

HEATHER A. BACON, PH.D., LLC

LICENSED CLINICAL PSYCHOLOGIST

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INFORMED CONSENT TO TREAT

Heather A. Bacon, Ph.D. is a clinical psychologist licensed by the Oregon Board of Psychologist Examiners and is a member of the American Psychological Association and Oregon Psychological Association. I provide a broad range of psychological services, including psychological evaluations of adults and children, individual psychotherapy and family therapy, and school consultation for positive behavior support plans. I am available during office hours Monday-Friday 8:00 AM-4:30 PM unless my office is closed for holiday, trainings, or illness.

CONFIDENTIALITY: Information that you share in treatment is confidential. I will not release information you have disclosed in the course of treatment or evaluation, with the following exceptions:

1. Information that you pose a “danger” to yourself or others.
2. In cases of suspected abuse.
3. Information that would assist others treating you for medical emergency.
4. Information about treatment of minor children may in some cases be disclosed to their parents.
5. In some cases I may be compelled by law to disclose information to the courts.
6. Information necessary for your insurance company to process your claim.

In the course of therapy I may request information about you from your referring physician, other professionals or wish to communicate with these persons about your treatments. In an attempt to maintain confidentiality, I ask that you do not obtain or attempt to obtain audio or visual recordings of sessions by means of any device. Please ask me directly if you have questions about particular issues of confidentiality.

TREATMENT OF MINORS: I treat children of divorced or separated parents under the following conditions (unless otherwise ordered by court):

1. The legal custodial parent must sign the Informed Consent prior to the initiation of treatment.
2. I will consult with the non-custodial parent as needed.
3. Non-custodial parents may bring the child to appointments and provide and receive updates of the child’s behavior.
4. Appointments made by the legal custodian for a child during the child’s visitation times with non-custodial parent should be arranged with the non-custodial parent’s informed consent.
 - a. Information that is provided to me by either parent may be documented in the child’s chart. In most cases both parents will have the right to access the child’s chart.

FAMILY COUNSELING: If I am providing services to the family, I will ask that all participants sign my informed consent documents. There are no off the record discussions; anything you tell me may be disclosed to other participants. I request that all participants keep information that is disclosed in sessions confidential. In order to release records, I require a signed authorization from all participants.

COUPLES COUNSELING: If I am providing services to the couple, I will ask that both participants sign my informed consent documents. If I am treating one person and they wish to bring another person into a therapy session I ask that we make arrangements in advance of that session. If it is appropriate to invite that person into the session, I will ask that person to sign a document that explains the ground rules for their participation. In order to release records, I require a signed authorization from both parties.

APPOINTMENTS: Sessions are made by appointment only. Occasionally I may be late or have to cancel an appointment due to emergencies. Please keep our office staff informed as to how you may be reached in case it is necessary to change you appointment. If you would like to receive courtesy appointment reminder calls or text messages sent to your phone please initial: _____

LATE CANCELLATIONS/NO SHOW: Missed or late cancelled appointments without a 24 hour previous business day notice may be billed at the rates listed below. For Monday appointments the notification needs to be given on or before Friday. (*I.E. 2:00 PM appointments on Wednesday needs to be cancelled by 2:00 PM on Tuesday and 2:00 PM appointments on Monday needs to be cancelled by 2:00 PM on Friday*) You will be responsible for paying the fee for late or missed appointments and they will not be billed to your insurance. The fee will be added to your next billing statement.

Fees for missed or late cancel (with exception to legal consultation-See FEES FOR LEGAL PROCEEDINGS):

First – \$50.00

Second – Full fee of \$200 to be paid by the patient.

A decision will be made as to whether I will discontinue treatment or refer to another provider with more flexible scheduling.

TELEPHONE CALLS: Calls can be made during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned as soon as possible. You are welcome to leave a brief and confidential phone message after regular office hours. You will be responsible for any extended clinical related telephone conversations that are not billable through insurance. Charges for such phone calls will be prorated-basis.

EMAIL COMMUNICATION: Due to security and privacy concerns Dr. Bacon does not communicate via email. You may choose to provide updates through email if you are unable to attend therapy with your child, this will be at your discretion. However, please be advised this communication may not be secure. This information may not be viewed immediately and should not be used for emergency purposes.

PSYCHIATRIC EMERGENCIES: For emergencies please go to the nearest hospital emergency room or call 911. You may also contact Umatilla County Crisis (866) – 343-4473.

MEDICATIONS: Dr. Bacon does not prescribe medications. If you are already taking psychotropic medications, Dr. Bacon will usually consult with your physician about you response to the medication and its effect on treatment. If Dr. Bacon determines that such medication may be helpful to you, she will refer you to a prescribing provider.

FEES: are based upon an hour session at a \$200 rate, the intake appointment at \$300.00. Shorter sessions will be charged on a prorated basis. Telephone calls, report preparation, copying, and sending records are additional services that may be charged separately and are not covered by insurance. If you are unable to pay the rate, a sliding fee scale is available for use in negotiating your fee. You are responsible for payment for all fees that are not covered by insurance. ALL RETURNED CHECKS ARE SUBJECT TO A FEE OF \$25.00.

FEES FOR LEGAL PROCEEDINGS: Psychological Assessment, Testimony, Reports, Declarations, Letters and General Consultation (this includes preparation time, office visits, travel, reports, letters, attorney contact, and waiting time) will be charged at a rate of \$245.00 per hour. Requests for testimony or consultation that are canceled without 72 hours prior notice will be charged at the above mentioned hourly rate. You are responsible for payment for all fees as we do not bill these services to your insurance company.

BILLING & INSURANCE POLICY: Many health insurance carriers and their managed care companies now require preauthorization for your first visit. Our office will attempt to obtain this preauthorization with your help before the first visit. Also, most insurances plans do not cover 100% of treatment costs. Under a traditional fee-for-service plan you will be responsible for any deductible amount and the percentage of each visit not covered by your plan. Under other insurance plans you are responsible for a co-payment. The exact amount of your payment depends upon your insurance plan. Our staff will assist you in determining what your estimated financial obligations are. I ask that you bring your portion of payment to each session.

If you do not have insurance coverage or are unable to pay your portion of the cost at each appointment, you may be able to receive an alternative fee arrangement. Payment plan information and Sliding Fee Schedule applications are available at the front desk.

You will receive a monthly statement informing you of charges accrued for the month, and a cumulative balance on your account. In cases where an acceptable payment plan is not being followed, I may turn the account over to a collection agency. Please contact my staff if you have questions about your account.

WHAT TO EXPECT FROM TREATMENT: While many people benefit from therapy, I cannot guarantee specific results. There is a risk that you may experience strong emotions during the course of treatment and of course, there is always the risk that the therapy will not provide the results you desire. Much of your progress will depend on your efforts. Treatment is not limited to time you spend in the office, and may include “homework assignments” to work on between sessions. There may also be times when you wish to have a second opinion about your treatment from another professional, or when I feel the need for a consultation with another professional about your case. I ask that you discuss outside consultations with me first. In the event that you wish to terminate treatment and seek services elsewhere, I can provide you names of other professionals.

NONDISCRIMINATION POLICY: It is my policy to provide treatment at all individuals seeking services, regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, disability, level of education, political affiliation, source of income, ability to pay, or place of residence or business. A more detailed copy of this policy is available upon request.

GRIEVANCES: about treatment or office procedures should be brought to my attention immediately. Unresolved grievances may be taken to the Oregon Board of Psychologist Examiners, (503) 378-4154.

CONSENT TO TREAT

I have read the above Informed Consent and agree to treatment/evaluation under the conditions described above. I acknowledge that I am financially responsible for all agreed upon charges whether or not they are covered by insurance.

Please ask any questions you may have before signing this agreement.

Signature _____ Date: _____