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*as of 6/5/2017 will be located at 509 Olive Way, Suite 204, Seattle WA 98101

MENTAL BLISS
PSYCHOPHARMACOLOGY SERVICES
AND PSYCHOTHERAPY

SERVICES AGREEMENT

Thank you for choosing Mental Bliss, PLLC (“Mental Bliss”) for your mental health care. Mental Bliss appreciates the opportunity to provide you with professional services, including psychiatric evaluation, medication management, and psychotherapy. At all times it is important that you have a clear understanding of why you are receiving services, and how we are attempting to assist you in your mental health care. If you are uncertain about this, you are encouraged to ask for clarification.

This Services Agreement explains the office policies, procedures, and practices. Please read it carefully and let me know if you have any questions. At the end of this handout, you are asked to sign it, indicating that you have read, understand and accept this agreement and the other documents Mental Bliss has included with it. Although it might seem like a lot of information, it is very important that you read this and any other handouts included so we can discuss questions you might have.

You can revoke this Services Agreement in writing at any time. Generally, Mental Bliss will consider your written revocation request as binding except in a few circumstances. These are (1) if Mental Bliss has taken action in reliance on the agreement and (2) you have not satisfied financial obligations you have incurred with Mental Bliss.

Mental Bliss reserves the right to change the practices described or terms of this Services Agreement at any time. If changed, you may receive the new Services Agreement by calling and asking for it or by visiting my office to pick one up. An electronic version of the notice is available at <http://abhseattle.com/user/kelly.w.bliss,d.n.p.,a.r.n.p./>.

Patient’s Rights

- You have the right to refuse treatment.
- You have the right to change practitioners or receive referral to another practitioner.
- You have the right and responsibility to choose a practitioner that best suits your needs.
- You have the right to confidentiality. There are exceptions for the reporting of abuse as required by law, dangerousness to self or others, or grave disability. Please see the “Notice of Privacy Practices” (“NPP”).
- You have the right to raise questions about my therapeutic approach or your progress at any time.

MENTAL HEALTH SERVICES

Mental Bliss has provided you with information about the Health Insurance Portability and Accountability Act (“HIPAA”). This is a federal law that provides you with certain rights and protections for your Protected Health Information (“PHI”). It is important for you to know how your health information can be disclosed or used for the purpose of treatment, payment, and health care operations. Mental Bliss has also provided you with a separate NPP, which tells you, more about your privacy rights. That form explains in detail what HIPAA is and how it applies to your health information.

PAYMENT POLICIES AND FEES

Payment in full is due at the time of service unless other arrangements have been made with Mental Bliss ahead of time, or, if Mental Bliss or Kelly W Bliss, DNP, ARNP is contracted with your insurance company, your co-payment or co-insurance is due at the time of service as specified by your plan. If we are not contracted with your insurance company, please pay at time of service and Mental Bliss will give you a receipt that you may use to file a claim for re-imbusement.

ABH Account Services is our billing service and can be contacted to answer your billing questions and concerns at (206) 726-1790. ABHAS keeps regular business hours Monday through Friday; you may leave messages on the secure voicemail at

any time. You may contact ABHAS to make payments at the above number, or with Dr. Bliss in person or over the phone. Credit card numbers can be retained on file with Dr. Bliss, ABHAS does not retain credit card information.

The following insurance carriers are accepted as in-network: Premera Blue Cross, Regence Blue Shield. All other commercial insurance plans are out of network.

Please contact your insurance carrier to see if outpatient mental health benefits are covered. On your initial visit please make sure to bring your insurance card and state issued ID. All contracted insurance companies are billed directly as a courtesy. Any remaining balance for non-covered benefits and deductibles are your responsibility. By paying with insurance you are authorizing Mental Bliss to release information required to process your insurance claims and also authorizing your insurance to directly pay Mental Bliss. Mental Bliss accepts payments via check, cash, credit cards (Visa, MasterCard, Discover, and American Express), Apple/Android/Samsung Pay (and other NFC mobile / contactless payments), and EMV chip cards.

Fee Schedule

Rate increase as of June 1, 2017

Initial psychiatric evaluation (60-90 mins) - \$250	\$285
Brief medication management visit (20-30 mins) - \$110	\$125
Therapy visits without medication management (50 mins) - \$150	\$175
Therapy visits with medication management (50 mins) - \$200	\$230

There will be a \$25 charge for checks returned due to non-sufficient funds (NSF), closed accounts, etc.

Telephone calls in excess of five to ten minutes will be charged on a pro-rated basis. Insurance companies do not necessarily reimburse for telephone calls.

For those not utilizing insurance, payment is due at the time of your appointment. If Mental Bliss is billing insurance and you are certain you have remaining benefits, only your copayment is due at the time of your appointment. Once insurance claims have been processed, a monthly bill will be sent out that will inform you of any balance due. It can take up to 60 days for insurance claims to be processed. If your account remains delinquent for 120 days or more, Mental Bliss reserves the right to discontinue services until full payment is received and/or refer the account to a collection agency.

Insurance reimbursement is a contract between you and your insurance carrier. Mental Bliss cannot accept responsibility for collecting on a disputed insurance claim. **You** are ultimately responsible for full payment on your account.

Out of Network Insurance Carrier Reimbursement

Your insurance carrier may reimburse you for payments even though Dr. Bliss is considered an "out of network" provider. If you wish to seek reimbursement from your insurance carrier Mental Bliss can provide you with a signed receipt for services, which contains what would reasonably be expected to be the information necessary for your insurance carrier to process your reimbursement. Patients are responsible for the disclosure of the information contained on such a receipt and for completing any relevant insurance claim form, submitting such claim, and directly seeking reimbursement from their insurance carrier. Dr. Bliss is not able to bill Medicare or Medicaid for you.

CANCELLATION POLICY

Less than 24 hours notice of a cancellation or not showing for a scheduled appointment will result in being charged a fee no more than the full rate for the time reserved. Insurance companies do not reimburse for missed appointments.

LENGTH AND FREQUENCY OF APPOINTMENTS, LATE POLICY

It is necessary to start and end on time. I will do all that is possible to keep appointments on schedule. In the event that you are late for an appointment, please note that we may not be able to run over your scheduled time. Meetings may be once a week or less frequently depending on your individual needs. The frequency of these appointments is determined by the individual's response to the medication and the level of symptoms. When an individual is stable on medications, we may meet every four to twelve weeks based on provider's professional recommendation on a case-by-case basis.

EMERGENCIES

Emergencies may arise from time to time. Dr. Bliss' voicemail has instructions on how to page him. If for any reason, you do not get a call back and you need to speak with a professional right away, please call the Crisis Clinic at (206) 461-3222. If this is a medical emergency call 911 immediately or go to the nearest hospital Emergency Room. In my absence, I will leave the phone number of a colleague on my voice mail.

TREATMENT APPROACH

The first appointment is an opportunity for us to evaluate if we will continue a working relationship. Neither of us is under any obligation to do so. If I feel that we will not be able to work together effectively or if you would prefer not to continue in treatment, I will do my best to refer you to other qualified professionals.

Treatment is generally terminated when we mutually agree that sufficient progress has been made towards your goals. You are under no obligation to continue treatment if you are dissatisfied or do not feel your treatment is effective. If you feel that you would like to work with another provider for any reason, please let me know and I will be glad to refer you to another clinician who can assume care for you. If in the course of treatment, it becomes clear that another clinician would be more professionally suited to treat your specific needs then I may discontinue treatment and give you referrals to other clinicians. If I conclude I am not able to provide the care an individual needs, I will give you the names of other mental health clinicians qualified to provide treatment for you. You have the right to refuse any recommendations or referrals I may make. I may legally find it appropriate to terminate therapy if it appears your refusal of recommendations may endanger the health of you or others. Please feel free to discuss any concerns you have about terminating treatment.

PROFESSIONAL RECORDS

Mental Bliss keeps a record of the health care services provided to you. You may ask to see and copy that record. You may also ask to correct that record. The content of all therapy sessions and your medical records are confidential. Your medical record may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, or other sensitive information. Mental Bliss 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. If patient information is transferred or stored electronically, it will be encrypted to protect privacy. Patient records will be kept in a locked filing cabinet when not in use, or in an electronic health record (EHR) system. Mental Bliss' EHR meets or exceeds all HIPAA and HHS certification requirements, as well as other state and federal regulations. Mental Bliss is required by law to report any breach of PHI.

What is a Breach? The HITECH Act added a requirement to HIPAA that medical providers must give notice to patients and to the U.S. Department of Health and Human Services (HHS) if they discover that "unsecured" PHI has been breached. A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider; and unauthorized viewing of PHI by an employee of Mental Bliss. PHI is "unsecured" if it is not encrypted to government standards. When Mental Bliss becomes aware of or suspects a breach, Mental Bliss will conduct a Risk Assessment. Mental Bliss will keep a written record of that Risk Assessment. Unless Mental Bliss determines that there is a low probability that PHI has been compromised, Mental Bliss will give notice of the breach. After any breach, particularly one that requires notice, Mental Bliss will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

Although your health care records in our office are our physical property, the information belongs to you. You may request access to your medical record file, billing records, and other records used to make decisions about your treatment and payment for your treatment. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you).

Under limited circumstances, Mental Bliss may deny you access to a portion of your records. If you want to access your records, you provide a written record request to the Office address above. If you request copies, you may be charged for the reasonable cost of the copy. Mental Bliss will also charge you for postage costs, if you request that copies be mailed to you.

INTERNET CONFIDENTIALITY

The Internet is not a totally secure medium for purposes of transmitting confidential information. Psychiatric advice will not normally be provided via the Internet, and any inquiry or contact with my office via the Internet should not be considered a substitute for telephonic, written, or in-person communication. Patient realizes and agrees that he/she may be compromising confidentiality if he/she uses such means of communication. Patients with psychiatric inquiries are requested to contact my office in person, by telephone, in writing, or secure messaging. If you are a patient, because you have chosen to communicate PHI by e-mail, you are consenting to associated e-mail risks. Again, please note that e-mail is not secure and Mental Bliss cannot guarantee that information transmitted will remain confidential. Please do not send personal or confidential information over e-mails.

Mental Bliss offers a secure, HIPPA-compliant, way for you to view parts of your (child's) medical records upon request, view normal laboratory results, update personal information and receive clinical summaries. Secure patient portals do have certain risks. In order to manage these risks, there are certain conditions of participation. Practice Fusion patient portal is an easy-to-use Internet service that provides you quick and secure online access to your clinic health information, scheduling, appointment reminders, and secure online messaging from anywhere at any time.

How to participate in the patient portal

The patient portal occurs via a website hosted by our electronic health record system. Once you agree to and sign, you will be sent a welcome e-mail, which will give you a user name and password to sign in. Because of the security of the website, all information passing between the EHR and your computer is encrypted so that it remains secure.

Protecting your private health information and risks

The security of the patient portal requires two things: the correct e-mail address and the correct person (or person authorized by that individual) having access to the e-mail. These two factors are the responsibility of the patient. Please notify our office or the patient portal any time you change your e-mail address. You must also be very careful to keep track of who has access to your e-mail account so only you or someone designated by you can view your portal messages. If you have any concern that someone else has your password, contact our office and we will issue you a new password. We understand the importance of privacy in patient care and will continue to strive to make all information as confidential as possible. We will never sell or give away any private information, including your e-mail address.

Conditions of participation in the portal

Access to and participation in the portal is optional and does not affect the care you will receive at Mental Bliss. Therefore, we reserve the right to suspend or terminate this service at any time or for any reason. If we do terminate this service, we will notify you as promptly as possible. You also agree to not hold Mental Bliss or any of its staff liable for any network infractions beyond its control. By signing below, you acknowledge that you have read this consent form and that you understand and will comply with it.

CREDENTIALS AND LICENSES

I am licensed by the State of Washington as a Registered Nurse (RN) and Advanced Registered Nurse Practitioner (ARNP) with prescriptive authority. Prescriptive authority means I am licensed to prescribe medications within my specialty and scope of practice. I hold both a Master of Science in Nursing and a Doctor of Nursing Practice degree from Vanderbilt University. I am board certified by the American Nurses Credentialing Center as both an Adult and Family Psychiatric-Mental Health Nurse Practitioner. In the interest of continuing education, I belong to the American Psychiatric Nurses Association, the Association for Behavioral and Cognitive Therapies, and the Neuroscience Education Institute.

As a licensed professional, I am accountable for my work with you. Should you feel that I have been unethical or unprofessional, please talk to me about it. If you can't resolve your concerns about me, you may contact the Department of Health, Nursing Care Quality Assurance Commission Complaint Intake, Post Office Box 47864, Olympia, Washington 98504-7864. The phone number is (360) 236-4739.

Patient Name: _____
Printed name of patient

AGREEMENT TO PARTICIPATE IN SERVICES AND CONSENT FOR CARE

Disclosure law requires Mental Bliss, PLLC to obtain your signature acknowledging that you were provided with this information. Your signature below indicates that you have read or listened to the information in this Services Agreement and in the accompanying handouts, that you understand it and agree to abide by its terms during your professional relationship with Mental Bliss. It also serves as an acknowledgment that you have received and read or listened to the Notice of Privacy Practices form and the current fee schedule. If you have any questions, please feel free to discuss them with me before signing this Services Agreement. These policies may be updated at any time.

I hereby authorize Mental Bliss, PLLC and/or Kelly W Bliss, DNP, ARNP to provide mental health services including the evaluation, treatment, or providing consultation to myself or the above-named person.

I authorize Mental Bliss, PLLC and/or Kelly W Bliss, DNP, ARNP to release any information required to process my insurance claims. I understand that my medical record may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, sickle cell anemia, or other sensitive information. I also authorize my insurance to directly pay Mental Bliss, PLLC. Your signature indicates you accept responsibility for payment of fees in accordance with these terms and conditions.

An electronic copy of this agreement may be substituted for and will be legally binding as the original agreement.

This agreement constitutes informed consent without exception.

Patient/Parent/Guardian signature _____ Date _____

Printed name if signed on behalf of patient _____ Relationship _____

Adolescent signature (if 13 years or older) _____ Date _____

Mental Bliss, PLLC
By: Kelly W Bliss, DNP, ARNP, its Member

Date

This page will be retained in your medical record.

Informed Consent & Access Agreement for Practice Fusion Patient Portal

Patient Name: _____ Date of Birth: _____

E-mail address: _____

Access to Protected Health Information

- I understand and agree that access to Practice Fusion Patient Portal is subject to the following "Terms and Conditions".
- I understand that for all medical emergencies, I need to immediately dial 911
- I am requesting access to Practice Fusion Patient Portal for personal use only.
- I understand that the medical information included in Practice Fusion Portal may include medical information considered very personal, including information about prescribed medications, sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services. My health care provider, its employees, officers and providers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- I understand that this authorization will continue until revoked. I may revoke this agreement by written request at any time by contacting my provider.
- I understand that the revocation will not apply to the information that has already been released in response to this agreement.
- I understand that failure to comply with the terms and conditions of use for Practice Fusion Patient Portal may result in the termination of Practice Fusion Patient Portal access privileges.
- I understand that my health care provider will not condition my treatment on my signing this agreement.
- I understand this agreement must be filled out completely and signed and dated. A copy that has not been altered will be considered as valid as the original.
- By signing below, I acknowledge that I have read and understand this agreement and I agree to its terms.
- An electronic copy of this agreement may be substituted for and will be legally binding as the original agreement.

Parent/Guardian Acknowledgement

Patient/Parent/Guardian signature _____ Date _____

Printed name if signed on behalf of patient _____ Relationship _____

Adolescent signature (if 13 years or older) _____ Date _____

This page will be retained in your medical record.

Practice Fusion Patient Portal TERMS AND CONDITIONS OF USE (“Terms and Conditions”)

For purposes of these Terms and Conditions, “we” and “our” refer collectively to the health care providers who are partnering to offer the Practice Fusion Patient Portal services, “Patient Portal” to you. “Your provider(s)” refers to the specific provider(s) offering the Practice Fusion Patient Portal service with whom you maintain a treatment relationship.

Your Medical Record

As we provide your health care, we are required to maintain documentation of your medical history, current conditions, treatment plan, and all treatments given, including but not limited to the results of all tests, procedures and therapies. All electronic medical record information is subject to all state and federal statutes governing the security and confidentiality of medical records.

Please keep in mind that the medical information presented through Patient Portal does not include all of the medical information available in your permanent medical record. The posting of your medical information is limited by the Patient Portal service and further at the discretion of your provider(s). Moreover, be advised that the information you communicate through the Patient Portal service may not be incorporated into your permanent medical record.

If you use the Patient Portal service, you may receive messages, test results and other communications delivered via Patient Portal. Accordingly, your provider(s) will not send duplicate written reports of this information, unless you specifically request a written report.

Before signing up for the Patient Portal service, you should understand that the medical information included in Patient Portal may include medical information you consider very personal including, but not limited to, information about sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services. You should also understand that your messages sent via Patient Portal may not be delivered directly to an individual practitioner (e.g., your practitioner) and may be routed to appropriate members of your provider’s staff for processing and response. Accordingly, you should not communicate via Patient Portal if you desire to communicate sensitive information directly with an individual practitioner.

FOR ALL MEDICAL EMERGENCIES, IMMEDIATELY DIAL 911.

Your Responsibilities

By using Patient Portal, you agree to be bound by these Terms and Conditions. You understand that these Terms and Conditions may be modified from time to time. You agree that it is your responsibility to review the Terms and Conditions and that your use (and continued use) of Patient Portal shall represent your agreement to be bound by the Terms and Conditions existing at the time of your use of the Patient Portal service.

You agree that you are solely responsible for your use of Patient Portal. You agree that you will not utilize the Patient Portal service to communicate offensive, hateful, defamatory, harassing, or discriminatory speech. You should not share your Patient Portal access with others. Special care should be taken with any information that you print out of Patient Portal.

Discontinuing Use of Patient Portal

You acknowledge that Patient Portal are a service offering afforded to you to promote effective communication between you and your provider(s). You agree that your provider(s) are not obligated to offer the Patient Portal’s service to you and that your provider(s) may terminate your ability to access and/or use Patient Portal for any reason, including violation of these Terms and Conditions. You can discontinue your use of Patient Portal at anytime by contacting your provider.

Site Access and Licenses

You are granted a limited, revocable license to make personal use only of the Patient Portal service via this website and the associated services in accordance with these Terms and Conditions. This license expressly excludes, without limitation, any reproduction, duplication, sale, resale or other commercial use of the website and the associated services, making any derivative of the website or the associated services, the collection and use of user email addresses or other user information,

including, without limitation, health information or any data extraction or data mining whatsoever. Through this license, you may be able to upload third party data into Patient Portal or download limited medical information from Patient Portal to select third party sites.

We reserve the right in the future to charge a fee for the use of Patient Portal. You will be notified of this change and asked to re-apply if you agree to the fee and wish to continue with this service.

Security

This website uses information security safeguards and protections. However, no system can perfectly guard against risks of intentional intrusion or inadvertent disclosure of information. Information will be transmitted over a medium that is beyond our control.

YOU HEREBY EXPRESSLY ASSUME THE SOLE RISK OF ANY UNAUTHORIZED DISCLOSURE OR INTENTIONAL INTRUSION, OR OF ANY DELAY, FAILURE, INTERRUPTION, OR CORRUPTION OF DATA OR OTHER INFORMATION TRANSMITTED IN CONNECTION WITH THE USE OF THIS SERVICE. Once the information is received by us, your medical information will be treated as confidential and given the same protection that all other medical records are given.

It is extremely important that you keep your Patient Portal user ID and password in a secure location and completely confidential. It is your responsibility to prevent disclosure of your temporary access code and password and to change your password and password hint if you feel that your security has been compromised. We shall not be liable for any damages that results from your failure to keep your password secure. You can change your password and password hint online at any time.

Links to Third Party Sites

This website may contains links to websites operated by other parties. The links are provided for your convenience only. We do not control such websites and we are not responsible for the content and performance of these sites. The inclusion of links to other websites does not imply any endorsement of the material on the websites or any association with their operators. We do not operate, control, or endorse any information, products, or services provided by third parties through the Internet. Use of other sites is strictly at your own risk including, but not limited to, any risks associated with destructive viruses. You are responsible for viewing and abiding by the terms and conditions of use and the privacy statements of the other websites.

No Warranties

This website and the content contained herein and therein are provided on an "As Is" basis. We make no representations or warranties of any kind express or implied as to the operation of the website. To the fullest extent permissible by applicable law, we disclaim all warranties, express, or implied, including but not limited to implied warranties of merchantability, fitness for a particular purpose, title, and/or infringement.

Limitation of Liability

Some of the material on the website is provided by third parties and we shall not be held responsible for any such third-party material. We disclaim any responsibility for or liability related to such third-party material. Any questions complaints or claims related to any product should be directed to the appropriate third party.

General

By using this website, you agree that the laws of the state of Washington, without regard to principles of conflict of laws, will govern these Terms and Conditions and any dispute that might arise from the use of this website. You expressly agree that exclusive jurisdiction for any dispute related to the use of this website, resides in the courts of King County, Washington and you further agree and expressly consent to the exercise of personal jurisdiction in the courts of King County, Washington. Use of this website is unauthorized in any jurisdiction that does not give effect to the terms and conditions set forth herein.

Practice Fusion is a registered trademark of PRACTICE FUSION, INC.