

HEATHER A. BACON, PH.D.
LICENSED CLINICAL PSYCHOLOGIST
Psychological Services of Pendleton, LLC

**Pendleton: 135 SE First Street
Pendleton, Oregon 97801**

**Hermiston: 1050 W Elm Ave, Suite 250
Hermiston, Oregon 97838**

Telephone: (541) 278-2222 / FAX: (541) 276-8405

OFFICE POLICIES

Heather A. Bacon, Ph.D. is a clinical psychologist licensed by the Oregon Board of Psychologist Examiners and is a member of the American Psychological Association and Oregon Psychological Association. She completed her doctorate in clinical psychology at Walden University in 2011. Dr. Bacon provides a broad range of psychological services, including psychological evaluations of adults and children, individual psychotherapy and family therapy, and school consultation for positive behavior support plans.

CONFIDENTIALITY: Information that you share in treatment is held in the strictest confidence possible under law. In an attempt to maintain confidentiality, Dr. Bacon asks that you do not obtain or attempt to obtain audio or visual recordings of sessions by means of any device.

Dr. Bacon 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. Bacon will ask that you sign an authorization releasing the results to the referring agency.
5. In some cases Dr. Bacon 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. Bacon 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. Bacon directly if you have questions about particular issues of confidentiality.

CUSTODIAL RIGHTS IN TREATMENT OF CHILDREN/ADOLESCENTS: Non-custodial parents may be consulted during custodial and non-custodial times if Dr. Bacon feels it is in the best interest of the child. This may include step parents who act as agents of the custodial or non-custodial parent or are care providers for the child during custodial times. Appointments made by the legal custodian for a child during the child’s visitation with a 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 5 PM on Friday. Dr. Bacon will divide her time between the Pendleton and Hermiston office locations. For schedule information please call the office.

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

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

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. If you are unable to pay the current rate, a sliding scale is available for use in negotiating your fee agreement with Dr. Bacon. **ALL RETURNED CHECKS ARE SUBJECT TO A FEE OF \$25.00**

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. Bacon. 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%). Under other insurance plans you are responsible for a copayment (e.g., \$25 per session). The exact amount of your payment depends upon your insurance plan. Our staff will assist you in determining what your estimated financial obligation is. Dr. Bacon asks that you bring your portion of payment to each session.

If you do not have insurance coverage or are unable to pay your portion of the cost at each appointment, you may negotiate an alternative fee arrangement directly with Dr. Bacon.

You will receive a monthly statement from Dr. Bacon 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. Bacon 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 CONCELATIONS: Dr. Bacon 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 and these appointments will not be billed to your insurance. 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	\$50
Third	\$75
Fourth	Full fee plus a decision made by Dr. Bacon as to whether she will discontinue patient’s treatment and refer to another provider.

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

GRIEVANCES about treatment or office procedures should be brought to the attention of Dr. Bacon 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 whether or not they are covered by insurance.

Signature_____Date_____