

In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:

1. 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 least intrusive to the individual, and that provide for the greatest degree of independence;
2. Be treated with dignity and respect;
3. 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;
4. Have all services explained, including expected outcomes and possible risks;
5. 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;
6. Give informed consent in writing prior to the start of services, except in a 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 service provided in residential programs or in day or partial hospitalization programs.
7. Inspect their service record in accordance with ORS 179.505;
8. Refuse participation in experimentation;
9. Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
10. Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
11. Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
12. Have religious freedom;
13. Be free from seclusion and restraint;
14. Be informed at the start of services and periodically thereafter of the rights guaranteed by this rule;
15. 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;
16. Have family and guardian involvement in service planning and delivery;
17. Have an opportunity to make a declaration for mental health treatment, when legally an adult;
18. File grievances, including appealing decisions resulting from the grievance;
19. Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
20. Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
21. Exercise all rights described in this rule without any form of reprisal or punishment.

I have read and verify that I have received a copy of my individual rights to receive treatment.

Client's Name	DOB
Responsible Party's Signature	Date
Print Name	Relationship to Client

**Our Philosophy**—Neurotherapeutic Pediatric Therapies- Mental Health is a program with a strong focus on individuals and families of children with special needs and other mental health issues. This program provides outpatient treatment with culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family therapy, as well as psychoeducation on wellness, parenting, stress mitigation, and resiliency. Our program offers comprehensive, coordinated, and defined services that vary in level of intensity. We address a variety of needs, including, but not limited to situational stressors, family relations, interpersonal relationships, parenting, and support for children and families living with disability. Our practice utilizes an evidenced-based solution-focused trauma informed approach, providing a holistic treatment environment in which families and individuals with disabilities and mental health issues can thrive and succeed in their communities.

**Treatment Options and Medical Necessity**—Neurotherapeutics offers individual therapy, family therapy, group therapy, case management, and peer delivered services are offered if it is part of your service plan.

All services using your service plan need to be “medically necessary”. This means that: there is a covered condition (i.e. diagnosis), and the services are expected to make improvements to this condition (as well as other factors). Your health plan will provide information on what conditions are considered covered, and what is limited or excluded. Most mental health conditions are covered by most plans.

**Treatment Process**—Mental Health services at Neurotherapeutics starts with an assessment. After a brief interview, your clinician will make recommendations for services per the condition discussed. Once this is completed, a service plan will be created collaboratively, which outlines how services will look, and what measurable outcomes are expected. Sessions are typically a “therapeutic hour”, which equals to roughly 50-55 minutes. These sessions can be weekly or biweekly, depending on medical necessity, and typically decrease over time and as goals are met. You will be able to talk to your clinician about what is expected of you throughout treatment.

If medication management is discussed and your clinician believes it would be beneficial, a referral to your Primary Care Physician (PCP) can be made.

**Risks & Benefits**—Most people find that therapy is extremely beneficial to their well-being, the communication they have with their families and friends, and the relationships they have with others. However, specific results cannot be guaranteed, and risks are involved. At times, you may experience stress, emotional discomfort, and sometimes the feeling that things become worse before they get better. Progress comes from motivation for change and the dedication to commit to the process of therapy. Attending sessions regularly is likely to provide the best results. Questions and comments regarding your relationship with your therapist are welcomed. You have the right to change or refuse your treatment, or end treatment at any time. You also have the right to a second opinion, a different approach, or a different therapist. We will assist you in a referral if requested.

**Minor Consent**—Neurotherapeutics provides services to adolescents who are 14 years or older (Oregon) and 13 years or older (Washington) without parent/guardian consent. Oregon law requires that parents be involved toward the end of treatment, unless there are health and safety risks/reasons why they should not be involved.

If you are a minor signing this form, you authorize your therapist to use their best judgement whether to contact your parents or not. This will be a conversation discussed during session. It is also important to know that parents have the right to access any/all clinical records until their child turns the age of 18, unless parental rights have been revoked.

*I have received a copy of Neurotherapeutic Pediatric Therapies’ Informed Consent Form which specify treatment options, and risks and benefits to treatment. By signing below, I am indicating my consent to treatment.*

Client’s Name	DOB
Responsible Party’s Signature	Date
Print Name	Relationship to Client

**Initial Appointment Includes the Following:**

1. Consult with Qualified Mental Health Professional (LMFT, LPC, LCSW) or Qualified Mental Health Associate (Master’s Level Clinician, Graduate Student Intern).
2. Direct face-to-face (either in-person or via telehealth) Mental Health Assessment/Intake of individual/family.
3. Therapist and individual/family have the opportunity to discuss observations and/or diagnosis made during the assessment/intake.
4. A written assessment, including diagnosis, can be provided upon completion of a Records Request form. Treatment plan will be created during second session and is available to you at all times, upon request.

**Assessment/Intake:**

Provided by a Qualified Mental Health Professional/Associate. Depending on your insurance plan, an additional copay charge OR visit count may apply for the completion of the following reports:

- 53-60 minute Initial Assessment/Intake \$300.00

**Treatment:**

Sessions (face-to-face or telehealth) provided by Qualified Mental Health Professional/Associate.

- 53-60 minute Individual/Family Therapy Session \$220.00\*
- Case Management (per client basis) \$50.00 per each 15-minute unit
- Group Therapy \$60.00

\*Each 15-min increment added/deducted, \$55 will be added/deducted as a result, to the total fee.

**Annual Assessment/Intake:**

- EVERY YEAR, annual assessments will be performed for established clients. The total charge for this visit will be \$300.00. A copy of this report is available upon request.

**If fees for services are paid promptly, a 30% Time of Service Discount is available.**

**We also provide a Sliding Fee Scale based on household size and income. Please call our office for more details.**

Any individual receiving services, or the parent or guardian of the individual receiving services, may file a grievance with the provider, the individual's managed care plan or the Division.

1) **Neurotherapeutic Pediatric Therapies, Inc. (Neuro), will:**

- a. Notify each individual, or guardian, of the grievance procedures by reviewing a written copy of the policy upon entry;
- b. Assist individuals and parents or guardians, as applicable, to understand and complete the grievance process; and notify them of the results and basis for the decision;
- c. Encourage and facilitate resolution of the grievance at the lowest possible level;
- d. Complete an investigation of any grievance within 30 calendar days;
- e. Utilize the implemented procedure for accepting, processing and responding to grievances including specific timelines for each;
- f. Allow our Clinic Director to receive and process the grievance;
- g. Document any action taken on a substantiated grievance within a timely manner; and
- h. Document receipt, investigation and action taken in response to the grievance

2) **Expedited Grievances:** In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual, or guardian of the individual, may request an expedited review. The Clinic Director must review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response will include information about the appeal process.

3) **Retaliation:** A grievant, witness or staff member must not be subject to retaliation by a provider or anyone else for making a report or being interviewed about a grievance or being a witness. Retaliation may include, but is not limited to, dismissal or harassment, reduction in services, wages or benefits, or basing service or a performance review on the action.

4) **Immunity:** The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

5) **Appeals:** Individuals and their legal guardians, as applicable, must have the right to appeal entry, transfer and grievance decisions as follows:

- a. If the individual or guardian, if applicable, is not satisfied with the decision, the individual or guardian may file an appeal in writing within **ten** working days of the date of the Clinic Director's response to the grievance or notification of denial for services as applicable. The appeal must be submitted to the CMHP Director in the county where the program is located or to the Division as applicable;
- b. If requested, program staff must be available to assist the individual;
- c. The CMHP Director or Division, must provide a written response within ten working days of the receipt of the appeal;

6) And, if the individual or guardian, if applicable, is not satisfied with the appeal decision, he or she may file a second appeal in writing within **ten** working days of the date of the written response to the Director.

**CONTACT INFORMATION:**

The Division: 503-945-5763

The CMHP: 503-650-5696

Disability Rights Oregon: [503-243-2081](tel:503-243-2081)

FamilyCare: 503-222-2880

Health Share/ Care Oregon: 503-416-8090/ 503-416-4100

The above information has been read and I have a general understanding of the Grievance Policy and the Appeals Process, and a copy of this form was given to me.

Client's Name	DOB
Responsible Party's Signature	Date
Print Name	Relationship to Client

Client Name: _____	Age: _____	Date: _____
Session #: _____	Therapist: _____	

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where 1 represents worst, and 10 represents best.

**Individually**

How have you been doing overall: \_\_\_\_\_

☹	☺	☺
1	5	10

**Self Esteem**

How do you feel about yourself: \_\_\_\_\_

☹	☺	☺
1	5	10

**Interpersonal Relationships**

How do you feel about family/people close to you: \_\_\_\_\_

☹	☺	☺
1	5	10

**Socially**

How do you feel about your friends: \_\_\_\_\_

☹	☺	☺
1	5	10

*Adapted from Scott D. Miller and Barry L. Duncan (2000) Outcome Rating Scale.*

## EMERGENCY SERVICES

For life-threatening emergencies, call

**911**

For help with a suicidal crisis or other mental health emergency, call:

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

National Hopeline Network: 1-800-SUICIDE (800-784-2433)

ACCESS at 800 854-7771 ~ TYY for Hearing Impaired 562 651 2549

The Clackamas, Multnomah, Washington, and Yamhill County Crisis Services provide 24-hour help for people experiencing a mental health crisis. Call these Crisis Services Lines and ask to speak to a crisis counselor. Crisis counselors can assist you directly, or refer you to other services.

<u>Clackamas County Crisis Services Line:</u>	503-655-8585
<u>Multnomah County Crisis Line:</u>	503-988-4888 or toll-free: 800-716-9769
<u>Washington County Crisis Line:</u>	503-291-9111
<u>Yamhill County Crisis Line:</u>	844-842-8200
<u>Hearing-impaired:</u>	Dial 711 - 24 hours a day, 7 days a week

### Other resources that may benefit you or someone you may know:

- National Domestic Violence Hotline: 800-799-7233
- Love Is Respect: Text "LOVEIS" to 22522; [www.loveisrespect.org/get-relationship-help/](http://www.loveisrespect.org/get-relationship-help/)
- Crisis Textline: Text "HOME" to 741741; [www.crisistextline.org](http://www.crisistextline.org)
- National Human Trafficking Resource Center: [www.traffickingresourcecenter.org](http://www.traffickingresourcecenter.org); (888) 373-7888
- Self-Harm Hotline: 800-DONT CUT (800-366-8288)
- Family Violence Helpline: 800-996-6228
- Pregnancy Resource Center: <http://prcofportland.com>
- Lines For Life-Preventing substance abuse and suicide: <http://www.linesforlife.org>; 800-273-8255
- American Association of Poison Control Centers: 800-222-1222
- National Council on Alcoholism & Drug Dependency Hope Line: 800-622-2255
- National Crisis Line - Anorexia and Bulimia: 800-233-4357
- AIDS Crisis Line: 800-221-7044
- Veterans Crisis Line: [www.veteranscrisisline.net](http://www.veteranscrisisline.net)
- Suicide Prevention Wiki: [www.suicideprevention.wikia.com](http://www.suicideprevention.wikia.com)

**Crisis Line for Racial Equity Support:** 503-575-3764; Answered by BIPOC (Black, Indigenous, People of Color) counselors, M-F from 8:30 AM-5:00 PM