

OUTPATIENT BEHAVIORAL HEALTH SERVICES INDIVIDUAL'S RIGHTS TO APPEALS AND GRIEVANCES

Providence Outpatient Behavioral Health encourages our patients and their families/support system to submit an appeal or grievance verbally or in writing at any time you have a concern or complaint. Individuals and their legal guardians, as applicable, have the right to appeal entry, transfer and grievance decisions as follows:

- **Asking for an appeal or making a complaint or grievance:**
 - 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 program administrator must review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response must include information about the appeal process.
 - Otherwise, we will schedule a time to meet with you to talk about your appeal, grievance, or complaint the same day or no more than 7 days from the time you submit it.
 - We will communicate our response to you verbally and in writing within 7 days.
 - Will NOT negatively impact your care. No one will retaliate against you, nothing negative will happen to you.
 - You will have immunity from any action as a result of asking for an appeal or making a complaint or grievance. You are safe, we want to know about any problems or concerns.
- **If requested, program staff are available to assist the individual or guardian to make complaint or grievance.**
- **How to submit an appeal, grievance and/or complaint verbally or in writing to Providence:**
 - Speak to, leave a letter or note with any staff person, therapist or physician.
 - We will communicate our response to you verbally and in writing within 7 days.
 - Ask to speak to, leave a letter or note for our Program Manager.
 - Call the Customer Care Team of Oregon at 503-962-1275 or toll-free at 1-855-360-3463.
 - All appeals, complaints and grievances will be responded to and resolved in no more than 7 working days.
- **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 Chief Officer.**
- **You can also make an appeal or grievance to someone that is not part of Providence:**
 - Oregon Health Division – 503-945-5763.
 - OHP Trillium – 877-600-5472.
 - Disability Rights of Oregon – 503-243-2081, 800-452-1694.
 - If you have CareOregon, 503-416-4100.
 - Your insurance company by using the Customer Service number located on the back of your card.
 - The Joint Commission for Accreditation of Hospitals 1-800-944-6610.
 - The Governor's Advocacy Office 503-945-6904, 1-800-442-5238.

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 program administrator's response to the grievance or notification of denial for services as applicable. The Division must provide a written response within ten working days of the receipt of the appeal.

- **You can also submit an appeal, grievance, or complaint after you have discharged from our services. Follow the same directions listed above; contact anyone listed and we will respond the same way.**

We value our relationship with our patients and want to respond at any time so we can support your recovery. If you submit an appeal, grievance, or complaint: No one will retaliate, it will not affect your care; no one will take any action against you, you are immune and you are safe to talk to us or anyone else if you have concerns.

OUTPATIENT BEHAVIORAL HEALTH SERVICES INDIVIDUAL'S RIGHTS & RESPONSIBILITIES

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

- a. 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;
- b. Be treated with dignity and respect;
- c. 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;
- d. Have all services explained, including expected outcomes and possible risks;
- e. 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;
- f. 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:
 - i. Under age 18 and lawfully married;
 - ii. Age 16 or older and legally emancipated by the court; or
 - iii. 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.
- g. Inspect their service record in accordance with ORS 179.505;
- h. Refuse participation in experimentation;
- i. Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
- j. Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- k. Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- l. Have religious freedom;
- m. Be free from seclusion and restraint;
- n. Be informed at the start of services and periodically thereafter of the rights guaranteed by this rule;
- o. 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;
- p. Have family and guardian involvement in service planning and delivery;
- q. Have an opportunity to make a declaration for mental health treatment, when legally an adult;
- r. File grievances, including appealing decisions resulting from the grievance;
- s. Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
- t. Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
- u. Exercise all rights described in this rule without any form of reprisal or punishment.

(2) The provider shall give to the individual and, if appropriate, the guardian a document that describes the applicable individual's rights as follows:

- a. Information given to the individual shall be in written form or, upon request, in an alternative format or language appropriate to the individual's need;
- b. The rights and how to exercise them shall be explained to the individual, and if applicable the guardian; and
- c. Individual rights shall be posted in writing in a common area.

Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 426.495, 430.640 & 443.450

Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 426.380- 426.395, 426.490 - 426.500, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460 & 743A.168



Dear Providence Patient,

It is important that you contact your health insurance company notifying them you are receiving treatment services with us. You will find the number on the back of your card. Your health insurance company will provide you with information about your benefits and answer questions you have about if and how they will pay for services.

The fees for our services can vary; the actual charges will depend on length of session. Individual sessions: \$56-\$406
Group sessions: \$43-\$341
Evaluations: \$67-\$406
Family therapy sessions: \$61-\$541.

Services provided by your Psychiatrist will be billed separately from the bill for treatment

If you are concerned about your ability to pay for the treatment services you receive please contact our Business Office toll free at 877-215-7833. There are a number of programs and options available that you may qualify for to help with your bill.

When the consent of service given with the paperwork is signed, we will contact your health insurance company to obtain information about your benefits and obtain authorization for payment. Please note: Insurance may only pay a portion of your bill; you can expect to be billed for the remaining balance.

By signing the "Further Consent to Behavioral Health Treatment Form", you acknowledge that you understand your responsibility to contact your insurance company regarding your benefits to determine what is covered, and what portion of your bill you will be responsible to pay. You may receive a bill for all of your treatment before the insurance pays.

If you have questions about your insurance or coverage, please visit our Pricing Transparency web page at <https://www.providence.org/obp/or/pricing-transparency>, call for Price Estimates at 855-367-1339, or contact your Patient Care Coordinator:

- For Portland Medical Center (PPMC), please contact Chip Sudbeck (503) 215-1620
- For St. Vincent's Medical Center (PSV), please contact Nikki Bialozor (503) 216-3072
- For the Eating Disorder Programs, please contact Rachel Pollin (503) 216-2723

Sincerely,

Lawrence Betcher, LCSW
PPMC Behavioral Health Program Manager

Barb Oyler,
PSV Eating Disorder Programs Manager

Megan Ingle, LCSW
Pathway Behavioral Health Program Manager
at PSV and PWF

Ryan Roemer, PsyD
PSV Behavioral Health Program Manager

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Oregon state law (ORS 743B.287): A provider who is an out-of-network provider for a health benefit plan or health care service contract may not balance bill an enrollee in the health benefit plan or health care service contract for out-of-network emergency services, inpatient services, or outpatient services provided at an in-network health care facility.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Oregon state law (ORS 743B.287) requires that if an enrollee chooses to receive services from an out-of-network provider, the provider must inform the enrollee that he/she will be financially responsible for out-of-pocket costs for the service that will exceed the enrollee's normal coinsurance or copayments associated with the chosen service. The out-of-network provider must also obtain the enrollee's written consent for the out-of-network service and the out-of-pocket costs associated with it.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, patients can file complaints with the Oregon Division of Financial Regulation via phone (888-877-4894) or online at: <https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx> for enforcement issues related to state regulated plans,

or 1-800-985-3059 (<https://www.cms.gov/nosurprises/consumers>) for enforcement issues related to federally regulated plans.

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

Informed Consent for Participation in Telehealth Services

By joining telehealth meetings, you are consenting to virtual visits and agreeing to the following behavioral expectations and privacy and confidentiality standards.

Personal Conduct

All participants have the responsibility to conduct themselves with respect for individuals, their rights, and their privacy during this session. Certain types of behavior are deemed unacceptable and may in some instances result in discontinuation from the virtual group session or perhaps the program.

Privacy and Confidentiality

In order to protect your privacy, and the privacy of each participant, and to help everyone feel safe about what they might share in the group, please adhere to the following guidelines:

- During virtual group sessions, participants must use a private area, not a public place. By “private area” we mean that participants are the only people in the room, and the door is closed to prevent others seeing or overhearing the session.
- No one is permitted to take screenshots, photographs, or recordings of any kind with any electronic equipment.
- Headphones, when possible, are highly encouraged to maximize the privacy and confidentiality of all participants.

If patients violate this agreement, their participation may be discontinued.

Risks

All participants are instructed:

- To keep all information discussed in the group setting by any other participants confidential
- Failure to keep information confidential violates the terms of this participation agreement
- Violation of these terms is grounds for termination from the group

Even with the above safeguards, patients must understand that disclosure in a group setting of any information contains a risk and confidentiality cannot be guaranteed. Participation in a group session is your choice and is voluntary. By participating, you understand that there is a possibility that information you provide during a group session could be disclosed by other participants, and Providence St. Joseph Health shall not be responsible for such disclosure.

By participating in virtual sessions, you agree to these terms and consent to telehealth services.

Patients or family may contact the Providence St. Joseph Health Contact Center at 1-888-HEALING (432-5464) with any questions or concerns.

*For Zoom technical support please call **844-943-1076** Monday-Friday, 8am-5pm PST.*