WELCOME TO THE UW COUNSELING CENTER (UWCC) PSYCHIATRY SERVICES

We care about your needs and privacy. The purposes of this document are to introduce you to our services and to explain our privacy and information practices. This document explains how health information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

What psychiatry services are offered?

We provide psychiatric evaluations/consultations and some ongoing care on a limited basis to treat emotional and behavioral difficulties for UW students. Students must be currently enrolled in a matriculated program and have paid the Services and Activities Fee (SAF) to be eligible for services. Services may be offered in-person and/or via telehealth (i.e., videoconference) based on your current concerns, state or federal prescribing requirements, and/or health and safety needs related to public health.

Initial Appointment Information

Please have any psychiatry records sent by fax to our office, prior to your initial visit. The fax number is **206-543-4716.** We will review the referral request from your provider indicating the reason and goals for your appointment. Once you log into the portal, you will be instructed to fill in an intake questionnaire, symptoms questionnaire and to complete our clinic consent forms.

The first appointment length varies between 60-90 minutes. During that time, we will explore your current symptoms and concerns and we will review your past mental and medical health history, family and social history. Sometimes, it will take a few appointments to gather all the data needed to make a correct diagnosis and create a treatment plan. A treatment plan is usually a combination of treatment modalities (medication, behavioral therapies) that uniquely suits your health needs and preferences.

Due to limited resources, our psychiatry service is unable to offer ongoing care for all students. For many students, the psychiatry service will provide a consultation and care as needed, and the treatment plan is then transferred back to primary care. If you are looking to establish long-term and ongoing psychiatric care with a specialist, our service may not be the best fit for your needs. **We do not offer emergency, after-hours, or weekend services**.

Follow Up Visit Information

The follow up appointment is approximately 20-40 minutes long, depending on your needs. These visits are an opportunity for you to check in about the efficacy of the treatment plan, discuss concerns or new symptoms and obtain refills if needed. We may integrate brief therapeutic interventions as part of the session. To ensure safe and effective treatment, all students receiving pharmacological treatment from our providers must make and attend follow-up appointments every three months. Failure to attend needed follow-up appointments may result in a delay of medication refills or termination of services.

Cancellation Policy

There are times when a previously scheduled appointment no longer works for your current schedule. Please provide us with 24-hour business hours' notice if you need to cancel or reschedule an appointment.

Emotional Support Animal Policy

As a service, we do not offer standalone letters for emotional support animals.

Limitations

UWCC offers short term treatment. You and your provider will collaborate to determine what services are the best fit for you. Sessions are scheduled one at a time in order to be flexible and responsive to student needs. If it is determined that your concerns require longer-term or specialized care, we can refer you to other clinicians that offer this type of care. All of our services are voluntary. We do not provide treatment that is mandated by someone else (e.g., court, employer, family member).

If you have received psychiatry services from the UWCC and we have not had contact with you for more than 9 months, we will assume that you are no longer interested in services, and we will close your file. You are welcome to contact us to request services in the future if you are eligible.

What are the risks and benefits of mental health treatment?

Mental health treatment can have risks and benefits. Because this type of treatment often involves discussing unpleasant parts of your life, you may experience uncomfortable feelings like sadness, anger, or anxiety. On the other hand, treatment has also been shown to have benefits like solutions to specific problems, better relationships, feeling less distressed, and improved functioning. Your provider will discuss with you the benefits, risks and possible side effects of specific medications. Your provider will do the best they can to help you meet your mental health goals, but there are no guarantees as to what you will experience.

_____ I understand the risks and benefits of mental health treatment (initial)

Psychiatry and Psychotherapy

All UWCC Psychiatry clients are required to have a psychotherapy provider (i.e., counselor or therapist) while they are in psychiatry care. This is recommended to ensure that you have additional support to address any complex/ongoing mental health needs, and has been shown to lead to more positive outcomes. If you are currently seeing a therapist, we ask that you sign an Authorization so that we may communicate with your therapist if needed to coordinate care. If you do not have a therapist, we will help you get connected by either scheduling you with an Initial Consultation appointment at UWCC, or by connecting you with our case manager for help with finding community referrals. Given that UWCC provides short-term therapy services, you may be referred at any point to community resources for more frequent, ongoing, or specialized care (for psychiatry and/or therapy) as appropriate, given our limits in scope and resources. If you end therapy while still engaged in psychiatry care at UWCC, we may ask you to begin treatment with a new therapist, or may refer you out for continued psychiatry care in the community.

_____ I understand (initial)

Notice of Privacy and Information Practices

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. You may see your record or get more information about it by speaking with your clinician or contacting the front desk at 206-543-1240.

Is everything confidential?

Professional codes of ethics, federal law, and Washington State law consider the personal information you discuss in mental health treatment to be confidential. This means that no record of treatment is made on an academic transcript, and we will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so.

We typically use or share your health information in the following ways:

- To provide or assist with your treatment. For example, we may share information about you with another health care provider as part of a referral.
- To run our organization. For example, we use health information about you to manage your treatment and services. We may also call you by name in the waiting room.
- To bill for services. For example, if you are using insurance, we will furnish information to insurance carriers concerning your diagnosis and treatments, including mental health treatment, substance abuse and HIV-related disorders. Insurance companies may contract with another business to request records for compliance reviews.

There are several important situations in which we are required to share your information with other people:

- As may be needed to protect the safety of yourself and others, as allowed under Washington State law;
- The information involves the abuse or neglect of a child (under 18 years) or a vulnerable adult (over age of 60 or has a developmental delay). Clinicians are required to report such incidents to authorities;
- You bring charges against your clinician, and/or the Counseling Center;
- In the case of a court order or being compelled by law;

For some high security employment positions (e.g., government, Peace Corps), you may be required to release medical information as part of a background check. We will only do so with your written authorization.

<u>If you are being seen at Husky Health</u>, care collaboration (including sharing of psychiatry notes if indicated) with Husky Health is required for safety reasons (e.g., medication interaction).

- If you are receiving counseling services, only limited counseling information is available to Husky Health providers (e.g., counselors seen, diagnoses, attendance, referral form if applicable). Counseling notes are not shared.
- Please speak with your provider or a staff member if you have any questions or concerns about sharing information with Husky Health.

Your Privacy and Information Rights

- You may request an electronic or paper copy of your medical record, and you may also ask us to send your record to any other healthcare providers. Ask your clinician or Front Desk staff how to do this.
- You may ask us to correct your medical record. We may say no to your request, but we'll tell you why within 60 days.
- You may request confidential communications by asking us to contact you in a specific way. Please see "Secure Messaging" section below for more information. We will say yes to all reasonable requests.

- You may ask us not to share certain health information for treatment, payment, or operations. We are not required to agree to your request, and may say "no" if it will affect your care
- You may ask for a list of those with whom we have shared information, for 6 years prior to the date of ask
- You may ask for a paper copy of this privacy notice at any time
- You may file a complaint if you feel that your rights are violated. We will not retaliate against you for filing a complaint. If you have a complaint, we invite you to contact the UWCC Director or Clinical Director at 206-543-1240. You may also file a complaint with the U.S. Department of Health and Human Services office of Civil Rights by calling 1.800.368.1019, emailing OCRComplaint@hhs.gov or visiting: **www.hhs.gov/ocr/privacy/hipaa/complaints/**

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not share your information other than as described here, unless you tell us in writing. If you tell us we can, you may change your mind at any time, just let us know in writing.

For more information, see: *www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html*

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

_____ I understand UWCC's information practices and that my record is kept confidential with the above parameters (initial)

Secure Messaging, Appointment Reminders, and Contact as Needed

Communication

Our electronic health record system (Point and Click) allows for confidential and secure conversations between you and your Psychiatrist/PMHNP via our client portal, accessible through our website: https://www.washington.edu/counseling/. With your permission, you will be notified of secure messages by e-mail.

Secure messaging may be used to relay non-urgent concerns that can wait up to 72 **business** hours (about 3 **business** days) for a response. Please note that we do not offer urgent, on-call, or after-hours psychiatric services. Please DO NOT use email or secure messaging to communicate an urgent or crisis message; clinicians do not provide counseling or treatment recommendations via messaging, and do not check messages after hours.

Also, with your permission, we may use text messaging and e-mail to provide reminders for appointments and other necessary information, and may on occasion reach out by email if we cannot reach you by other means. Please note that email and text are not secure means of communication. You may choose to stop receiving these reminders or messages at any time by notifying the front desk.

For Texting: You may opt in or out of this service via the client portal or by texting STOP when replying to one of our text messages. Texts are for notification purposes only and you will not be able to reply to a text. No mobile information will be shared with third parties for the purposes of marketing or other means.

_____ / understand the policies around messaging and how to opt out (initial)

Telemental Health Practices

Telemental health refers to sessions that occur via videoconferencing. Telemental health is offered to improve access to mental health services to UW students when significant barriers exist to travel to campus for services and/or for public safety needs. You are not required to use telemental health, and you have the right to request other service options. Telemental health services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to secure communications technology; or need for more intensive services. In these cases, your clinician will help you establish referrals to other appropriate services.

Telemental health services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- Sessions could be disrupted, delayed, or communications distorted due to technical failures.
- Telemental health may reduce visual and auditory cues and increase the likelihood of misunderstandings.

- Your provider may determine telemental health is not an appropriate treatment option or stop telemental health at any time if your condition changes or telemental health presents barriers to treatment.
- In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.

The UWCC works to reduce these risks by using secure Zoom videoconferencing software and the following policies and procedures:

- You may only engage in sessions while you are physically in Washington. Your clinician will confirm this each session.
- You and your clinician will engage in sessions only from a private location where you will not be overheard.
- You will ensure that the computer or device you use has updated operating and anti-virus software. You will use a secure internet connection rather than public Wi-Fi.
- You will not record any sessions, nor will UWCC record your sessions, without your written consent.
- You will provide contact information for at least one emergency contact who the UWCC may contact if you are in crisis and your provider is unable to reach you.

_____ I consent (initial)

Emergency services

The UWCC doesn't provide emergency services after business hours. If you are ever experiencing a mental health emergency outside of UWCC business hours, please use a crisis resource that is available 24-hours a day, such as those below:

- Husky Helpline: *206-616-7777*
- Crisis Connections: 866-427-4747
- National Suicide Prevention Hotline: 988
- Contact the crisis text line: https://www.crisistextline.org/ text HOME to 741741
- Call 911, or go to the nearest emergency room

Clinician Information

The psychiatry team consists of psychiatrists, psychiatric nurse practitioners and psychiatry residents supervised by a psychiatrist. Our providers are licensed in the State of Washington to provide mental health care. Refer to this website for specific clinician information (e.g., licensure, degrees, and approaches): *https://wellbeing.uw.edu/counseling-center/about/meet-our-team/*

Client Rights and Responsibilities

Mental health professionals are credentialed and monitored by the appropriate board under the Washington State Department of Health. You can and should ask questions if you don't fully understand what the clinician is doing or plans to do.

In addition to confidentiality, you have the following rights and responsibilities:

- You have the right to ask questions about the qualifications and experience of your clinician
- You have the right to request reasonable accommodations for disability
- You have the right to ask questions about anything related to your treatment and expect honest discussion of your concerns. You are also responsible for actively participating in your healthcare, following through on recommended treatment plans, contacting your clinician if you do not understand your treatment plan, and informing your clinician if you are not taking medications as prescribed
- You have the right to be treated with dignity and respect, and to receive care that is respectful of cultural and personal values and beliefs.
- The Counseling center is a place for healing. Threats, violence, disrespectful communication, or harassment of others, including because of an individual's race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age, or veteran or military status, or other aspect of difference, will not be tolerated. This applies to all clients, clinicians, all UW employees, and any other community member interacting with the counseling center.
- You have the right to stop treatment

If you have a concern or question about the services you are receiving, we invite you to discuss these with your clinician or with the Director or Associate Director of UWCC, by calling UWCC at 206-543-1240 or e-mailing counsels@uw.edu. If you want to discuss Washington State law or talk about a possible complaint, contact the Washington State Department

of Health at 360-236-4700, e-mail: hsqa.csc@doh.wa.gov,
https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx

_____ I understand my rights and responsibilities (initial)

My signature affirms that I have read this document, and I understand the risks and benefits of mental health treatment and my rights and responsibilities, and I consent to receiving services at UWCC. If I have any questions regarding this document or UWCC procedures, I understand that I may speak with a clinician about them at any time. I may receive a copy of this document by asking a UWCC staff member.

_____ _____
Signature Today's date

_____ _____
Printed name Date of Birth

Student Financial Responsibility Agreement

Please read the following information closely. If you have any questions, please ask. We want to ensure that you completely understand our financial policies.

- It is my responsibility to know what my insurance covers and to ask questions prior to receiving service.
- It is my responsibility to provide UW Counseling Center (UWCC) with accurate and complete information concerning my insurance. Insurance benefit cards must be uploaded on the client portal prior to the first appointment. If my insurance changes, I agree to update my insurance information with UWCC before or at the time of service.
- I assume full financial responsibility for payment of all services provided to me, including any portion of my bill which is not paid by insurance. If I do not have insurance, I accept financial responsibility for all charges incurred.
- I agree to pay my bill within 30 days of receiving notice of the bill. I understand that if I have an overdue bill that is 90 days and older, my future appointment will be canceled until I pay the outstanding balance in full, *from the date that I received my first notice of the bill.*
- I understand some Insurance plans may require prior authorization/approval from my Primary Care Provider and that I may be responsible for obtaining this authorization. If the authorization is not obtained, or authorization is denied, I understand that I may become personally and fully responsible for all charges.
- If my care requires referrals, I understand that the UWCC has a list of referrals on the website. I understand that a provider may be in network for an insurance company but may not be covered by my specific insurance. It is my responsibility to check with my insurance. I understand the UWCC may provide me with out-of-network referrals if needed, and that the following will likely apply:
    - Your Insurance Plan may provide reduced benefits (as compared to an in-network provider or facility);
    - You may be subject to balance billing by the out of network provider or facility;
    - The UWCC is part of the University of Washington and therefore has an indirect affiliation with UW Medicine. The UWCC does not have any affiliation or financial ownership interest in any other out of network provider or facility.

Release of Information and Authorization to Bill Insurance

- I authorize UWCC to bill my insurance and furnish information to insurance carriers concerning my diagnosis and treatments – including mental health, substance abuse and HIV related disorders/diseases.
- I understand that UWCC follows the HIPAA Transactions Rule to exchange information with insurance carriers.
- I understand the insurance carrier may provide an Explanation of Benefits (EOB) to the Subscriber regarding services submitted for reimbursement if services are billed to my insurance.
- I understand that in the state of Washington, I have the right to request that EOB be sent to me instead of the subscriber. For more information, visit the "Insurance and Billing" page of our website (mentalhealth.uw.edu) and read "I am a dependant on someone else's insurance plan and have concerns about privacy" under the Frequently Asked Questions.
- I understand that payment options include credit card payment through the Point and Click portal or by phone (206-543-1240), or by check sent to
  1410 NE Campus Pkwy #401
  Box 355830
  Seattle, WA 98195-5830

_____ I understand and agree with this Patient Financial Agreement (initial)

Surprise Billing Protection Notice

This document describes your protections against unexpected medical bills. It also asks if you want to give up those protections and pay more for out-of-network care.

Disclaimer

This GFE is not a contract. It does not obligate you to accept the services listed

This Good Faith Estimate (GFE) shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate.

The GFE does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for $400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact the University of Washington Counseling Center at 206-543-1240 to let us know the billed charges are at least $400 higher than the GFE. You can ask us to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 .

Take a picture and/or ask for a copy of the Good Faith Estimate (GFE) for your records. You may need it if you are billed more than $400 than the estimate provided below.

If you believe you've been wrongly billed, you may file a complaint with the federal government at https://www.cms.gov/nosurprises/consumers or by calling 1-800-985-3059; and/or file a complaint with the Washington State Office of the Insurance Commissioner at their website or by calling 1-800-562-6900.

Visit https://www.cms.gov/nosurprises for more information about your rights under federal law.

Visit the Office of the Insurance Commissioner Balance Billing Protection Act website for more information about your rights under Washington state law.

Good Faith Estimate

On average, students are seen approximately 10 psychiatry visits in a 12-month period. The typical range is from 4 sessions as an established patient to 12+ sessions for high risk or complex needs. Your provider will work with you to create a treatment plan, which may include additional sessions and services. Further sessions will be billed using the fee schedule below.

If you do not have insurance, the estimated yearly cost is listed below. If your provider is not considered in-network by your insurance company, you may be responsible for the entire cost of the session. It is your responsibility to check if your psychiatry provider is in-network for your insurance company.

Total estimated cost of what you may owe for 12-month period (on average) without using insurance: $2,673
Breakdown of costs (service code listed in parentheses):

1. Initial psychiatry diagnostic evaluation with medical services (90792): $324
2. Outpatient visits for the evaluation and management of established psychiatry patient (99214S): $261 per session X 9 sessions = $2,349

Here is the cost of additional services and expected charges for psychiatry medication services at the Counseling Center without use of insurance. Office visits are billed based on complexity or amount of time of care.

CPT Code	Description	Fee
90792	Initial psychiatry diagnostic evaluation with medical services	$324
99214S	Outpatient visit for established psychiatry patient - moderate complexity, 30-39 minutes (most common)	$261
99212	Outpatient visit for established psychiatry patient - straightforward case; 10-19 minutes	$95
99213	Outpatient visit for established psychiatry patient - low complexity, 20-29 minutes	$153

99213 Outpatient visit for established psychiatry patient - high complexity, 40 minutes $300

90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary procedure) $110

99417 Used for each additional 15 minutes for office visit $48

99442 Brief telephone evaluation $153

99443 Telephone evaluation $216

90832 Psychotherapy with patient (add-on code when performed with an evaluation and management services) $124

90840 Psychotherapy for Crisis; each additional 30 minutes (List separately in addition to code for primary procedure) $110

***Times listed are total time that the provider spends on patient care, including visit time, chart review, history taking, physical exam, counseling, educating patient/family/caregiver, orders, referrals and communication with other providers (not separately reported), documentation, care coordination (not separately reported), independent interpretation of results (not separately reported) and communicating results to patient/family/caregiver.**

My signature affirms that I have read and I understand the Patient Financial Agreement, the Surprise Billing Protection Notice and the Good Faith Estimate.

_____ _____

Signature Today's date

_____ _____

Printed name Date of Birth