



NCC PSYCHIATRIC SERVICES PLLC

NCC Psychiatric Services PLLC

Informed Consent

Welcome! Thank you for choosing to invest in your own wellbeing by partnering with NCC Psychiatric Services. This is an opportunity to acquaint you with information relevant to treatment, confidentiality, and office policies for mental health treatment conducted by NCC Psychiatric Services.

We treat individuals (children, adolescents, and adults), couples, and families for a wide variety of presenting concerns including but not limited to issues related to mood (e.g. depression, anxiety), trauma, addiction, identity struggles, relationship challenges, unhelpful behaviors, life transitions, difficulty at work or school, grief, and loss.

NCC PSYCHIATRIC HEALTH SERVICES

Medication Management

Psychiatric evaluation and medication management is a service provided by psychiatrists (MD or DO), nurse practitioners, or psychiatric physician assistants to determine diagnosis and/or to determine the benefits of medication therapy. Assessments for medications will last 30-60 minutes, depending on need. If medication intervention is determined to be a course of treatment agreed upon by you and your provider, it will be prescribed and monitored by your provider on a regular basis. Most ongoing medication management appointments will last 10-45 minutes, depending on need. During your appointment, your provider will discuss potential side effects or adverse reactions, benefits, and interactions that may occur from use of other medications, substances, and medical conditions. Please note, if you are prescribed a controlled substance you will be asked to sign a separate Controlled Substance Agreement.

Telemedicine

Tele-medicine is the process of providing behavioral health services from a distance through technology, using videoconferencing in a safe and secure manner. Tele-medicine can involve providing a range of services including psychiatric evaluations, patient education and medication management. Tele-medicine is slightly different than a traditional face-to-face visit in that your appointment will take place via an interactive audio and video system that permits real-time communication between you and your provider. While glitches in technology may occur from time to time, your provider and our office will work to make your experience as smooth as possible. Available NCC staff will coordinate the Telemedicine session, assist the member and answer any questions if complications occur. The AdvancedMD Telemedicine Portal and HippaBridge are the platforms used for Telemedicine and they are HIPAA compliant.

Psychotherapy

Therapy is a service that assists individuals of all ages as well as couples and families to work through various challenges. Following an initial assessment, you (and parent/guardian in the case of a minor) and your provider work together to develop a plan of treatment. The frequency and duration

of treatment varies and will depend on your individual needs. Psychotherapy is provided by a master's level licensed mental health professional. Intake sessions will last 45-60 minutes and are focused on gathering information about your history and presenting concerns as well as establishing a diagnosis and initial goals. Ongoing therapy sessions will typically run 30-60 minutes, depending on need, and will focus on carrying out the goals that you and your provider develop together.

Addiction and Other Services

NCC Psychiatric Services offers medication assisted treatment for substance use disorders that are stable enough to be managed on an outpatient basis. Assessments for medications will last 30-60 minutes, depending on need. If medication intervention is determined to be a course of treatment agreed upon by you and your provider, it will be prescribed and monitored by your provider on a regular basis. Most ongoing medication management appointments will last 10-45 minutes, depending on need. During your appointment, your provider will discuss potential side effects or adverse reactions, benefits, and interactions that may occur from use of other medications, substances, and medical conditions. Please note, if you are prescribed a controlled substance you will be asked to sign a separate Controlled Substance Agreement.

Emergency support

Emergency Support Services are provided 24 hours a day, 7 days a week by dialing 911. During regular business hours and after hours, all behavioral health non-emergent questions or concerns are handled through our office's on-call system by dialing 712-541-6620 and request to speak to the NCC Psychiatric Services on-call clinician. The on-call clinician will then return your call. The on-call line is staffed by NCC Psychiatric Services clinical/staff team.

BENEFITS & RISKS OF TREATMENT

Behavioral health treatment has strong research support for its effectiveness, but as with any intervention, there are inherent risks. Assessment and subsequent treatment will involve discussion about personal issues and may bring to the surface uncomfortable emotions for any or all of the individuals involved. Therapy is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of the changes cannot be predicted. Together you and your provider will work to achieve the best possible results for you. NCC Psychiatric Services will not knowingly utilize any treatment or procedure that is experimental, controversial, or carries intrinsic risk.

The goal of the provider is to follow the path of truth, however uncomfortable or painful that may be at times. However, the benefits of assessment and treatment can far outweigh the risks. Some of the benefits include improved personal and family relationships, reduced feelings of emotional distress, improved personal performance, reduction of health and safety dangers, and specific problem solving. We cannot guarantee these benefits, of course. It is our desire to work with you to attain your personal goals, which may include obtaining the right help for a client who may be resistant to the treatment process.

CLIENT/PROVIDER RELATIONSHIP

You and your provider have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your provider can best serve your needs by focusing solely on treatment and avoiding any type of social or business relationship. This also extends online, and thus your provider will not accept invitations via social networking sites. Some relationships, such as a sexual relationship, are strictly prohibited. Gifts are not appropriate, nor is any sort of trade of service for service. Our contact will be limited to professional services. Your provider will avoid dual relationships with current or former clients. However, we also realize that in a rural area, it is possible that you may see your provider outside of the office in other contexts (e.g. the grocery store or at a community event). To respect your confidentiality, your provider will not initiate contact in such a case. Your provider will not acknowledge our therapeutic relationship without written consent. Information regarding therapy will not be discussed outside of session.

POLICES AND PROCEDURES

Confidentiality

- The information regarding my care may be shared internally with other staff to ensure effective service delivery.
- NCC Psychiatric Services professional staff are mandatory reporters of child abuse and neglect, dependent adult abuse and neglect, and are required by law to make reports of all situations where there is reason to suspect such a condition may exist.
- I have the right to request a restriction to access of my mental health records as outlined in the NCC Psychiatric Services Notice of Privacy Practices.
- The “Notice of Privacy Practices” is posted in the waiting area and a copy is available upon request.
- I have been offered a copy of the “NCC Psychiatric Services Rights and Responsibilities” and a copy is posted in the waiting area. This document includes instructions on voicing questions or complaints and identifies the steps of the grievance procedure.
- According to federal law, any information given to any member of our staff is considered privileged. That is, it cannot be revealed to family, friends, courts, parents, attorneys, or any other party without your written consent.
- There are exceptions to these laws. One exception is the issue of child and dependent adult abuse. In those cases, NCC Psychiatric Services staff is required, by law, to place the needs of the child or dependent adult over the rights of their caregivers. In addition, those clients who are referred to NCC Psychiatric Services from the court system are subject to periodic reports to be sent to the courts. Those involved in serious offenses should discuss with your provider the limitations, if any, upon your rights of confidentiality. Other exceptions include instances where your provider is ordered by a court to disclose the information or you disclose sexual contact with another health professional.
- If participating in couples counseling, clients should not disclose anything to their couple’s therapist that they do not want revealed to their partner, as this puts the therapist in a compromising position. Furthermore, each NCC Psychiatric Services therapist/provider encourages open communication between family members and generally considers secrets to be detrimental to the therapeutic process.
- Periodic reports will be made to the court about the status of clients who are court-ordered to receive services. NCC Psychiatric Services staff members must provide information that is required by a court order.
- On occasion, NCC Psychiatric Services providers consult with other mental health professionals. During those consultations, the client’s identity is not revealed, and those consultants are legally bound to maintain confidentiality with respect to those consultations.
- During accreditation surveys or reviews, representatives of the State of Iowa may check client records for compliance with state standards. Those reviewers are required to keep all client information confidential.
- NCC Psychiatric Services utilizes a shared electronic health record (EHR) that includes Behavioral Health. Your clinical providers, including all providers on your care team and other medical staff within NCC Psychiatric Services have access to this EHR to be utilized in your treatment.
- A release of information may be requested to speak specifically to your Primary Care Physician for coordination of care purposes.

- Audio or video recording or photographs of any service provided by NCC Psychiatric Services including but not limited to therapy sessions, groups and phone calls is strictly prohibited.
- If I'm prescribed a controlled substance I will have to sign a separate Controlled Substance Agreement.

Scheduling, Cancellations, & No-Shows

- Appointments will be scheduled at the end of each session. If you prefer an appointment sooner than the next opening, we are happy to put you onto the cancellation list.
- Feel free to re-schedule or cancel an appointment if needed; however please make every effort to do so **24-hours before** your scheduled appointment. You may leave messages 24 hours per day. Scheduling demand with our providers is very high, thus, when our office has a no-show appointment, it takes time away from clients who are waiting to be seen. Out of respect for all clients, we have the following policy regarding late cancellations and no-shows:
- Attendance: **If you have two no-shows for individual appointments, you will be subject to same day scheduling and will no longer be able to schedule appointments in advance. For clients who no-show a scheduled evaluation, they will be required to pay a \$50 Fee in order to schedule another appointment and will not be refunded to the client for any reason.**
- CELL PHONE / WIRELESS: By providing NCC Psychiatric Services with my wireless / cell phone number, I hereby grant to NCC Psychiatric Services, and its agents or independent contractors, my consent to receive calls for treatment-related purposes (such as appointment reminders, registration instructions, etc.), patient satisfaction surveys, and billing/ debt collection purposes on any and all wireless / cell phone numbers I list or use (even if unlisted). This includes automated, artificial voice, and prerecorded calls.

Financial Commitment

- Clients are responsible to pay the fees for the services rendered by NCC Psychiatric Services at the time of services. Client are responsible for knowing what their private insurance covers for NCC Psychiatric Services. If you have questions regarding your insurance coverage, we encourage you to call your insurance provider for clarification.
- **Please note special section regarding Substance Abuse Services at the bottom of this document**

Minors

- In order to provide therapeutic services to anyone under the age of 18, we must have parental consent. There are exceptions related to substance abuse treatment for minors. The law provides parents of children under the age of 18 years with the right to examine their children's treatment records though there are a few exceptions. One of them being substance abuse information, which is highly protected by law. NCC Psychiatric Services will need a written release for substance abuse information to be disclosed. Another exception is in the event of child abuse or neglect or if there is reasonable belief that sharing the information with the parent will otherwise endanger the individual. NCC Psychiatric Services providers will provide limited and general information about a child's sessions and their treatment progress to parents, within the parameters allowed by law. Please keep in mind that it is necessary for NCC Psychiatric Services staff to share information with parents if we feel a patient is in danger of seriously harming themselves or someone else.

Dependent Adults

- If a dependent adult lives in within an agency, the agency with which the individual resides will be responsible for informing our staff of the client's legal status, providing guardianship papers,

current insurance information, obtaining necessary signatures for the Informed Consents, releases of information, and providing said guardians with current and up to date information regarding the individuals treatment and care including but not limited to current medications, medication changes, treatment plans, and discharge plans. Our staff will provide the referring agency with this information upon call for referral. The appointment for intake will be scheduled after necessary documentation and information is obtained from the agency.

Records

- A clinical chart is maintained describing each patient's condition, progress in treatment, dates and fees for sessions or contact, and notes describing each treatment session or interaction. Patient records will not be released without written consent, unless in those situations as outlined in the confidentiality section above or in the Notice of Privacy Practices. Records are stored in a secure electronic health record.
- If you have received behavioral health services within the past 7 years or are currently in treatment with another provider, your provider at NCC Psychiatric Services will likely request a signed release to obtain your records and/or collaborate with your other provider(s) for continuity of care.
- **Please note special section regarding Substance Abuse Services at the bottom of this document**

Legal Involvement

- All parties acknowledge that the goal of treatment is the improvement of psychological distress and/or interpersonal conflict, and that the process of treatment depends on trust and openness during the treatment sessions. Since the client-provider relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the provider to be asked to present records to the court or testify whether factual or in an expert nature, in court or deposition. In such cases where the provider is ordered to testify by the court, the provider will be monetarily compensated. Court appearance may result in the need to terminate treatment and refer you to another provider. Therefore it is understood by all parties that if clients request services from a provider at NCC Psychiatric Services, they are expected not to use information given during the treatment process for their own legal purposes or against any other parties in a court or judicial setting of any kind. Also, please remember that in any suit for money damage for mental distress or for conservatorship of children, whatever is disclosed in a therapeutic session could be revealed in the context of the lawsuit, and the provider can be subpoenaed into court to testify.
- **Please note special section regarding Substance Abuse Services at the bottom of this document**

Ending Treatment

- As part of the initial intake process and during the first few sessions or interactions, together we will assess if our services might benefit you. We continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Optimally, treatment ends by mutual agreement of the client and provider that goals have been met, treatment is no longer needed, or another type of support is more appropriate. However, you may choose to end treatment at any time. If you and your provider feel goals have been met and treatment is no longer necessary, you will work together to make a plan for ending treatment and ensuring after-care support.
- If at any point, we assess that we are not effective in helping you reach your therapeutic goals, we will discuss this with you. In such situations where termination is appropriate, we will give you

referrals that you may contact as an alternative. At your request (and with a release of information), we will talk to the provider of your choice as a way to ease the transition. Please be aware that you may discontinue treatment at any time.

- If at any time you feel that you and your provider are not a good fit, please feel free to discuss this matter with your provider to determine if transferring to a more suitable provider is right for you. If you and your provider decide other services would be more appropriate, we will assist in securing services to meet your needs.
- In the event that the provider is no longer able to provide services you will be notified and provided with referrals that you may contact as an alternative.
- We reserve the right to terminate treatment for extenuating circumstances such as non-compliance or safety concerns. This will be addressed on a case by case basis.

Quality of Care

- In the event that you feel the clinician providing service to you is not providing the type of service deemed necessary; please first discuss your concerns with your clinician. If you still feel dissatisfied, please ask the office staff for a copy of **NCC Psychiatric Services** patient bill of rights and grievance procedure. You may also direct any questions or concerns to the office manager whom can be reached at 712-541-6620.

CONSENT TO TREATMENT

Having read and understood the above information, I acknowledge that I am seeking outpatient care through NCC Psychiatric Services, and hereby consent to the rendering of such care which may include diagnostic, assessment and therapeutic procedures and such treatment as the practitioner or others of the hospital's/department's clinical staff consider necessary.

I have the right to consent to, or refuse, any proposed therapeutic course, subject to applicable provisions of law. I will not be involved in any research or experimental procedure without my knowledge or consent.

Signature

Date

Relationship to Patient if signing as a Parent/Legal Representative (if applicable)

Special Consent of Children/Minors

As the parent/legal guardian, I authorize NCC Psychiatric Services to perform the necessary diagnostic and/or treatment services. I may have to furnish documentation regarding legal guardianship, particularly in situations where biological parents are divorced, etc.

Signature

Date



NCC PSYCHIATRIC SERVICES PLLC

PHONE CONTACT CONSENT AND AUTHORIZATION

I, with respect to any services provided or that are planned to be provided to myself or, as an authorized legal representative, for the below listed individual, fully consent to and authorize NCC Psychiatric Services and all affiliated staff and providers or any of its automated systems to contact me via phone (including to my cellular phone by way of phone call or text message) in relation to any services received from NCC Psychiatric Services and all affiliated staff and providers or any services planned to be received from NCC Psychiatric Services and all affiliated staff and providers (including any billing items or appointment reminders).

If this Consent and Authorization applies to someone for whom you are a legal representative, **please print their name below**, if not please indicate so by populating the blank with N/A.

Signature of Patient or Legal Guardian Relationship to the Patient (if applicable)

Patient Name: _____

Date: _____



NCC PSYCHIATRIC SERVICES PLLC

HIPAA Privacy Rule of Patient Authorization Agreement

Authorization for the Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.508(a))

I understand that as part of my healthcare, this Practice originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment;
- a means of communication among the health professionals who may contribute to my health care;
- a source of information for applying my diagnosis and surgical information to my bill;
- a means by which a third-party payer can verify that services billed were actually provided;
- a tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

I have been provided with a copy of the **Notice of Privacy Practices** that provides a more complete description of information uses and disclosures.

I understand that as part of my care and treatment it may be necessary to provide my Protected Health Information to another covered entity. I have the right to review this Practice’s notice prior to signing this authorization. I authorize the disclosure of my Protected Health Information as specified below for the purposes and to the parties designated by me.

Signature of Patient or Legal Guardian Relationship to the Patient (if applicable)

Patient Name: _____

Date: _____

Privacy Rule of Patient Consent Agreement

Consent to the Use and Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.506(a))

I understand that:

- I have the right to review this Practice’s Notice of Information practices prior to signing this consent;
- That this Practice reserves the right to change the notice and practices and that prior to implementation will mail a copy of any notice to the address I’ve provided, if requested
- I have the right to object to the use of my health information for directory purposes

- I have the right to request restrictions as to how my Protected Health Information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to the restrictions requested;

I may revoke this consent in writing at any time, except to the extent that this Practice has already taken action in reliance thereon.

Signature of Patient or Legal Guardian Relationship to the Patient (if applicable)

Patient Name: _____

Date: _____

Patient Consent for Use and Disclosure

of Protected Health Information (inclusive of email and phone consent)

I hereby give my consent for NCC Psychiatric Services PLLC and all affiliated providers and staff to use and disclose my protected health information (PHI) to perform treatment, payment and health care operations (TPO).

With this consent, the Practice may call me, text me, or email me to my designated email(s) and phone number(s) and leave a message by voice, text, or email or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, medication refills/follow-up, patient statements, insurance items and anything pertaining to my clinical care, including laboratory test results.

With this consent, the Practice may mail to my home or other alternative location any items that assist the practice in performing TPO, such as appointment reminder cards, patient statements and anything pertaining to my clinical care as long as they are marked "Personal and Confidential."

By signing this form, I am consenting to allow the Practice to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the Practice has already made disclosures upon my prior consent. If I do not sign this consent, or later revoke it, the Practice may decline to provide treatment to me.

Signature of Patient or Legal Guardian Relationship to the Patient (if applicable)

Patient Name: _____

Date: _____



NCC PSYCHIATRIC SERVICES PLLC

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

Signature of Patient or Legal Guardian

Relationship to the Patient (if applicable)

Patient Name: _____

Date: _____

By signing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV, medicines used to treat mental health issues such as depression, and medications used to treat medical conditions.



NCC PSYCHIATRIC SERVICES PLLC

Authorization for Release of Protected Health Information

Phone: 712.541.6620

Fax: 855.344.1082

Patient Name: _____

Birth Date: _____

I hereby authorize the following facility to release my health information as noted below:

Release Information FROM:

NCC Psychiatric Services, 50 Central Ave SE Ste 102, LeMars, IA 51031

Other (Specify Facility and Address)
Midwest Christian Services
Bilateral Exchange

Release Information TO:

NCC Psychiatric Services, 50 Central Ave SE Ste 102, LeMars, IA 51031

Other (Specify Facility and Address)
Midwest Christian Services
Bilateral Exchange

Purpose of Release:

Treatment/Continued Care Personal Legal Insurance use Disability
 Worker's Comp Transfer of care Other: _____

Information to Release:

Date(s) of Service (be specific): Onset of treatment All records (fee may apply)

Treatment Plan Progress Notes Evaluations Lab Reports
 Discharge Summary Other: Genetic information as applicable / legal information as applicable

I hereby specifically authorize the release of data and information relating to: (check all that apply, sign and date)

HIV (including AIDS information) Mental Health Substance Abuse (including alcohol/drug abuse)

Signature: _____ Date: _____

This authorization is effective until _____ or for 730 days from the date on which it is signed, whichever is longer. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written or oral notice to the Medical Records Department of NCC Psychiatric Services at the address listed above. NCC Psychiatric Services PLLC cannot condition treatment or payment based on the signature on this authorization for disclosure. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature: _____

(Patient or Patient's Authorized Representative)

Date: _____

Relationship to Patient: _____

I would like a copy of this authorization.