

STATE-SPECIFIC ADDENDUM FOR: OREGON/WASHINGTON

Disclosure Statement

LifeStance's professional staff consists of Psychiatrists, Psychologists, Advanced Practice Nurses, Registered Nurses, Licensed Mental Health Counselors, Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Social Workers. The credentials and affiliations of your specific provider are available under the "find a practitioner menu" here: <https://www.westernpsych.com/directory/search>

Patient Rights

While receiving services, in addition to all applicable statutory and constitutional rights, every person receiving services shall have the right to:

- (a) Choose from services and supports that are consistent with the assessment and service plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are the least intrusive to the individual, and that provide for the greatest degree of independence;
- (b) Be treated with dignity and respect;
- (c) Participate in the development of a written service plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of the written service plan;
- (d) Have all services explained, including expected outcomes and possible risks;
- (e) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;
- (f) Give informed consent in writing prior to the start of services, except in medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
 - (A) Under age 18 and lawfully married;
 - (B) Age 16 or older and legally emancipated by the court; or
 - (C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include services provided in residential programs or in day or partial hospitalization programs.
- (g) Inspect their service record in accordance with ORS 179.505;
- (h) Refuse participation in experimentation;

- (i) Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
- (j) Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- (k) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- (l) Have religious freedom;
- (m) Be free from seclusion and restraint;
- (n) Be informed at the start of services and periodically thereafter of the rights guaranteed by this rule;
- (o) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;
- (p) Have family or guardian involvement in service planning and delivery;
- (q) Have an opportunity to make a declaration for mental health treatment, when legally an adult;
- (r) File grievances, including appealing decisions resulting from the grievance;
- (s) Exercise all rights set for in ORS 109.610 through 109.697 if the individual is a child, as defined by the rules;
- (t) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
- (u) Exercise all rights described in this rule without any form of reprisal or punishment.

Declaration of Mental Health

You may complete a Declaration for Mental Health Treatment to appoint another person to make decisions about your mental health treatment and make choices about your future mental health care in the event you become incapable of giving or withholding informed consent. If you would like more information about completing a Declaration of Mental Health, speak with your provider.

Register to Vote

While receiving services, you may register to vote. If you would like to register to vote, please let your provider know.

Appointment Cancellation

Regular attendance at scheduled appointments is a key component of successful counseling. If you cannot attend an appointment, you must cancel 48 hours/2 business days in advance to avoid being charged a cancellation fee. Please note that Saturdays, Sundays and national holidays are not considered business days and notice of cancellation provided on those days will be deemed received on the next business day. If we do not receive notice of cancellation sufficiently in advance of your appointment, you will be responsible for the cancellation fee. Our cancellation fees vary by provider and service. This policy will be applied in all circumstances unless prohibited by law or our agreement with your insurer.

Fees

LifeStance maintains a fee schedule for each provider identifying the price of various services. If you have insurance and are receiving service covered by your insurance, the fee schedule may not accurately reflect our agreement with your insurer, which may affect the amount you are responsible for.

Late Cancellation/No Show Appointment Fee

Service	Late Cancellation Fee* (less than 48 business hours)	No Show Appointment Fee*
Appointment (MD)	New Patient: \$90 Established Patient: \$90	New Patient: \$95 Established Patient: \$90
Appointment (NP)	New Patient: \$90 Established Patient: \$90	New Patient: \$90 Established Patient: \$90
Appointment (PHD)	New Patient: \$80 Established Patient: \$75	New Patient: \$90 Established Patient: \$75
Appointment (MS)	New Patient: \$75 Established Patient: \$75	New Patient: \$85 Established Patient: \$75
Testing Appointment	\$200	\$350
Group Therapy	\$30	\$30
TMS	\$25	\$50

Other Potential Fees

Service	Description	Fee (\$)
Collateral Service (MD)	Participation in meeting or conference, letters, forms	\$112.50 per 15 minutes
Collateral Service (NP)	Participation in meeting or conference, letters, forms	\$100 per 15 minutes
Collateral Service (PHD)	Participation in meeting or conference, letters, forms	\$47.50 per 15 minutes

Collateral Service (MS)	Participation in meeting or conference, letters, forms	\$46.67 per 15 minutes
Legal Fees	Testimony, responding to subpoena, all other legal related work for client or third party	\$300 per hour
Record Release	Medical records request	\$6.50
Prescription Refills	Prescription refill outside of appointment	\$25
Returned Check Fee	Checks returned/unpaid	\$30

*The Company may update these charges from time to time in its sole discretion.

Please note, if psychological or neuropsychological evaluation testing or assessments are provided, you may incur charges and co-payments for dates of services different than the dates the evaluations were actually administered. For example, charges related to scoring and interpreting test or assessment results, integrating other sources of data, and report writing.

Professional Relationship

To maintain an appropriately professional and therapeutic relationship, LifeStance providers will not socialize or spend time with clients outside of treatment. This also helps to maintain confidentiality for clients regarding their treatment relationship. Mutually respectful engagement is critical to a successful therapeutic relationship. Treatment can be uncomfortable and sometimes can create misunderstandings that lead to hurt feelings. If you have concerns about how your provider is treating you, please raise them and the provider or other LifeStance personnel will address them directly. Similarly, LifeStance does not tolerate rude, disrespectful, threatening or violent behavior. If your behavior causes our staff or professionals concern, we will remind you of our behavior standards. Excessive or repeated violations of these standards may result in transfer or discontinuation of therapy in accordance with applicable legal requirements.

Testing and Assessment Services

Evaluation-only services, such as tests and assessments, are intended to help diagnose and guide treatment, but are not considered therapeutic treatment services themselves. The clinician conducting the evaluation is not available to provide treatment services, including emergency response or crisis intervention. Should your evaluation suggest the need for any therapeutic treatment services, your clinician will refer you to a provider as appropriate.

Privacy, Confidentiality and Records

Communications in the context of a therapist-patient relationship are generally confidential and record will be maintained in accordance with the strictest level of confidentiality applicable under federal or state law. This means that your provider generally cannot be required to disclose information about you or your care without your consent. Nonetheless, these laws provide numerous exceptions to confidentiality of information where information may be disclosed. Some of the most common situations where this can occur include the following:

- The patient signs a Release of Information permitting disclosure to a specific person, organization or group of persons;
- A professional determines that a patient poses a significant and immediate threat of harm to themselves, another identifiable person, or national security;
- A judge issues a court order requiring the disclosure of client records;
- A professional suspects that child or elder abuse or neglect has occurred;
- Criminal or delinquency proceedings where assessment or therapy is ordered by the court;
- You are determined to be gravely disabled due to a mental disorder.

In addition, it may be necessary to share information or records with other providers as part of your treatment or if you transfer your care. Specific additional exceptions to the rule of confidentiality can be found at ORS § 192.558.

Records of your sessions, communications with and other documentation regarding your relationship with your treating provider will be maintained during treatment and after for the time period required by law. Records for couples seeking counseling as a couple will be maintained in a single record under the name of the financially responsible member. In the event that the financially responsible member is also, separately, a client receiving treatment as an individual, the record will be segregated and the other member of the couple will be able to access only the records from joint sessions.

Complaints and Grievances

We hope you will feel comfortable raising any concerns about your treatment with your provider or the practice Director by contacting our main number at 503-233-5405. If you are not comfortable doing so or are not satisfied with the response you receive, you can file a complaint with the Health Systems Division of the Oregon Health Authority at amh.web@dhsosha.state.or.us, by calling 503-945-5772 or by mail at:

Health System Divisions
500 Summer Street NE
Salem, OR 97301-1079

You may also contact the Governor's Advocacy Office at 503-945-6904.

If you are dissatisfied with the response, you may file an appeal in writing within 10 working days of the date of our response to the grievance or notification of denial of services. The appeal shall be submitted to the Division. If requested, program staff will be available to assist in this process. The Division shall provide a written response within 10 working days of the receipt of the appeal. If you are not satisfied with the appeal decision, you may file a second appeal in writing within 10 working days of the date of the written response to the Division Director.

Procedures for Reporting Abuse

Disability Rights Oregon is Oregon's designated Protection and Advocacy System and can be reached at the following address:



Disability Rights Oregon
511 SW 10th Avenue, Suite 200
Portland, Oregon 97205

Or, by phone at 503-243-2081 or 1-800-452-1694 between 9am-12pm or 1pm-5pm, Monday through Friday

Emergency Services

LifeStance does not provide emergency services. If you find yourself or a family member in a life-threatening situation, call 911 or go to an emergency room (at your cost).

If you are in crisis, you can call the National Suicide Prevention Lifeline 24 hours a day, 7 days a week, at 800-273-8255.

Date: _____

Signature: _____

Name of Patient Representative, if applicable: _____

Description of Patient Representative's Relationship to Patient, if applicable: _____