

Levonne Kountz, MSW, LCSW  
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### OFFICE POLICIES

Levonne Kountz is a Licensed Clinical Social Worker, specializing in adolescence. She received her MSW at Walla Walla University in 2006. Levonne offers individual and family outpatient mental health services to children, adolescences, and adults.

**CONFIDENTIALITY:** Information that you share in treatment is held in the strictest confidence possible under law. Levonne Kountz 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, Levonne Kountz will ask that you sign an authorization releasing the results to the referring agency.
5. In some cases Levonne Kountz 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 your provider 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. The provider and office staff utilize a secure, electronic health record and billing program called Therapy Appointment. Please ask the provider directly if you have questions about particular issues of confidentiality.

Levonne Kountz, LCSW does not discriminate in the provision of services to any individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children’s Health Insurance Program or (ii) based upon the individual’s race, color, gender, sexual orientation, national origin, disability or religion.

**TREATMENT OF MINORS** Levonne Kountz 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) the provider 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 Thursday and 8 AM to 5pm on Fridays. For schedule information please call the office.

**COMMUNICATION** Telephone calls may be made to your provider during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at their earliest convenience. You are welcome to leave a brief and confidential phone message for Levonne 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 the provider’s current rate. Email is not a secure form of communication as Levonne does not have a secure email. Communication via phone, faxes, and in person is best. There is an office email, which will be forwarded to the provider.

**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, the provider may offer you another emergency contact number. Please note that Levonne Kountz is not available outside of business hours for emergencies and phone calls and emails will not be responded to outside these hours.

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

**FEES AND INSURANCE POLICY:** Fees are based upon the length of the session and vary depending on insurance or private pay agreements and are subject to change. Telephone calls, report preparation, copying, and sending records are additional services that will be charged separately. If you are unable to pay the current rate, a sliding scale is available for patients whose household income is under 200 percent of federal poverty guidelines.

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

The exact amount of your payment depends upon your insurance plan. Our staff will assist you in determining what your estimated financial obligation is. The provider asks that you bring your portion of payment to each session. In cases where an acceptable payment plan is not being followed, the provider 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.

**LEGAL FEES** Testimony, Reports, Declarations, Letters and General Consultation (this includes preparation time, office visits, travel, reports, letters, and waiting time) will be charged at time and a half her usual fee per hour. If the provider is required to block out their schedule, thus preventing them from seeing other patients, in order to attend court, they will bill for this time even in the case of trial cancellations.

**LATE CANCELATIONS:** Levonne Kountz 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. Sessions are made by appointment only. Occasionally the provider 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.

Fees for missed or late cancel:

- First Grace
- Second \$50.00 fee to be paid by the patient
- Third \$100.00 fee to be paid by the patient
- Fourth Levonne Kountz will charge to full \$180.00 fee and a decision will be made by the provider as to whether they will discontinue patient’s treatment or 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 and documented in writing by Levonne Kountz. Although their services are dedicated to your improvement, Levonne 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 the provider wishes a consultation with another professional about your case. Such outside consultations should be discussed with Levonne first. In the event that you wish to terminate treatment and seek services elsewhere, the provider can provide you names of other professionals.

**GRIEVANCES** about treatment or office procedures should be brought to the attention of Levonne Kountz immediately. Unresolved grievances may be taken to the Oregon State Board of Social Work, 503-378-5735.

**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.

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

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

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

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

Description of Representative: \_\_\_\_\_