain. Such records are the sole property of Provider. Provider will not alter her normal record keeping process at the request of any Client. Should Client request a copy of Provider's records such a request must be made in writing. Provider reserves the right to provide Client with a treatment summary in lieu of actual records. Provider also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Provider will maintain Client's records for seven years following termination of therapy. However, after seven years, Client's records may be destroyed in a manner that preserves Client's confidentiality.

PROFESSIONAL CONSULTATION

Professional consultation is an important component of a healthy psychotherapy practice. As such, Provider participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Provider will not reveal any personally identifying information regarding Client.

CLIENT LITIGATION

Provider will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Provider has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Provider will generally not provide records or testimony unless compelled to do so. Should Provider be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Provider for any time spent for preparation, travel, or other time in which Provider has made herself available for such an appearance at Provider's usual and customary hourly rate. Client should be aware that he/she might be waiving the Provider-Client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the Provider-Client privilege with his/her attorney.

(initial)



PROVIDER AVAILABILITY

Provider's office is equipped with a confidential voicemail system and secure messaging system through the Valant patient portal and also through the Spruce Health app. Each mode of communication allows Client to leave a message at any time. Provider will make every effort to return calls and messages within 24-48 hours, but cannot guarantee the calls will be returned immediately. Provider is unable to provide 24-hour crisis service. In the event that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call or go to:

- Cascadia Urgent Walk-in Clinic / open 7 days a week from 7am - 10:30pm / 4212 SE Division St.
- Unity Center Hospital for Behavior Health / open 24 hours a day / 1225 NE 2nd Ave.
- Multnomah County Mental Health Crisis Line - 503.988.4888 / 1-800-716-9769
- Your local hospital emergency department or 911

TERMINATION OF THERAPY

Provider reserves the right to terminate therapy at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Provider will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Provider will also attempt to ensure a smooth transition to another therapist by offering referrals to Client.

_____ (initial)

