

# **Stephanie C. Evans, Psy.D Clinical Psychologist Resident**

**Constance Umphred, R.N. (WA), Ph.D., Supervisor**  
**Psychological Services of Pendleton, LLC**

**135 SE First Street**  
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## **OFFICE POLICIES**

Stephanie C. Evans, Psy.D Clinical Psychologist Resident holds a Psy.D in Clinical Psychology from the Washington School of Professional Psychology, Argosy University. Her primary residency supervisor is Dr. Connie Umphred, R. N. (WA) Ph.D., and her associate supervisor is Dr. Terrel L. Templeman, Ph.D. Both Dr. Templeman and Dr. Umphred are licensed by the Oregon Boards of Psychologist Examiners.

**CONFIDENTIALITY:** Information that you share in treatment is held in the strictest confidence possible under law. Dr. Evans 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. Evans will ask that you sign an authorization releasing the results to the referring agency.
5. In some cases Dr. Evans 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. Evans 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. Please ask Dr. Evans or Dr. Umphred directly if you have questions about particular issues of confidentiality.

**TREATMENT OF MINORS** Dr. Evans 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. Evans 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.

**APPOINTMENTS:** Sessions are made by appointment only. Dr. Evans reserves the right to charge for no show appointments or those canceled less than 24 hours in advance (see “Late Cancellations” below). Occasionally Dr. Evans 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. Evans during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at Dr. Evans’s earliest convenience. You are welcome to leave a brief and confidential phone message for Dr. Evans 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. Evans’s current rate.

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

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

**FEES** Dr. Evans charges \$100 dollars an hour and fees are based upon a 50 minute hour. Longer or shorter sessions will be charged on a prorated basis. Telephone calls, report preparation, copying, and sending records are additional services that will be charged separately. **All fees are payable at the time of service unless a payment plan has been arranged in advance.**

Services for Dr. Evans are not eligible for insurance reimbursement. If you are unable to pay the current rate, a sliding scale is available for use in negotiating your fee agreement with Dr. Evans.

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

**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 \$200/hour. If Dr. Evans 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.

You will receive a monthly statement from Dr. Evans informing you of charges accrued for the month, and a cumulative balance on your account. In cases where an acceptable payment plan is not being followed, Dr. Evans 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.

**LATE CANCELATIONS:** Dr. Evans 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.

Fees for missed or late cancel:

First Grace

Second Full fee (\$100/hour) to be paid by the patient. A decision will be made by Dr. Evans as to whether she will discontinue patient's treatment or refer to another provider.

**TREATMENT PROGRESS** will be monitored and documented in writing by Dr. Evans. Although her services are dedicated to your improvement, Dr. Evans 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. Evans wishes a consultation with another professional about your case. Such outside consultations should be discussed with Dr. Evans first. In the event that you wish to terminate treatment and seek services elsewhere, Dr. Evans can provide you names of other professionals.

**GRIEVANCES** about treatment or office procedures should be brought to the attention of Dr. Evans or Dr. Umphred 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

10/2015 Acknowledgment and Consent