Office Policies

I am looking forward to our first appointment. I view psychotherapy as a combination of the effort of the client and the therapist. During our first meeting we will specifically address the goals you have in mind. Giving considerations to these concerns, a treatment plan will be developed.

In order that we may use the time during our sessions most effectively I have outlined below certain policies and procedures. Of course, should you have any questions regarding any of these policies we can address them during any of our appointment times.

Appointments: Sometimes emergencies come up. If I need to cancel or change an appointment time, I will give you 24 hours notice. Similarly, I expect you to provide 24 hours notice in the event you must cancel the appointment. If for any reason you cannot cancel 24 hours in advance, you will be responsible for the full cost of the session (insurance companies do not pay for missed sessions or late cancellations).

Fees: It is customary that payment be made at the beginning of each appointment. If you require special arrangements, please discuss them with me. My fees for services are $225 for the initial session and $150 for each 45 to 50 minute session thereafter. Should phone consultations be necessary the charge will be prorated to 15 minute intervals. The same rate applies to report and summary writing. (Balances remaining unpaid beyond 60 days incur a 1.5% late charge each month (18% annual Percentage rate.)

Psychotherapy constitutes an investment of both time and money. We make every effort to balance both your need for appointments and your ability to make payment. Please plan to pay to each session at the time of your appointment. Should unusual circumstances develop, please don't hesitate to address those needs.

Length of Session: Each therapy hour will be forty-five to fifty minutes long. This allows a few minutes for me to maintain records and return phone calls between sessions.

Insurance: Insurance is designed to reimburse you for costs that your policy covers. Completing the necessary paperwork prior to our first session will help expedite reimbursement and limit the possibility that your insurer may refuse payment for previous sessions. <u>You are responsible for any amounts not paid by your insurance carrier</u>. You assume responsibility for billing any secondary insurance companies. Our office reserves the right to bill you after 60 days for amounts unpaid by your insurer. By signing below you authorize release of information required by your insurance company for billing. You also authorize your insurance company to pay amounts owed directly to the psychologist

We are NOT contracted with Medicare. This restricts our office **and you** from submitting <u>any</u> claims to Medicare. Medigap plans do not, and supplemental insurance plans may choose not to cover services. Responsibility for services will be yours. You always retain the right to obtain a Medicare provider at any time and by signing below you acknowledge these terms. You indicate that you understand your options and freely elect to obtain services under these terms by initialing here._____

Regarding clients who are under 18 years of age: If you have been granted custody to authorize treatment by a court or other agency, please bring your authorization to the first session.

Emergency Information: In case of a mental health emergency, please attempt to reach me at 471-8840. If you are unable to reach me, contact Josephine County Mental Health Services,

which has a 24-hour crisis intervention service (474-5365), the emergency room of your local hospital, which will have a psychiatrist on call, or your personal physician.

Answering Service: In order to provide accurate messages, I use an electronic message service. When you call you may leave your name and number and brief comments regarding our need to talk. I will return your call within twelve hours. If you do not receive a timely call back, please feel free to call again.

Confidentiality: All communication in therapy is confidential. If you sign a release of information form you authorize me to speak to the person whose name is listed on the form. If one or more of your sessions include another adult, both that person and yourself must sign a release of information form before records that reflect upon that person will be released to any party. Exceptions to this occur in the case of child abuse, incest, elder parent abuse, expressed intent to harm yourself or another person. In these instances the law requires me to contact others. If you are a minor, we must keep your parents or guardians informed of your progress if they ask. In cases of child custody disputes, civil liability, or alleged criminal acts, specific, limited circumstances could arise in which I am court-ordered to release treatment information (such as if mental illness is being used as a defense in a criminal case). Please consult your attorney if a court-ordered mandate might be of concern. Our desire is to provide general information and not the details of our conversations. This issue will be discussed during your first session.

On occasion Dr. Safko may consult other professional therapists. When consulting with another professional Dr. Safko exercises caution so that identifying information will not be communicated. If you have reservations about such consultations please strike through this paragraph.

Notice of Privacy Practices: Signing below indicates that you have read and understand the notice of privacy practices. We reserve the right to change our privacy practices for clinical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date. You are entitled to a copy of the privacy practices notice currently in effect.

Please sign and return this form.

Michael Safko, Psy.D.

Signature: _____

Date signed: _____

Signature of Parent or Guardian for minor clients:

_____

Date signed: _____