

**TERREL L. TEMPLEMAN, Ph.D.**  
**Psychological Services of Pendleton, LLC**  
**135 SE First**  
**Pendleton, Oregon 97801**  
**Telephone: (541) 278-2222 FAX: (541) 276-8405**

### **OFFICE POLICIES**

TERREL L. TEMPLEMAN, 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. He completed his doctorate in clinical psychology at the University of Montana in 1979. Dr. Templeman provides a broad range of psychological services, including psychological evaluations of adults and children, individual psychotherapy and family therapy, clinical supervision and consultation.

Dr. Templeman shares office space, reception, and billing services with other mental health professionals at the offices of Psychological Services of Pendleton, LLC.

**CONFIDENTIALITY:** Information that you share in treatment is held in the strictest confidence possible under law. Dr. Templeman does not use audio or visual recordings of sessions. As his client, I agree not to record sessions with him. Dr. Templeman will not release information you have disclosed to him 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 necessary for your insurance company to process your claim.
4. Information about treatment of minor children may in some cases be disclosed to their parents.
5. If you have been referred for a psychological evaluation, Dr. Templeman will ask that you sign an authorization releasing the results to the referring agency.

In the course of therapy Dr. Templeman may request information about you from your referring physician or 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. Templeman and office staff utilize a secure, electronic health record and billing program. Please ask Dr. Templeman directly if you have questions about particular issues of confidentiality.

**OFFICE HOURS** at Psychological Services of Pendleton, LLC are from 8 AM to 6 PM Monday through Thursday and 8 AM to 5 PM on Friday. The office is closed during the noon hour.

**APPOINTMENTS:** Sessions are made by appointment only. Occasionally Dr. Templeman 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.

**TELEPHONE CALLS** may be made to Dr. Templeman during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at Dr. Templeman’s earliest convenience. After hour messages, may be left on the office answering machine.

**EMAILS:** Email is not a secure form of communication as Dr. Templeman does not have a secure email. Communication via phone, fax and in person is best. There is an office email, which will be forwarded to Dr. Templeman.

**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. Templeman may offer you another emergency contact number.

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

ALL RETURNED CHECKS ARE SUBJECT TO A FEE OF \$25.00

FEES are based upon a 50-minute hour. Longer or shorter sessions will be charged on a prorated basis. Telephone calls, report preparation time, copying and sending records are additional services that will be charged separately.

**BILLING AND INSURANCE POLICY:** Our receptionist will request information from you about your insurance coverage when you first call for an appointment. 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 with Dr. Templeman. Also, most insurance plans do not cover 100% of treatment costs. Under a traditional fee-for-service plan you will be responsible for any deductible amount (e.g., the first \$200 per calendar year) and the percentage of each visit not covered by your plan (e.g., 20%). Under an HMO plan you are responsible for a copayment (e.g., \$15 per session). The exact amount of your payment depends upon your insurance plan. Our staff will assist you in determining what your financial obligation is, and Dr. Templeman asks that you bring your portion of payment to each session. If you do not have insurance coverage or are not able to pay your portion of the cost at each appointment, you may negotiate an alternative fee arrangement directly with Dr. Templeman.

You will receive a monthly statement from Dr. Templeman informing you of charges accrued for the month, payments from insurance companies and a cumulative balance on your account. Dr. Templeman does not charge interest on patient accounts, however, it is important to avoid large unpaid balances on your account. In cases where an acceptable payment plan is not being followed, Dr. Templeman 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.

Dr. Templeman 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 appointment and these appointments will not be billed to your insurance. The fee will be added to your billing statement and will need to be paid before your next scheduled session.

Fees for missed or late cancel:

First Grace

Second \$25

Third \$50

Fourth Full fee plus a decision made by Dr. Templeman as to whether he will discontinue a patient's treatment and 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 by Dr. Templeman, documented in writing and discussed with you regularly. Although his services are dedicated to your improvement, Dr. Templeman 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, but may include "homework assignments" to work on between sessions. Treatment may also involve formal assessments such as cognitive tests, questionnaires, or personality inventories. Dr. Templeman will review your results with you but will not release specific test questions which would compromise the integrity of the test or violate copyright laws. There may also be times when you wish a second opinion about your treatment from another professional, or when Dr. Templeman wishes a consultation with another professional about your case. Such outside consultations should be discussed with Dr. Templeman first. In the event that you wish to terminate treatment and seek services elsewhere, Dr. Templeman can provide you names of other professionals.

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

#### CONSENT TO TREAT

I have read the Office Policy Statement and agree to treatment under the conditions described above.

**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Representative Authority: \_\_\_\_\_

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