

LightHeart Intake Forms



INFORMED CONSENT AND PRACTICE POLICIES

LIGHTHEART MENTAL HEALTH

Thank you for choosing LightHeart Mental Health, a member of Transformations Care Network. We are a team of professional mental health providers, including psychotherapists, psychologists, psychiatrists, psychiatric nurse practitioners and physician assistants. We are a group who collaborates and consults regularly as a team which results in a higher level of care for you, the client. We value education and training; therefore, our team includes associates, students, and fellows who are supported by licensed and experienced supervisors. Our amazing administrative team helps our practice run smoothly, providing the highest level of client care possible.

BENEFITS AND RISK OF MENTAL HEALTH TREATMENT

We provide a variety of mental health services including therapy, medication management, and neuropsychological assessment testing.

For many, psychotherapy is a key component of treatment. Most people who participate in psychotherapy benefit from it. Like most kinds of health care, this kind of treatment requires a very active effort on your part. In addition, there may be certain kinds of risks involved. For example, the therapy process can be challenging and may at times involve experiencing uncomfortable feelings, engaging in difficult discussions, or facing difficult aspects of your life. Nevertheless, most people find that the benefits outweigh the risks. In fact, sometimes there can be more risks associated with not participating in therapy.

Clients initiating medication management should ensure that they accurately report all current prescriptions, health conditions, and substance use. You may expect that any medications are fully explained, and you will have all your questions answered before initiating or changing a medication. Psychiatric medications are often helpful but finding the correct medication and dosage can be a process. There is a risk of experiencing medication side effects. Common side effects for each medication will be discussed with you upon initiation of the medication. Please make sure you inform your provider if you are experiencing a medication side effect.

It is important that you participate in your treatment willingly. If you have any questions or concerns about the services being provided to you (or your child), or about treatment options, please voice your questions or concerns in appointments. For questions or feedback, you may also contact our Client Care Team (ClientCare@lightheartassociates.com).

CONFIDENTIALITY

Our policies about confidentiality, as well as other information about your privacy are described in our Notice of Privacy Practices. Our full Notice of Privacy Practices can be found on our website or available upon request:

<https://lightheartassociates.com/privacy-policy/>

Your treatment records will be held confidential unless you request in writing to have them released. Limitations of such client held privilege are:

1. If you threaten or attempt to complete suicide or engage in any behavior where there is substantial risk of serious bodily harm to yourself.
2. If you threaten serious bodily harm or death to someone else.
3. Reasonable suspicion that a minor or elderly person is the victim of (but not limited to) neglect, physical, emotional, or sexual abuse.
4. If a court of law and judge issues a legitimate court order for information stated on a subpoena.

Occasionally we may need to consult with other professionals in their area of expertise to provide the best treatment for you. Information about you may be shared without using your name.

CLIENT SUPPORT AND CONTACTING YOUR PROVIDER

LightHeart Mental Health employs a client care team that provides personal, attentive, and high-quality support for each client. They are available to answer questions and provide forms or medical records at your request. Communications will be responded to within two business days. The contact information for each department is below. Each department can be reached by phone or email.

- Client Care Team - ClientCare@lightheartassociates.com
- Medication Management Support - MedSupport@lightheartassociates.com
- Billing Department - PatientServices@transformationsnetwork.com

To contact us by telephone, please call the office directly and follow the prompts:

- Anderson Park - 7902 168th Ave NE, Suite 101, Redmond | phone (425) 996-8592 | fax (425) 968-5619
- Edmonds - 21701 76th Ave W, Suite 301, Edmonds | phone (425) 230-4858 | fax (425) 217-1146
- Fremont Clinic - 400 North 34th, Suite 320, Seattle | phone (206) 486-8270 | fax (206) 902-9666
- Federal Way - 33455 6th Ave S, Suite 2C, Federal Way | phone (253) 210-4230 | fax (253) 308-2109
- Northgate (North Seattle) - 2111 North Northgate Way, Suite 216, Seattle | phone (206) 385-9636 | fax (360) 547-7754
- Redmond Medical Center - 8301 161st Ave NE, Suite 202 | phone (425) 658-2253 | fax (425) 968-5619

Our providers check their confidential voicemail during their specific working hours during the week. The fastest way to contact your provider is via email. Each provider will do their best to return time-sensitive communications outside of business hours, but please note that it may take up to a day to receive a response.

APPOINTMENT AND LATE CANCELLATION/NO-SHOW FEE POLICY

Your scheduled time is reserved for you. If you need to cancel a session or change the time, LightHeart requires that you contact your provider at least 24 hours prior to your scheduled appointment. If you fail to provide sufficient notice or do not show up to your appointment, YOU WILL BE CHARGED A MISSED APPOINTMENT FEE OF

\$150. This fee will not be covered by your insurance.

What defines a missed session?

1. client does not show up for a session within 15 minutes of the session start time.
2. joining a scheduled telehealth session **within 15 minutes** of session start time.
3. "attending" the session even while showing up. For example, not responding to your provider due to distractions, television, video games, etc.

EMERGENCIES

If you are experiencing a mental health crisis or emergency there are three options for you:

1. Call **911 or go to the nearest emergency room** in the case of a **life-threatening emergency**, such as having thoughts or plan of hurting yourself or others, current or recent self-injury/self-harm, hearing voices telling you to hurt yourself or others, experiencing unusual severe side effects, drug overdose or withdrawal symptoms.
2. Call the **King County Crisis Line** at 1-866-427-4747 or 206-461-3222 if you are **in crisis or emotional distress**. They provide 24/7 free confidential support and local crisis resources.
3. Please call the **National Suicide Prevention Lifeline at 988** if you are in **emotional distress** and need to speak to someone immediately but are otherwise safe and not in danger of harm to self or others. They provide 24/7 free confidential support and crisis resources.

TERMINATING TREATMENT

If you elect to terminate or suspend treatment, please discuss your decision with your provider so that they can bring sufficient closure to your work together. You can request referrals and communicate any questions or concerns by emailing our Client Care Team at ClientCare@lightheartassociates.com.

ELECTRONIC COMMUNICATIONS

You are currently set to receive a phone call, text message and/or e-mail for appointment reminders and information about your health care treatment. If you have a preferred method of communication just let us know. You may opt out of text message communication at any time.

Please know that email is not a secure form of communication. You acknowledge that risk if you choose to share personal health information with us by email. You may request that LightHeart Associates communicate with you by phone or sends you any documents through the Valant MYIO patient portal.

We may use and disclose your PHI to tell you about or recommend possible treatment or alternatives that may be of help to you. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you. You may opt out at any time.

TREATMENT VIA TELEHEALTH

Your treatment sessions may be provided using telehealth technology. Telehealth is a practice of delivering clinical health care services via technology between a provider and a client who are located in two different locations. With respect to telehealth:

1. You have the right to withdraw consent at any time without affecting your right to future care or services to which you would otherwise be entitled.
2. There are risks, benefits, and consequences associated with telehealth, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. Privacy laws that protect the confidentiality of your PHI also apply to telehealth unless an exception to confidentiality applies as noted in this document and the document entitled, Notice of Privacy Practices.
4. There will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
5. It may be determined that what you are experiencing cannot be resolved remotely and it may be determined that telehealth services are not appropriate, and a higher level of care is required.
6. During telehealth sessions, we may encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within 15 minutes, please call the main office to discuss it since we may have to reschedule.

PATIENT FINANCIAL POLICY

At LightHeart Mental Health, we are committed to providing high-quality mental health care to our patients. To ensure a seamless and efficient experience for both our valued patients and our dedicated staff, we have established this Patient Financial Policy. This policy outlines the financial responsibilities of our patients, setting clear guidelines for payments, insurance processing, and appointment management.

Your responsibilities:

Insurance Coverage, Co-payments, Coinsurance, and Deductibles:

- You are required to provide current insurance information prior to each visit. You are responsible for notifying us if you have any insurance, address, or other demographic changes.
- If you have multiple insurance coverages, you are responsible for ensuring your insurance companies have the required information to coordinate your benefits.
- You are responsible for all applicable co-payments, coinsurance, un-met deductibles, and services not covered by your insurance plan.

Payment Methods and Credit Card on File:

- A debit or credit card must be kept on file for automatic payment processing up to \$400. You agree that the card will be charged automatically without prior notification at time of service for co-payments and missed appointments, and for any remaining patient responsibility when LightHeart Mental Health receives the Explanation of Benefits (EOB) from your insurance company. (excluding Medicaid products).
- We accept payments through MasterCard, Visa, Discover, and AMEX, as well as personal checks.
- A \$25.00 fee will be charged for returned checks due to non-sufficient funds.

Insurance or Third-Party Assignment of Benefits:

- You assign any insurance or third-party benefits available for your services to be paid directly to LightHeart Mental Health.
- In the absence of assigned benefits, you agree to forward all payments received for services directly to LightHeart Mental Health.

Prompt Payment of Statements:

- It is your responsibility to settle your balance within 14 days of receiving electronic or paper statements.
- Outstanding balances exceeding \$150 must be addressed before scheduling your next appointment.

Non-Covered Services:

- You are accountable for any payments related to goods and services not covered by your insurance plan.

Self-Pay Rates:

- Self-pay rates are available upon request if services are not billed to your insurance company or if you do not have insurance coverage.

Missed Appointments/Late Cancellations:

- We require at least 24-hour notice for appointment cancellations.
- Late cancellations and missed appointments will result in a charge up to \$150, unless prohibited by your insurance.

I have read and understand LightHeart Mental Health Patient Financial Policy. I grant LightHeart Mental Health the right to bill and collect from my insurance plan. I acknowledge my financial responsibility for all medical goods and services provided. I agree to accept electronic statements via text/email.

For minors (under 18) or adults with legal guardianship, the parent/legal guardian must sign below.

RATES

When using insurance, your rates are determined by your specific plan's coverage.

Additional services, including phone calls, consultations, letter writing, and other requests will incur an out-of-pocket hourly cost based on your provider's billable rate. Your provider's unique billing rates can be found in their disclosure statement. All fees are payable at the time of service which will be deducted from your authorized credit card within one week of your service or receipt of your explanation of benefits.

CREDIT CARD PAYMENT AUTHORIZATION

At LightHeart Mental Health we require a credit card on file as a convenient method of paying for co-payments, coinsurance, deductibles, missed appointment fees and services that are not covered by your insurance plan. Your card will be charged for co-payments and missed appointments at the time of service. Your card will also be charged once your insurance company sends out an Explanation of Benefits (EOB) stating any remaining patient responsibility. We only charge your credit card for services that are not covered by your insurance plan, or after your health plan makes its payment to us or if you do not have insurance coverage. We may charge up to \$400

each billing cycle without authorization. The charges will be reflected on your normal credit card statements. Your credit card information is kept confidential and secure in compliance with the Payment Card Industry Data Security Standards.

By signing below, you authorize and request that LightHeart Mental Health charge your credit card for any balance due as your financial responsibility. This authorization relates to all charges not covered by your insurance company for services provided, including but not limited to deductibles, co-insurance, co-pays, services not covered by insurance and appointments that are missed or not timely canceled in compliance with our cancellation policy. Your card will remain securely stored for future use for payments of balances due from you.

You agree not to dispute any of the charges made to your credit card for any of the above reasons. In addition, you agree not to initiate or pursue a chargeback or payment reversal after your credit card has been charged for any of the above reasons.

This authorization will remain in effect until you revoke it in writing, which you may do at any time.

If the credit card that you give today changes, expires, or is denied for any reason, you agree to immediately provide us with a new, valid credit card, which you agree may be keyed-in over the phone. Even though we are not swiping this card in person, you agree that the new card may be used with the same authorization as the original card that you provided.

For minors (under 18) or adults with legal guardianship, the parent/legal guardian must sign below if the responsible party.

Billing questions, concerns and payments may be directed to Patient Financial Services (PFS) at (866) 800-2057, Option 6 or PatientServices@transformationsnetwork.com

OTHER RIGHTS AND RESPONSIBILITIES

LightHeart Mental Health supports a safe, caring, and secure environment for our patients, providers, and staff. We do not tolerate verbal harassment, bullying, physical assault, foul language, inappropriate touching, threats or intimidation, sexually explicit comments or suggestions, interfering with staff providing care, unauthorized video or audio recording of patients or staff, destruction or damage of property, and/or possession of a weapon. Patients are prohibited from attending appointments while under the influence of illicit drugs or alcohol. We reserve the right to discharge you from our care due to inappropriate conduct.

Our providers hold active Washington State license credentials and NPIs. In WA, prescribers have DEA numbers and may practice independently, having full prescriptive authority. If you would like a copy of a specific provider's credentialing details, please contact our Client Care Team at ClientCare@lightheartassociates.com.

You may contact the Department of Health to learn more about your provider's license status, to file a complaint, or to obtain a copy of the acts of unprofessional conduct. Inquiries may be made in writing to the Department of Health, Business and Professional Administration, PO BOX 9012, Olympia, Washington, 98405-8001, or by phone (360) 753-1761. However, before filing a complaint, or for more information or assistance regarding the privacy of your health information, please contact LightHeart Mental Health at 425-996-8592 and ask to speak with the Clinic Director.

BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:

My signature below indicates that I understand and agree to the terms above including paying for services as outlined in this agreement. I, the client or their parent or legal guardian, hereby consent to participate in mental health treatment with LightHeart Mental Health. I, the client or their parent or legal guardian, hereby consent to participate in services via telehealth as part of my treatment, if applicable.

Client Name *

Parent/Legal Guardian Name

Signature: * **x** _____

Date: