Practice Statement, Privacy Procedures, and Office Policy

Welcome to the clinic of Dr. Jennifer Shannon. This document covers the policies and procedures of my practice. Please review the following information and let me know if you have any questions or concerns. I look forward to working with you.

Education, Training, and Academic Background

I received my Bachelor’s of Liberal Arts and Doctor of Medicine through a 6-year combined BA/MD program at the University of Missouri-Kansas City. After graduating in 2001, I completed a year of clinical research in child and adolescent psychiatry at the UCLA-Neuropsychiatric Institute. I completed my adult psychiatry residency and child and adolescent psychiatry fellowship at the University of Washington and Children’s Hospital in Seattle, WA in 2007. I am a member of the American Psychiatric Association as well as the American Academy of Child and Adolescent Psychiatry.

In addition to my medical training, I have been trained in multiple modalities of treatment including psychodynamic, cognitive behavioral, and interpersonal psychotherapy. My fellowship has also provided training in family therapy, couples counseling, and parent consultation models.

Philosophy

My treatment philosophy includes a broad range of approaches including psychodynamic and cognitive-behavioral psychotherapy, but always in the context of a developmental and systems perspective. I believe psychopharmacological interventions are often an important part of a treatment plan, but are most often efficacious in conjunction with non-pharmacological interventions such as psychotherapy.

I enjoy the opportunity to work with children, adolescents, and adults. With regards to children and adolescents, I take a conservative approach with regards to psychopharmacology and focus on the value of non-pharmacological interventions first when appropriate. I feel that in most cases, when working with children, having a collaborative working relationship with parents is crucial for treatment success.

My services include both psychotherapy and medication management. In most cases, my preference is to provide both aspects of treatment (if necessary) when possible as I feel it often allows for consistent quality of care. In cases where one may already have an established relationship with a therapist, that relationship should be upheld. In cases where I am only able to provide medication management due to time constraints, but psychotherapy is essential to the treatment plan, I would refer you to a community provider. There are cases in which only medication management without conjunctive psychotherapy is considered suboptimal treatment, in these cases, my policy is that the person or child be in psychotherapy in order for me to provide medication management. This will be evaluated on a case by case basis.

I do not have expertise in parenting evaluations or any other type of legal work, and therefore, I do not incorporate this service into my practice.
Although I lease office space from Cascade Counseling, I am a completely independent entity.

**Confidentiality**
Any patient >13 years of age has the right to confidentiality. In those <13 years of age, only the parents hold the privilege of confidentiality. Information can be disclosed without release in cases in which there is suspected child abuse, danger to self or others, or other situations in which a child or adolescent may be putting themselves in a potentially dangerous situation. For children, if the child is >13 yo, their consent is required before records can be released.

For those of you who have Uniform Insurance plan, your treatment information may be released to them upon their request. In all cases, information may also be released if a collections agency is involved. Information may also be disclosed when ordered by the court. I may be required by law to report knowledge of HIV positive status.

**Appointments**
Appointments can be made via my office phone # at: 360-455-4571.

**Cancellation Policy**
My policy is to have one full business day (24 hours) notice for cancellations. Appointments that are missed without 24 hours notice will be charged at the full fee. Monday appointments need to be cancelled by 5 pm the preceding Friday. Please note that insurance will not reimburse missed or cancelled appointments.

**Voicemail/Messages**
I am in the office on Tuesdays, Wednesdays, and Fridays from 9:00 am-4:30 pm. During these times, I check my voicemail on a frequent basis. On other days, I check voicemail on a less frequent basis. I will return your phone calls as soon as possible, and try to return them within a 24 hour period (unless the message is left on a Friday).

Any phone call lasting more then 10 min. will be charged at the hourly rate of $200. Insurance can not be billed for these charges.

**Emergencies**
For a life threatening emergency, please call 911 or go to your nearest emergency room. For crises or urgent matters that are not life threatening: 1) Call my office 2) Leave a message, and 3) Follow the directions on the voicemail with regards to contacting me immediately (e.g. answering service) or somebody who may be covering me if I am away.

Due to the nature of outpatient practice, I may not be able to call you back immediately. If for some unforeseen reason you can not reach me during a crises or life threatening situation, you may call the crisis line 24 hours/day, 7 days/week at 360-586-2800, call 911, or go to the nearest ER.

**Patient Records**
You may get copies of your medical records at your own expense and ask that factual errors are corrected (parts of records can not be deleted but can be amended). Parts of your record that could potentially be more detrimental than helpful to your psychological well-being, or that were asked to be kept confidential by the provider, may be withheld. These records will be kept as indefinitely as possible. You may authorize in writing that copies of these records be released to entities you designate.

**Insurance and Payment**
Currently, I am only contracted with Uniform Medical Plan. Since I do not participate in other plans, it is your responsibility to verify what services and what portion of fees they will cover. I limit my involvement with insurance plans because they often dictate the type,
frequency, and amount of care they will allow, which may impair my ability to provide optimal treatment. **I am not a Medicare or Medicaid provider and can not provide services to those patients who are enrolled in these programs.**

In families where the parents are separated or divorced, the parent who is initiating treatment is responsible for the payments. You will be provided with a statement to send to your insurance if you need to collect reimbursement once your payment is received.

Insurance reimbursement will not be provided for parent consultations or appointments where the child is not a part of the visit. Please note that insurance also does not cover phone consultations or missed appointments. Some diagnoses are not covered by insurance, and it is your responsibility to check with your insurance first regarding coverage.

If you request or agree to a service that will not be authorized by the insurance, you assume the responsibility for paying the balance. For example, some insurance plans do not cover family therapy. If mental health benefits are exhausted during the course of treatment, and are still necessary, I can not be held responsible for disagreements between you and your insurance agency. Treatment may continue but you will be responsible for the full fee.

Payments can be made via check or cash. **Payment is due at the time of service** unless you are a Uniform Medical Plan patient in which case your insurance will be billed and the uncovered amount will be billed to you.

**Unpaid Balances**
Accounts that remain unpaid are a treatment concern. We will try to discuss as openly as possible an agreement with regards to a payment plan. Late payments (balances that are past due for >30 days), will be charged at an interest rate of 15% per month. Unpaid balances >90 days will be sent to a collections agency after 3 notices via written letter. Non-payment will be grounds for termination of treatment and you will be referred to another treatment resource.

A $25 fee will be charged for returned checks.

<table>
<thead>
<tr>
<th>Fees</th>
<th>Time</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake or initial visit</strong></td>
<td>60-75 min</td>
<td>$275</td>
</tr>
<tr>
<td>(this service includes additional time that is taken to contact collaterals and write a report which typically amounts to 120 min. of total work)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Follow-up visit with medication</strong></td>
<td>45 min.</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Follow-up visit with medication</strong></td>
<td>20 min.</td>
<td>$130</td>
</tr>
<tr>
<td><strong>Individual psychotherapy</strong></td>
<td>45 min.</td>
<td>$180</td>
</tr>
<tr>
<td><strong>School visit/consultation</strong></td>
<td>$200/hr</td>
<td></td>
</tr>
</tbody>
</table>

Any additional report preparation (outside what is bundled in a standard code) is charged at the regular hourly rate.

There may be a charge for medical record requests.

Please note that although visits are 20 min. (90805) or 45 min. (90807, 90806) long with regards to meeting in person, there is an additional 10-15 min. spent in collateral care and documentation per appointment.
**Refills**  
The quickest way to get a medication is to have your pharmacy fax over a request to (360-709-9220). You may also leave a message on my voicemail with the pharmacy phone #, date of birth of your child, and the medication and dosage.

**Consent for Treatment**  
Signing below indicates consent for treatment which may include prescription of medications and related blood work (a separate consent for this will be obtained specific to the medication if this is part of the treatment plan). Please note that we will discuss all treatment options in detail with regards to risks and benefits and that you may refuse treatment or request a change in treatment at any time. The goals of psychiatric treatment include a variety of methods with the goal of reducing symptoms that are interfering with one’s level of functioning and therefore having a greater ability to achieve one’s goals.

**Agreement**  
Signing below indicates that you have had the opportunity to read this document and ask any questions, understand the terms of this document, and agree to follow them.

______________________________  ________________  
Patient (if over 13 yo)  Date

______________________________  ____________________  
Parent, or legal guardian  Date