



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

Welcome to Base Behavioral Health, LLC

Base Behavioral Health (BBH) welcomes you and would like to provide you this information packet pertaining to our services before you begin this journey with us. Included you will find the following information:

1. BBH Therapy Services

- a. Education and Training of our Providers
- b. Confidentiality of your Records
- c. Fees for Therapy
- d. Individual Rights, Responsibilities and Grievances
- e. Client Portal for Medical Records
- f. Virtual Telehealth/Teletherapy
- g. Contact Information including for Crisis

2. Therapy Authorization: Informed Consent

3. Notice of Privacy Practices

Please feel free to ask any questions and sign page 7 of the packet before your first appointment.

We look forward to working with you and joining you on this journey.

-Your Base Behavioral Health Team



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

1. BBH Therapy Services

Our Mission

Our mission is to provide the highest quality co-occurring mental health and substance use counseling for individuals and families that is trauma-informed, strength-based, and which values and respects diversity of life experiences across all our clients.

Our Vision

We believe that we can accomplish our mission through our philosophy that co-occurring disorders are treatable illnesses. Our clinicians understand that physical, mental health and substances use are intertwined, and by offering individualized, superior care, we can improve the quality of life for our clients and serve as a reliable resource for our community. We can help reduce emergency room admissions and improve access to therapy in Oregon by providing therapeutic service to people from a variety of racial and ethnic cultures, sexual orientation, life experiences while concurrently addressing their mental health and substance use disorders.

Therapy Description

Our client will first be scheduled with a therapist for a 1.5-hour assessment, which will also cover initial treatment planning. This assessment will determine the level of care, and the intensity of therapy, based on medical necessity and diagnosis. Our clients will be offered an opportunity to follow through with therapy recommendations and a chance to schedule out consistent appointments. Treatment planning with the therapist and progress with therapy goals will help determine length and frequency of therapy. Services are provided for both adult and youth in a trauma-informed model.

Depending on the intensity of therapy that is discussed after the assessment, a client may be attending up to 4 group sessions a week and/or up to 1 individual session a week. Counseling will be offered in-person, phone and video depending on availability and client preference.

For more information, please call us between the hours of 8am-5pm, Monday through Friday at 541-638-0830. Our clinic hours may run outside of 8am-5pm, Monday through Friday, depending on the providers preference and availability.

Education and Training of our Providers

Ashley Bauer LPC, CADCI, MAC

- Licensed Professional Counselor (LPC) with the State of Oregon #C5743, 2021
- Certified in the State of Oregon as a Drug and Alcohol Counselor III, 2012
- Masters Addiction Counselor (MAC) with NAADAC, 2021
- MA Professional Mental Health Specialization in Addictions from Lewis and Clark College, 2017



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

Confidentiality and Federal Confidentiality of your Records

What you discuss during your therapy session is kept strictly confidential. No contents of the therapy sessions, whether verbal or written, may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

- *Duty to Warn/Protect*: If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the potential victim and notify legal authorities.
- *Abuse of Children and Vulnerable Adults*: If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.
- *Prenatal Exposure to Controlled Substances*: Therapists must report any observed or admitted prenatal exposure to controlled substances that could be harmful to the mother or the child. If it appears to me that a parent is intoxicated/under the influence additional resources will also need to be accessed.
- *Minors*: Guardianship parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.
- *Insurance Providers*: Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes type of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.
- *Emergencies*: In medical and psychiatric emergencies in which information is crucial for client safety.
- *Court*: In response to court orders or subpoenas as it complies with the type of record covered by law.

BBH is committed to protecting your privacy under the Federal Law and Regulations as noted in The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 section 2.22. This State and Federal law protects the confidentiality of any information regarding substance use disorders. Violating this Federal law and regulations are reportable to the United States Attorney for the judicial district in which the violation occurred.

Contact information for the District of Oregon US attorney's office: 1000 SW Third Ave Suite 600, Portland, OR 97204. 503-727-1000. If you have any concerns about this policy, please discuss it with BBH staff.



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

Fees for Therapy

BBH contracts with several insurance companies, which means that we are considered an “in-network” provider for those specific insurance panels. For other insurances, we can be an “out-of-network” provider. If you expect to use your insurance to provide coverage for therapy, please check your current coverage carefully.

Mental Health and Addiction counseling services can be a covered benefit with your insurance company and some insurance companies require costs for copayments, coinsurances, or deductibles. Please contact your insurance provider about specific costs for services with BBH. Upon scheduling, our staff will check your insurance information and inform you of fees for services. Fees for services can be paid through the client portal in Carepaths and BBH can request payment of services before providing services.

An initial assessment is \$130-\$180. Individual or family sessions lasting 53-60 minutes are charged \$100-\$150. Group session lasting from 60-90 minutes are charged \$50-\$75. If you have questions, you may call our staff at 541-638-0830.

No-shows or less than 24-hour cancellations will be charged automatically the fee for service missed, to the debit/credit card on file in the client portal.

The client portal is a confidential service that will be able to hold a debit/credit card on file for you to pay for your services and no-shows. We charge your debit/credit card on the day of service or within 24 hours.

*By signing at the end of this form, authorizes the payment directly to Base Behavioral Health, LLC of benefits payable under our policy. I understand that such payments will be credited to my account with the provider. I further understand that I am financially responsible to the provider for charges not covered or reimbursed by my policy, up to the fee the provider has agreed to accept. I affirm that everything in this form that was not clear has been explained to my satisfaction.

Individual Rights, Responsibilities and Grievances

- To expect that a licensee has met the qualifications of training and experience required by the state of law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee or person granted a temporary practice authorization;
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following expectations; 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

- company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- To be free from discriminating because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, #120, Salem, OR 97302-6312. Telephone: (503) 378-5499. Email: lpct.board@oregon.gov. Website: www.oregon.gov/OBLPCT

Additional information about counselors or therapists is available on the Board's website: www.oregon.gov/oblpc

As a client with BBH, you have individual rights and the ability to file a grievance if needed. Please see the Privacy Practices (Section 3 of this packet) on individual rights. If you have any complaints or grievances about your services at BBH, you can contact Ashley Bauer at 541-638-0830 or if you prefer a more formal process, you may write a letter to:

Ashley Bauer LPC, CADCI, MAC
5010 SE Foster RD
PO BOX 86101
Portland, OR 97286

Client Portal for Medical Records

BBH has a confidential Client Portal that is called Carepaths, for all clients to access their medical records, sign documents, schedule appointments, conduct virtual therapy appointments, make payments, and message their therapist.

BBH will set up your Client Portal access when scheduling your first appointment. Our staff will provide you with your log-in credentials and password. If you forget this log in information, please contact BBH. You are required to fill out intake paperwork in your Client Portal before your first appointment with BBH. You can access your Client Portal at the top left of our website (Basebehavioralhealth.com) under "Health Record Login". If you have any questions, you may contact us at 541-638-0830.

Virtual Telehealth/Teletherapy

The confidentiality of all communications between a client and their therapist is generally protected by law and we, as your therapists, cannot and will not tell anyone else what you have discussed or even that you are in counseling services without your explicit written permission. This also extends and applies to all virtual telehealth/teletherapy sessions. Limits of confidentiality are the same as previously described above, listed under our CONFIDENTIALITY section. For Teletherapy services, we offer a HIPAA compliant platform for virtual therapy video conferencing therapy via Carepaths and Psychology Today. We offer the same quality of care with our virtual online therapy services as in our in-person sessions.



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

The Client must be physically in the State in which the therapist is licensed to conduct Virtual telehealth/Teletherapy services to be compliant with code of conduct.

*By signing at the end of this form, Client agrees to these virtual Telehealth/Teletherapy protocols, the client understands online confidentiality and understands that by signing this agreement you are giving your informed consent for treatment in person or via Telehealth/Teletherapy with Base Behavioral Health, LLC and our therapists.

Contact Information including for Crisis

Please feel free to email or call if you have any questions about our services.

Email: Basebehavioralhealth@gmail.com

Phone: 541-638-0830

Physical Location:

6900 SW 105th Ave, Suite B
Beaverton, OR 97008

Mailing Address:

5010 SE Foster RD
PO BOX 86101
Portland, OR 97286

Multnomah County Crisis Line: 503-988-4888

Clackamas County Crisis Line: 503-291-9111

Washington County Crisis Line: 503-655-8401

National Suicide Prevention Lifeline call 1-800-273-8255 or text START to 741741



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

2. Treatment Authorization: Informed Consent

- I have read the packet of information given to me and/or had the information explained to me.
- I consent to receive services at Base Behavioral Health, LLC.
- I had the opportunity to ask questions and all my questions were answered.
- I have the right to terminate treatment at any time.
- I understand and will comply with my rights and responsibilities.
- The fees for services have been explained to me.
- I was given a copy of Notice of Privacy Practices.

Client/Legal Guardian Signature:

Date:

Client Name (Please Print):



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

3. Notice of Privacy Practices

Base Behavioral Health, LLC

NOTICE OF PRIVACY PRACTICES

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

This Notice of Privacy Practices describes how Base Behavioral Health may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your health care provider, our office staff and others outside of our office who are involved in your care and treatment for providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your provider's practice.

Following are examples of the types of uses and disclosures of your protected health information that your health care provider's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: 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 another provider. For example, we would disclose your protected health information, as necessary, to another health care provider who provides care to you. We will also disclose protected health information to other mental health care providers who may be treating you. For example, your protected health information may be provided to a physician or psychologist or psychiatric nurse practitioner to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you. In addition, we may disclose your protected health



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

information from time-to-time to another health care provider (e.g., a specialist) who, at the request of your health care provider, becomes involved in your care by assisting your provider.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your health care provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of psychology or counseling students or psychologist associates, licensing, and conducting or arranging for other business activities. We will share your protected health information with third party "business associates" that perform various activities (for example, billing services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Marketing Purposes: Base Behavioral Health will not use or disclose your PHI for marketing purposes.

Sale of PHI. Base Behavioral Health will not sell your PHI in the regular course of our business.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our office to request that these materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may also use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Serious Threat to Health or Safety and Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your provider created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

We do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For our use in treating you.
- b. For our use in training and supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For our use in defending ourselves in legal proceedings instituted by you.



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

- d. For use by the Secretary of State of Health and Human Services to investigate our compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by the coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information other than "psychotherapy notes." This means you may inspect and obtain a copy of protected health information about you, other than "psychotherapy notes," for so long as we maintain the protected health information. To the extent permitted by federal and state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our office if you have any questions about access to your records.



BASE BEHAVIORAL HEALTH

Mental Health and Substance Use Therapy

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 health care 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 restriction to apply.

Your provider is not required to agree to a restriction that you may request. If your provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your health care provider. You may request a restriction by sending a **written** request to our office at **Base Behavioral Health, 5010 SE Foster Rd., P.O. Box 86101, Portland, OR 97286.**

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to Base Behavioral Health, 5010 SE Foster Rd., P.O. Box 86101, Portland, OR 97286.

You may have the right to have your health care provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. 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. Please contact our office if you have questions about amending your medical record by calling (541) 638-0830 or writing to Base Behavioral Health, 5010 SE Foster Rd., P.O. Box 86101, Portland, OR 97286.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES



BASE BEHAVIORAL HEALTH
Mental Health and Substance Use Therapy

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, Ashley Bauer, or you may mail it to the following address:

Base Behavioral Health
5010 SE Foster Rd.,
P.O. Box 86101
Portland, OR 97286

To file a written complaint with the federal government, please use the following contact information:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Toll-Free Phone: (800) 368-1019

Website: Office for Civil Rights www.hhs.gov/ocr/privacy/hipaa/complaints/
Email: OCRComplaint@hhs.gov

Effective Date of This Notice

The original effective date of this Notice was December 1, 2021. The most recent revision date will be indicated in the footer of this Notice if later revised.