

CONNIE UMPHRED, R.N. (WA), Ph.D.
Psychological Services of Pendleton, LLC
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OFFICE POLICIES

CONNIE UMPHRED, R.N. (WA), Ph.D. is a clinical psychologist licensed by the Oregon Board of Psychologist Examiners and she is a member of the American Psychological Association and a board member of the **Oregon Psychological Association**. She completed her masters and doctorate in clinical psychology at the The Wright Institute, Berkeley, CA and her B.S.N. in Nursing/Public Health at California State University, Rohnert Park, CA. Dr. Umphred provides a broad range of psychological services, including psychological and diagnostic evaluations of adults and children, individual psychotherapy, family therapy, clinical supervision and consultation. She is also a certified forensic examiner for the state of Oregon.

Dr. Umphred 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 Umphred does not use audio or visual recordings of sessions without signed permission. As her client, I agree not to record sessions with her. Dr. Umphred 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 a child or vulnerable adult is or could be immediately harmed.
3. Information that would assist others treating you for a medical or psychiatric emergency.
4. Information necessary for your insurance company to process your claim.
5. Information about treatment of minor children may in some cases be disclosed to their parents.
6. If you have been referred for a psychological evaluation, Dr. Umphred will ask that you sign an authorization releasing the results to the referring agency or entity.

In the course of therapy Dr. Umphred 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. Please ask Dr. Umphred directly if you have questions about particular issues of confidentiality.

By signing this consent to treat form, you are authorizing Dr. Umphred to speak with your Primary Care Provider.

TREATMENT PROGRESS will be monitored by Dr. Umphred, documented in writing and discussed with you regularly. Although her services are dedicated to your improvement, Dr. Umphred cannot guarantee to “cure” the 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” and/or recommendations to work on between sessions. There may also be times when you wish a second opinion about your treatment from another professional. Such outside consultations should be discussed with Dr. Umphred first. In the event that you wish to terminate treatment and seek services elsewhere, Dr. Umphred can provide you names of other professionals.

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. Dr. Umphred reserves the right to charge for missed appointments or those canceled less than 24 hours in advance. Occasionally Dr. Umphred 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. Umphred during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at Dr. Umphred's earliest convenience. **After hour messages, may be left on the office answering machine.**

PSYCHIATRIC EMERGENCIES should be reported to our office immediately. If our office cannot be reached, please go to the nearest hospital emergency room or call 911. In certain cases, Dr. Umphred may offer you another emergency contact number.

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

FINANCIAL POLICY REGARDING PAYMENT AND INSURANCE: The following is a statement of Dr. Umphred's Financial Policy. You are required to read and sign this policy prior to any treatment or assessment services. **Please ask any questions you may have before signing this agreement.**

FULL PAYMENT OR CO-PAYMENT FOR YOUR FIRST APPOINTMENT IS DUE AT THE TIME OF SERVICE. IF YOU HAVE NO INSURANCE, FULL PAYMENT IS DUE AT THE TIME OF EACH APPOINTMENT. DR. UMPHRED ACCEPTS CASH, CREDIT CARDS OR CHECKS.

FEES are based upon a 50-minute session. **Some insurers do not allow for more than a 45 minute sessions. If this is the case with your insurer, please understand that your session will be only 45 minutes. If you desire a longer session, we would need to have your insurance company preapprove the extended visit.**

Telephone calls, report preparation time, copying and sending records are additional services that will be charged separately and may not be covered by your insurance.

ALL ACCOUNTS OVER 90 DAYS ARE CHARGED INTEREST AT THE LEGAL RATE PER MONTH ON THE UNPAID BALANCE WITH A MINIMUM CHARGE OF 50 CENTS REGARDLESS OF WHETHER INSURANCE IS PENDING OR NOT.

MISSED APPOINTMENTS: Unless canceled 24 hours in advance, **Dr. Umphred's policy is to charge for missed appointments at the rate of a normal office visit.** Emergency cancellations (less than 24 hours) are handled on an individual basis. Insurance plans do not cover missed appointments and you will be responsible for full payment prior to or at the time of your next appointment or within two weeks, whichever occurs first.

LEGAL ISSUES: Psychological or Forensic Assessment, Testimony, Reports, Declarations, Letters and General Consultation (this includes preparation time, office visits and consultation, travel, reports, letters, waiting time and testimony) will be charged at \$425/hour. **There is a fee of \$185 per hour for Attorney contact (phone, letter or face to face) other than court related issues.**

If these services are scheduled then cancelled or delayed within 24 hours, the hours blocked out for the service will be charged at Dr. Umphred's legal rate.

Initial appointments must be set up by an attorney and a deposit is to be made at the time of the initial appointment. (Terms to be discussed and agreed upon prior to the first appointment). **Understand that insurance companies do not pay for legal or forensic charges.**

MINOR PATIENTS: We cannot bill third parties except for insurance companies unless by special

arrangement. This includes situations of billing a natural parent that does not reside with the patient if the patient is a minor. All co-payments for office visits of a minor are due from the responsible party at the time of service. Note that it is not Dr. Umphred's responsibility to negotiate between parties.

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. Umphred. 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%) or the full balance not paid by your insurance because Dr. Umphred does not have a contract with your insurance company. Under a copay 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. Umphred 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. Umphred.

You will receive a monthly statement from Dr. Umphred informing you of charges accrued for the month, payments from insurance companies and a cumulative balance on your account. Please note that some statements will reflect accrued fees, but not what the insurance will likely pay. Your bill may appear larger than what you will owe, depending on your insurance and how quickly they pay. Dr. Umphred does not charge interest on accounts that are kept up to date; however, it is important to avoid large unpaid balances on your account. Interest may be charged on delinquent accounts. In cases where an acceptable payment plan is not being followed, Dr. Umphred 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.

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

CONSENT TO TREAT

I have read and understood the above Office and Financial Policy Statement and agree to treatment under the conditions described above. I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize release of any information, including that related to psychiatric, drug and alcohol, or HIV related issues, necessary to secure payment of benefits from insurance company or other payor and for case review and quality improvement procedures.

Patient Signature: _____ Date _____

Representative Signature: _____ Date: _____

Representative Authority: _____

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