



ANNIE GRUMMEL WARD

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP)

Policy Statement

Services

I am a board certified Psychiatric Mental Health Nurse Practitioner (PMHNP) and have been in private practice since 2004. I offer psychotherapy and medication management for individuals over the age of 18 who struggle with issues related to life challenges, pregnancy, postpartum, bipolar, depression, anxiety, and ADHD.

My psychotherapy training has primarily been in Gestalt therapy, a collaborative approach that promotes self-awareness. My focus is on the holistic and relational aspect of therapy which supports individuals in self-discovery and healing. I encourage individual awareness of emotions and behaviors that are happening in the present, which is often representative of ongoing struggles in one's life. This method is further informed by mindfulness and meditation practices. I am also currently one year into an integrative psychiatry fellowship which has introduced functional medicine and nutritional testing into my practice.

Contact

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Office: 503-894-9810
Secure Fax: 503-536-6719
Address: 2187 SW Main Street, #101
Portland, OR 97210

Hours

Monday - Thursday**	9 a.m. - 5 p.m.
Friday	9 a.m. - 3 p.m.

** I do not schedule patients on Wednesdays as of Sept. 28, 2020.

Sessions

- Intake evaluations are 60-90 minutes.
- Therapy with or without medication management sessions are usually 30-60 minutes.
- Medication management is 15-20 minutes.

Covid-19 & Telehealth

Insurance companies are currently covering telehealth during the pandemic. I use Zoom or Facetime. Zoom is preferable because it is HIPAA compliant. I am seeing some clients in the office following social distancing guidelines, a HEPA filter in my office, and face masks. If you have been exposed to COVID-19 or feel unwell, please let me know so we can do the session remotely. I will also ask to change to remote sessions if I have been exposed to COVID-19 or am experiencing symptoms. In the event of increase in cases and/or new restrictions from our Governor, I may need to move all my sessions remote.

Fee Schedule & Payment

Intake evaluation (60 min+): \$375

Psychotherapy with medication management (45 min): \$175-275

Psychotherapy only (45-60 min): \$150-200

Medication management only (20-30 min): \$80-250

Returned Check Fee: \$25

➔ See Integrative Psychiatry document for rates on nutritional testing & payment methods.

To ensure **financial accessibility** to the extent that I am able, need-based sliding scale prices are available for negotiation upon request. If we are going to explore sliding scale prices together, you must be open to an ongoing conversation about the exchange we are making. My own process and learning around sliding scale agreements is developing and thus will not be a one-time decision but rather something we return to often to ensure accountability and necessary boundaries on both ends of the exchange.

I can keep your credit card on file and ask permission to charge your copays, balance, and testing fees.

Cancellations

I have a 24-hour cancellation policy. I will not charge you for cancelling if there is inclement weather.

First late-cancel / no-show	Free pass
Second late-cancel / no-show	\$100 charge
Third+ late-cancel / no-show	\$150 charge

Insurance

Please verify your mental health benefits prior to our first appointment.

Many insurance companies have deductibles that begin at the New Year. If you have a deductible, you will be billed only what the insurance allows, not what I bill. You will need to pay this amount at each visit until your deductible is reached. I accept cash, check, or credit card. Please pay your co-insurance at the time of your visit. I have a billing company that will bill your insurance. If you have any questions or concerns about your bill, please let me know so that I may bring it to the attention of my billing company. I do not review the explanation of benefits from your insurance company.

Medication Refills

Refills will usually be written during your appointment. If you need a refill between appointments, contact your pharmacy so that they can fax me a refill request **AND** alert me via email that you need a refill.

Please allow at least five business days for your medication to be refilled. I will refill prescriptions during my business hours (shown above) unless there is an emergency.

If you are seeing me for medication management, you must see me **at least every three months** to get your prescription refilled.

Emergencies

I am available on my cell phone 24/7 for emergencies. I will have another practitioner cover for me when I am out of town. In the event of an emergency, call 911 or go to the nearest emergency department. If you have thoughts or impulses to harm yourself or someone else, that is an emergency. If you are in a crisis and your life is not in danger, please contact one of the following crisis lines.

- Multnomah County Mental Health Crisis Line: 503-988-4888
- Washington County Mental Health Crisis Line: 503-291-9111
- Clackamas Count Crisis Line: 503-655-8585

Other resources can be found on my website or online.

If you are hospitalized, please contact me or have your physician contact me for coordination of care.

Communication

As stated above, I am available on my cell phone in the case of an emergency. Otherwise, I respond to emails, texts, and voicemails during my business hours. Please give me 48 hours to respond to any non-urgent messages. If your messages come late at night or on the weekend, it is possible that I will not get the message and you will have to follow up.

Confidentiality

Federal law under the Health Insurance Portability and Accountability Act (HIPAA) and state law requires that I protect the privacy of your personal information and am transparent about how your clinical information may be used and disclosed in support of your care. It also requires that I be open about how you can access your personal and clinical information. You can find a detailed description of HIPAA Notice Policies and Practices on my website.

Agreement

Your signature below indicates that you have read the above police and agree with its terms.

Client Name

Client Signature

Date