

OFFICE POLICIES & CONSENT TO TREATMENT

These office policy statements are provided for your information. Please ask if you have any questions.

General Standards: As a psychologist licensed by the Oregon Board of Psychologist Examiners and as a member of the American Psychological Association, I subscribe to the APA Revised Ethical Principles. A copy of the code of ethics is available, if you would like to review it. After discussing and evaluating your need, we will develop a treatment plan focused on your goals for change. Occasionally, individuals go through periods in psychotherapy which result in emotional discomfort, changes in relationships, or temporary worsening of symptoms. It is often a sign of positive change and should subside as therapy progresses. Please discuss your thoughts, feelings, questions discomfort or concerns about therapy at any time when they arise. You always have the right to request changes or to end treatment.

Fees: The initial appointment for treatment is billed at the rate of \$ 200.00. Ongoing therapy services are billed at the rate of \$ 160.00 per 45-minute appointment, and \$ 175.00 per 55 to 60-minute appointment. Longer or shorter sessions will be charged on a prorated basis. Telephone conversations which are longer than fifteen minutes will also be charged on a prorated basis directly to clients. Fees for telephone consultation are not covered by insurance. Fees are due at the time of service, unless you will be using health insurance to cover the cost of your treatment.

Telephone Communication: The office telephone has a confidential voice mail system which can be reached at any time. I am usually able to respond to messages left during work hours on the same day. If you need to reach me on an emergency basis, please call the office number, 503.221.7074, and speak to an operator with the answering service.

Billing: If you have health insurance coverage, your insurer will be billed routinely for your services. In addition, billing statements will be sent at approximately the fifteenth of each month for all charges incurred during the previous month. They will also record all financial transactions, including insurance payments, from the previous month. Please pay the amount due from you within the next 30 days. A rebilling charge of 1.5% per month may be assessed to overdue accounts.

Insurance Coverage: Please review your health insurance policy for full or partial coverage of outpatient treatment provided by licensed psychologists. Be sure to ask whether I am listed on your company's provider panel if they require use of specific providers. You will need to know your copayment amount and deductible, if any, maximum coverage for outpatient psychotherapy and any requirement for preauthorization of treatment sessions. Some insurance plans do not provide benefits for couples or family sessions. You will be responsible for payment of any services provided that are not covered by your policy. My office can assist you in making inquiries about your coverage and will provide information needed to process your claim. I am a contracted provider for Regence Blue Cross/Blue Shield and Aetna health care plans. However, I cannot guarantee insurance coverage.

Therefore it is important to emphasize that you are responsible for the total amount of your bill (except for special contract provisions with Regence or Aetna) regardless of your insurance company's coverage. Clients whose insurance policies have not begun reimbursement within 60 days of billing may be asked to pay their fees in full on a session to session basis.

Canceled or Missed Appointments: Sessions are arranged by appointment only. Scheduled appointments may be canceled or rescheduled by contacting my office directly. You may leave a telephone message about your cancellation at any time of the day or night. I will call you back to reschedule. There is no charge for appointments canceled more than 24 hours in advance.

Appointments canceled less than 24 hours in advance will be charged the usual hourly fee. Missed appointments (not canceled in advance) also will be charged at the full hourly rate. Charges for late

cancellations and missed appointments are billed directly to clients, not to insurance companies. Insurance companies will not pay for these charges. Insurers consider them a “non-covered service”.

Delinquent Accounts: I reserve the right to submit delinquent accounts to an attorney or to a collection agency. When a delinquent account is referred to an attorney or a collection agency, the fact you have seen a psychologist is revealed necessarily and complete confidentiality cannot be protected.

Confidentiality: I abide by all the laws and ethical principles that govern privilege and confidentiality. The fact that you have come for services as well as all issues discussed during treatment or consultation are confidential. State and/or Federal regulations generally permit the release of information only with the client's written consent with the exception of information released in order to conduct healthcare operations. At your first appointment, you will receive additional written information about the privacy of your health information. In the case of a minor (someone under 18 years old) a parent or legal guardian must provide this written consent. When two or more adults attend couples or family therapy, the signature of the person who has been identified as the primary client is required to release records of joint sessions. You should be aware that when you sign forms consenting to release **all** medical information about you for some purpose, I may be contacted to release your treatment records. There are a few exceptions to the confidentiality standards:

1. I am required to act so as to try to prevent physical harm to yourself or someone else, when there is a clear and imminent danger of that happening.
2. I am required to report cases of ongoing child, elder or disabled person's abuse, unless that information is obtained as a part of your privileged communication during our treatment.
3. I will be required to release attendance and diagnostic information about you in order to receive insurance payment for your treatment. I may be asked to release clinical information about you to your insurance carriers as required for payment or review of your claim.
4. Information necessary to process past due accounts will be given to an attorney or collections agency.
5. I may have to release your records if requested to do so by a court subpoena. I will discuss the details of privileged communication with you beforehand and request your written consent if you and I decide that releasing the information is in your interest.
6. I may use a fax machine or email to send treatment or billing information.
7. On occasion, I consult with colleagues about my work. If I ever discuss your case, I will do so confidentially, without using your name or identifying information.
8. I may reply to you via email if you choose to correspond with me about your treatment (e.g., appointments or other information) using email. Email is not a secure or confidential medium. Please contact me by other means if you require greater privacy.

Consent: I hereby request and consent to treatment. I have been informed of the nature of the treatment, I have received a copy of this Office Policies & Consent to Treatment form, and I understand that I may revoke this consent at any time.

Signature

Date

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