

Natalie Kollross, Psy. D. Licensed Clinical Psychologist, LLC

Psychological Services of Pendleton, LLC

135 SE First Street

Pendleton, Oregon 97801

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OFFICE POLICIES

Natalie Kollross, PsyD is a clinical psychologist licensed by the Oregon Board of Psychologist Examiners. She earned her doctoral degree from Pacific University and completed a residency at OHSU and at Psychological Services of Pendleton. She is a member of the Oregon Psychological Association.

CONFIDENTIALITY: Information that you share in treatment is held in the strictest confidence possible under law. Dr. Kollross will not release information you have disclosed to her in the course of treatment or evaluation, with the following exceptions:

1. Information that you pose a “clear and imminent danger” to yourself or others.
2. Information that would assist others treating you for a medical emergency.
3. Information about treatment of minor children may in some cases be disclosed to their parents and step parents.
4. If you have been referred for a psychological evaluation, Dr. Kollross will ask that you sign an authorization releasing the results to the referring agency.
5. In some cases Dr. Kollross 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 Dr. Kollross may request information about you from your referring physician, other professionals or wish to communicate with these persons about your treatments. In such cases, you will be asked to sign an authorization granting permission for such communication. Dr. Kollross and office staff utilize a secure, electronic health record and billing program called Therapy Appointment. Please ask Dr. Kollross directly if you have questions about particular issues of confidentiality.

Dr. Natalie Kollross does not discriminate in the provision of services to any individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children’s Health Insurance Program or (ii) based upon the individual’s race, color, gender, sexual orientation, national origin, disability or religion.

TREATMENT OF MINORS Dr. Kollross treats children of divorced or separated parents under the following conditions (unless otherwise ordered by the court): 1) The legal custodial parent must sign the consent to treat form prior to the initiation of treatment, 2) Dr. Kollross will consult with the non-custodial parent and step parents as needed 3) Non-custodial parents and step 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.

OFFICE HOURS at Psychological Services of Pendleton, LLC are from 8 AM to 6 PM Monday through Friday. For schedule information please call the office.

COMMUNICATION Telephone calls may be made to Dr. Kollross during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at Dr. Kollross’ earliest convenience. You are welcome to leave a brief and confidential phone message for Dr. Kollross 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 based on Dr. Kollross’ current rate. Email is not a secure form of communication as Dr. Kollross does not have a secure email. Communication via phone, faxes, and in person is best. There is an office email, which will be forwarded to Dr. Kollross.

PSYCHIATRIC EMERGENCIES should be reported to our office immediately. If our office cannot be reached, please go to the nearest hospital emergency room. In certain cases, Dr. Kollross may offer you another emergency contact number. Please note that Dr. Kollross is not available outside of business hours for emergencies and phone calls and emails will not be responded to outside these hours.

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

FEES AND INSURANCE POLICY: Fees are based upon the length of the session and vary depending on insurance or private pay agreements and are subject to change. Telephone calls, report preparation, copying, and sending records are additional services that will

be charged separately. If you are unable to pay the current rate, a sliding scale is available for patients whose household income is under 200 percent of federal poverty guidelines. **ALL RETURNED CHECKS ARE SUBJECT TO A FEE OF \$25.00.**

The exact amount of your payment depends upon your insurance plan. Our staff will assist you in determining what your estimated financial obligation is. Dr. Kollross asks that you bring your portion of payment to each session. In cases where an acceptable payment plan is not being followed, Dr. Kollross may turn the account over to a collection agency. If you have questions about your account, please contact our staff at Psychological Services of Pendleton, LLC.

LEGAL FEES Psychological Assessment, Testimony, Reports, Declarations, Letters and General Consultation (this includes preparation time, office visits, travel, reports, letters, and waiting time) will be charged at time and a half her usual fee per hour. If Dr. Kollross is required to block out her schedule, thus preventing her from seeing other patients, in order to attend court, she will bill for this time even in the case of trial cancellations.

LATE CANCELATIONS: Dr. Kollross reserves the right to charge you a fee for missed or late canceled appointments without at **least 24 hours notice** prior to the appointment. You will be responsible for paying the fee for late or missed appointments. The fee will be added to your billing statement and will need to be paid before your next scheduled session. Sessions are made by appointment only. Occasionally Dr. Kollross 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 your appointment.

Fees for missed or late cancel:

First Grace

Second \$50.00 fee to be paid by the patient. A decision will be made by Dr. Kollross as to whether she will discontinue patient's treatment or refer to another provider.

Third \$100.00 fee to be paid by the patient

Fourth Dr. Kollross will charge to full \$175.00 fee and a decision will be made by Dr. Kollross as to whether she will discontinue patient's treatment or refer to another provider.

After 180 days without contact, your case will be closed.

TREATMENT can have benefits and risks. You may experience uncomfortable feelings in therapy since it involves discussing difficult issues. Therapy has been shown in research to be a beneficial treatment for many different psychological issues. Treatment progress will be monitored and documented in writing by Dr. Kollross. Although her services are dedicated to your improvement, Dr. Kollross cannot guarantee to "cure" your condition or situation. 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 a second opinion about your treatment from another professional, or when Dr. Kollross wishes a consultation with another professional about your case. Such outside consultations should be discussed with Dr. Kollross first. In the event that you wish to terminate treatment and seek services elsewhere, Dr. Kollross can provide you names of other professionals.

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

CONSENT TO TREAT

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

I have read the above Office Policy and agree to treatment/evaluation under the conditions described above. I acknowledge that I am financially responsible for all charges.

Patient Signature _____

Date: _____

Representative Signature: _____

Date: _____

Description of Representative: _____