

Bend Psychological Services - Office Policies

Michael G Conner, PsyD - 965 NE Wiest Way, No.2, Bend Oregon 97701 - 541-388-5660

www.BendPsychology.com

Your Name (Print): _____

Please read these office policies carefully. Please ask us if you have any questions.

Insurance. Your insurance coverage is a contract between you and your carrier. Any portion not covered by insurance is your responsibility. As a courtesy we will bill your insurance company monthly and we will follow up with them to assist in getting reimbursement for services. However, **you are responsible to check with your insurance company regarding your coverage, optimally before you begin treatment** and to track this coverage as treatment progresses. Some things to keep in mind are: Are Dr. Conner's services paid under this plan? Is a preauthorization or referral needed for services? What is your annual deductible? What is the percent of coverage? What is the maximum benefit for outpatient mental health coverage? Remember: You are responsible for the entire bill whether the insurance pays or not. Your portion is due at time of service unless arrangements have been made in advance with our office.

Billing. Should there be the need to carry a portion of your balance, we bill monthly at the end of our billing cycle which ends the 25th of the month. If, for any reason, you have a personal balance on your account, you are expected to make payment no later than the last day of the next billing cycle. If payment arrangements are not made, a \$10.00 rebilling charge will be assessed for that month. Ultimately, if you do not pay as agreed, your account may be turned over to a collection agency for collection and you will be held responsible for any legal or collection costs incurred. You may contact my **office manager at 541 678-4879** to discuss any billing questions, concerns or problems.

Responsible Party. We will send the monthly billing statement to one household or one responsible party only. If two or more people from different households share financial responsibility for a client's medical expenses, we will bill only one of them, the one who signed the intake forms accepting financial responsibility. If someone other than that person wishes to be the responsible party, he or she can fill out and sign intake forms, after which responsibility for the account can be transferred.

Confidentiality and the Release of Information. Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. The only potential exceptions are: 1) Cases of suspected abuse or neglect of a child, 2) Cases where I believe the client presents a clear and imminent danger to him/herself or to another person, 3) Cases where a properly executed court subpoenas require me to testify or provide my records, 4) Cases where an insurance company is helping to pay the fee and requires information about diagnosis and/or reports about treatment. Also, email and texting are not considered secure and may not be confidential. Emails and your texts can be accessed by others, your internet provider or phone company.

HIPAA Notice of Policies and Practices. We are required by Federal law (Health Insurance Portability and Accountability Act, known as HIPAA) and by Oregon State Law to protect the privacy of your personal information and to give you a notice that describes (1) how clinical information about you may be used and disclosed and (2) how you can get access to this information. Please ask for a copy of the *HIPAA Notice of Policies and Practices* should you wish to have a complete copy for your records.

Your signature below signifies that you have read, understand and agree to abide by each of these policies and that you have received a copy of the policies for yourself. Your signature also serves as an acknowledgment that you have received or do not wish to receive the *HIPAA Notice*.

Appointments. Psychotherapy and counseling appointments are generally 55, 85 & 110 minutes long. Your appointment time is held exclusively for you. Please arrive on time as you use your own time when you are late. If you are going to be unable to keep an appointment, you are asked to provide at least 24 hours notice or you will be charged for that time. Please note that insurance companies will not cover this charge and you will have to pay the entire amount out of pocket. [You will not be charged if you cannot attend because of a medical, health or family crisis.]

Office Hours and Emergencies For Patients My office hours are between 8am and 5pm. To reach me during those hours, call me at 541 388-5660, and I will call you back as soon as I am able. If you call outside office hours, leave a message and your call will be returned that day or as soon as possible. If you need immediate support before I call, please go to the emergency room of your nearest hospital or call 911. When I am out of town, my current patients can leave a message on my cell phone and try to reach me on my cell phone. Additional emergency information as well as detailed copies of my policies that we discussed are available at www.BendPsychology.com

Signature: _____ **Date:** _____