



MOUNTAIN VIEW

M E N T A L H E A L T H

429 Roper Mountain Road, Suite 901, Greenville, SC 29615

Phone: (864) 734-7165 | Fax: (864) 203-4587

Email: alex@mtviewmentalhealth.com

Practice Information and Policies

Welcome to Mountain View Mental Health, LLC! Below is information regarding Mountain View's general practices, and background on Alexandra Shaw, PMHNP-BC, Mountain View's main provider.

Contact Information

Mountain View Mental Health, LLC is located at 429 Roper Mountain Road, Suite 901, Greenville, SC 29615. General business hours are Monday-Friday 8:30am-4:30pm. Clients are seen by appointment only (alternate days and times may be considered upon request). Mountain View will accept clients as staffing and provider/therapist ratio capacity permits.

Alexandra Shaw is the sole proprietor of Mountain View Mental Health and she will be your primary contact for appointments, problems, complaints, and commendations. Please understand that Alexandra Shaw is not available 24 hours a day.

Personal Qualifications

Alexandra Shaw is a licensed in South Carolina as an Advanced Practice Registered Nurse.¹ She is a Board-Certified Psychiatric Nurse Practitioner through the American Nurse Credentialing Center and the owner of Mountain View Mental Health. Alexandra follows the Code of Ethics of the American Nurses Credentialing Center and the South Carolina Board of Nursing.

Alexandra received her Bachelors of Science in Nursing from Clemson University and received her Masters of Science in Nursing from the University of South Carolina.

Services

Alexandra Shaw provides a variety of services under the supervision of a collaborating physician and in accordance with the South Carolina Nurse Practice Act. These services include, but are not limited to:

- Provision of psychiatric and limited medical care to pediatric, adult and geriatric clients in accordance with the scope of practice for a PMHNP-BC as defined by the American Nurses' Association.
- Evaluate and diagnose psychiatric-mental health illness, including the ability to order and interpret laboratory and other diagnostic procedures as deemed necessary or appropriate.
- Treat diagnosed psychiatric or limited medical illnesses through the use of evidence-based psychotherapeutic modalities, pharmacotherapy, complimentary/alternative methods (CAMs),

¹ Alexandra is licensed by the South Carolina State Board of Nursing, which is located at Synergy Business Park in the Kingstree Building at 110 Centerview Drive, Suite 202, Columbia, SC 29210. The mailing address for the South Carolina State Board of Nursing is PO Box 12367, Columbia, SC 29211.



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holistic treatments including but not limited to nutritional consultation/nutritional psychiatry, nutritional supplementation, herbal remedies and aromatherapy.

Alexandra Shaw, PMHNP is not a medical doctor and may refer you to a practicing psychiatrist should your treatment require measures that fall outside of the scope of practice for an Advanced Practice Registered Nurse (APRN).² Alexandra may need to consult with your medical physician, attorney or other counselor.

Confidentiality

The information you share in psychotherapy is protected health information and is generally considered confidential by South Carolina statute law and federal regulations. Alexandra Shaw is mandated by law to breach confidentiality if: 1) you are threatening self-harm or suicide, 2) you are threatening to harm another or homicide, 3) a child has been or is being abused or neglected, 4) a vulnerable adult has been or is being abused or neglected, 5) if you have communicable diseases and/or behaviors that put others at risk, and/or 6) as ordered by an applicable court of law. Finally, if you wish your protected health information be released to another party, you must sign a specific release of information.

Mountain View Mental Health and Alexandra Shaw practice in accordance with HIPAA Rules and Regulations for protected health information. Please review the provided HIPAA Notice of Privacy Rights.

In the event that you may encounter Alexandra Shaw or a staff member of Mountain View Mental Health in the community, your status as a client will remain confidential. Within a community setting, the staff of Mountain View Mental Health will not engage in conversation unless you initiate to preserve your privacy and ensure your comfort.

Emergencies

Mountain View Mental Health is not an urgent or emergent care center, and therefore not an appropriate contact in the midst of an acute health or mental crises. If you are having a life-threatening emergency, including but not limited to psychiatric emergencies such as thoughts of harming yourself (suicide) or others (homicide), acute mania or psychosis, contact 911 immediately or be taken to the nearest hospital Emergency Department.

Treatment and Informed Consent

Treatment is never guaranteed, but tends to be more successful when there is full transparency and communication between the provider and the patient. While Mountain Health and Alexandra aim to provide a comfortable treatment experience, there may be times during treatment when upsetting nature

² Alexandra Shaw is also not a licensed therapist or counselor, but can practice such to the extent allowed by the scope of her practice as a PMHNP-BC and the South Carolina Board of Nursing. She is not licensed by or required to comply with the act governing the South Carolina Board of Licensed Professional Counselors, Marriage and Family Therapists, Addictions Counselors, and Psycho-Educational Specialists.



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needs to be discussed. Treatment is voluntary and may be terminated at any time (unless participation has been mandated by a court of law). Treatment is not always successful and may open unexpected emotionally sensitive areas. Also, if treatment is discontinued prematurely, symptoms may worsen if other treatment options are not pursued.

You will participate in the development of an individualized treatment plan and it is essential that you consistently participate in this plan. Failure to follow the treatment plan in any form may be grounds for termination of services.

In attending your appointments, it is understood that you are voluntarily entering into treatment or giving consent for the minor or person under your legal guardianship to have treatment provided by our providers/ therapists. You must agree to play an active role in all parts of the treatment process with the understanding that no promises can be made as to the outcome of the treatment.

Missed Appointments

A missed appointment is considered to be either of the following:

- an appointment cancelled within 24 hours of the scheduled appointment time; or
- arriving later than fifteen minutes after your scheduled appointment time.

The fee for a missed appointment is \$90. Missed appointments are not billable for insurance and payment must be arranged prior to rescheduling subsequent appointments. Appointments may be successfully cancelled **as late as** 24 hours prior to the scheduled time. Monday appointments must be cancelled by 12:00pm the previous Friday to avoid a late cancellation charge. If the office cannot be reached, please leave a voicemail detailing your cancellation so that we can include a time stamp of your cancellation.

Medication refill requests due to missed appointments or failure to follow up per your treatment plan will incur a fee of \$75, and will only be given for 1 month (30 days).

Non-Compliance and Discharge

Mountain View and/or Alexandra Shaw reserve the right to discharge a client for non-compliance at any point during treatment. Discharge is defined as termination of any and all services provided to the client on behalf of Mountain View Mental Health, LLC. Non-compliance is defined as:

- A client not taking their medications as prescribed;
- A client who does not participate in or follow their treatment plan;
- A client who is verbally abusive and/or threatens providers or staff at Mountain View;
- A client who has more than one provider prescribing the same medications; or
- Failure to miss three appointments within 1 year as defined above.



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Changes to the Terms of This Notice

We reserve the right to 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 or office, and on our website.

If you have any questions regarding this information and/or the documents you have received, please feel free to discuss them with Alexandra Shaw.

[Signature Required on Following Page]



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ACKNOWLEDGEMENT AND ACCEPTANCE OF PRACTICE POLICIES AND TREATMENT

I acknowledge that I have received and read the Mountain View Mental Health, LLC Practice Information and Policies and the HIPAA Notice of Privacy Practices. My signature below confirms that I understand and accept all the information contained in the aforementioned documents. I further acknowledge that I seek and consent to treatment at Mountain View Mental Health, LLC with Alexandra Shaw, PMHNP-BC.

Signature of Client or Legal Representative: _____

Client's Printed Name: _____

Date signed: _____



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Client Financial Policy

Mountain View Mental Health, LLC aims to provide affordable and accessible mental health care services to its clients. Any payments for services will be due at the time of your scheduled appointment. You may pay with Cash, Debit and Credit Cards. Note, Mountain View will maintain your credit/debit card information on file to capture any balances and fees, and reserves the right to utilize this method of payment on file to cover fees for missed appointments or late cancellations. While Mountain View aims to provide notice prior to collecting payment, by becoming a patient with Mountain View, you hereby give consent to allow Mountain View Mental Health to obtain fees from your payment on file without prior notice.

No Insurance Accepted

Mountain View does not currently accept insurance and operates under a direct-pay model for patient care. We will, upon patient request, provide you with the necessary information for you to submit a claim to your insurance company for reimbursement at an out of network rate. We will not file insurance claims on your behalf. By becoming a patient with Mountain View you agree and consent to being solely responsible for any fees and charges due for the services rendered by Alexandra Shaw and Mountain View. Additionally, you acknowledge and understand that your insurance company may decline reimbursement for services rendered at their discretion and according to your policy limits. Mountain View in no way guarantees coverage or reimbursement of services rendered by your insurance company.

Clients who use a third-party payer such as a non-client responsible party, family trust or financial account, public assistance or any other payer for the payment of client fees, must coordinate with their third-party payer to provide payment at the time of your appointment. A receipt will be provided to the email address on file.

Alternative Financial Assistance and Measures

Mountain View does realize that there are times that a temporary financial problem may affect your ability to make a payment onto your account. In this case, please contact Alexandra Shaw for assistance so that payment options may be discussed.

Mountain View Mental Health offers financial assistance for services in the form of sliding scale fees based on household income and need. Information regarding sliding scale services and qualifications may be provided upon request. Proof of income is required to receive financial assistance and may be requested annually to continue receiving financial assistance. Participation in financial assistance is not guaranteed. Sliding scale fees and qualifications to participate in financial assistance may change without prior notice.

Charges for Client Care Services

- New Patient Intake Consultation (60 minutes) - \$180



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- In scheduling an initial intake consultation, you reserve an hour-long session in which we can conduct a thorough history and evaluation of any mental health care needs you may have, in addition to evaluating fit for the scope of services Mountain View Mental Health, LLC can provide. Due to this investment of time, and the reservation of the appointment slot, you must pay half of the amount of your full service at the time of scheduling your initial appointment. **This deposit will count towards the total fee for service, or be held as payment for any missed appointments.** Should you cancel or reschedule your intake appointment *up to 24 hours prior to your scheduled appointment*, the deposit will be refunded to you in full.
- Follow up appointment (30 minutes) - \$90
- Follow up appointment with extended psychotherapy (60 minutes) - \$180
- Sliding scale pricing is available for those who qualify based on financial need; please feel free to discuss this with Alexandra Shaw if needed.

Charges for Administrative Services

- Letter for work or school (ex: 504 or IEP) - \$20
 - *Notes for work/school related absences are provided at no cost and excluded from this fee.*
- Paperwork for FMLA or Disability
 - Initial Paperwork - \$35
 - Follow up Paperwork (Including Appeals or Extension Requests) - \$35 per incident
 - **Please Note:** *Mountain View and/or Alexandra Shaw are NOT required by law to fill out any paperwork, regardless of the nature of the paperwork. You can make a request for paperwork to be filled out to Alexandra Shaw. However, it is within Alexandra Shaw's sole discretion as to whether she will provide this accommodation. In order for any paperwork to be filled out, a patient must see the provider for at least three (3) visits prior to the request. Please understand that this does not include the office staff/provider printing medical records for your record.*
- Fees for missed appointment: \$90
- Medication Refill Requests - \$75
 - *This is only applicable for medication refill requests outside of a scheduled appointment time due to late cancellation or failure to follow up per your treatment plan.*

If you have questions regarding any of the above fees, please discuss with Alexandra Shaw as needed.

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By signing below, I acknowledge that I have read and understand Mountain View Mental Health, LLC's Client Financial Policy and I agree to be bound by its terms. I understand that I am financially responsible for all charges and fees, whether or not they are covered by insurance. I agree that such terms may be amended from time to time by the practice without prior notice.

Signature of Client or Legal Representative: _____

Client's Printed Name: _____

Date signed: _____



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HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices (“Notice”) apply to Mountain View Mental Health, LLC, its affiliates and its employees (“Mountain View”). Mountain View will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Mountain View. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (“HIPAA”). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Privacy Officer at the address below.

“Protected health information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

Authorization and Consent: Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we actually receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Treatment: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization and any other use required by law. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.



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Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to: quality assessment activities, employee review activities, accreditation activities and conducting or arranging for other business activities.

Individuals Involved In Your Care: We may from time to time disclose your protected health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information.

Appointments and Services: We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. With such request, you must provide an appropriate alternative address or method of contact. You must make such requests in writing, including your name and address, and send such writing to the Privacy Officer at the address below.

Psychotherapy Notes: We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.



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You may revoke this authorization, at any time, in writing, except to the extent that the provider or this organization has taken an action in reliance on the use or disclosure indicated in this authorization.

RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:

Access to Your Protected Health Information: You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or your legal representative. You may obtain a "Patient Access to Health Information Form" from the front office person. You will be charged a reasonable copying fee and actual postage and supply costs for your protected health information. If you request additional copies, you will be charged a fee for copying and postage.

Amendments to Your Protected Health Information: You have the right to have our organization amend or correct your protected health information. All amendment requests, must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. We are not obligated to make the requested amendment, but will give it careful consideration. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Restrictions on Use and Disclosure of Your Protected Health Information: You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply. Our organization is not required to agree to a restriction you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another provider.

Right to Notice of Breach: We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

Accounting for Disclosures of Your Protected Health Information: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. Requests must be made in writing and signed by you or your legal representative. These requests may result in reasonable charges related to collecting and copying the information. You will be notified of the fee at the time of your request.



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We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:

- directly with us by contacting our Privacy Officer, Alexandra Shaw at 864-734-7165; or
- with the Office for Civil Rights at the U.S. Department of Health and Human Services by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.



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Telehealth Informed Consent

Alexandra Shaw, PMHNP-BC, will provide telehealth services via video and/or telephone, in her sole discretion, upon request, or during the period of time for which social-distancing or quarantine are suggested or commanded in the interest of public health. You remain responsible for your appointment fees and must make these payments by telephone with our office staff and these fees will be due immediately after your services was rendered. Please review the informed consent information below for additional information about telehealth services:

- “Telehealth” includes consultations, treatments, telephone conversations and other medical information using interactive audio, video, or data communications.
- Telehealth occurs in the state of South Carolina and is governed by its laws.
- The laws that protect the confidentiality of my medical information also apply to telehealth. Unless we explicitly agree otherwise, our telehealth exchange is confidential. I will not include others in the session or have others in the room unless agreed upon between myself and my provider.
- **I understand and accept that telehealth does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 9-1-1 or proceed to the nearest hospital emergency room for help.**
- In the event the telehealth process is not in my best interests, my provider may decide to no longer provide services via telehealth and will suggest some alternative options better suited to my needs.
- I understand there are risks and consequences from telehealth, including but not limited to, the possibility, despite reasonable efforts on the part of my provider, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/ or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for the security of information on my computer.
- For the quality of my appointment, I understand that Mountain View Mental Health and Alexandra Shaw ask for me to be in a safe and quiet space to conduct my telehealth appointment to avoid violating HIPAA laws, to guarantee my safety, and to minimize all distractions. If I am not in this described setting at the time of my appointment, my provider has the right to reschedule my appointment and I will be charged a late cancellation fee.

By signing below, I acknowledge that I have read, understand, and agree to the information above.

Signature of Client or Legal Representative:

Client’s Printed Name:

Date Signed: _____