

## **Chris Raines, Psychologist Resident**

**Psychological Services of Pendleton, LLC**

**135 SE First**

**Pendleton, Oregon 97801**

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

### **OFFICE POLICIES**

Chris Raines is a psychologist resident practicing under the supervision of Dr. Natalie Kollross and Dr. Terrel Templeman. Chris Raines received his Ph D from the University of Wisconsin-Madison in 2019. Both Dr. Kollross and Dr. Templeman are licensed by the Oregon Board of Psychologist Examiners.

**CONFIDENTIALITY:** Information that you share in treatment is held in the strictest confidence possible under law. Chris Raines does not use audio or visual recordings of sessions. As his client, I agree not to record sessions with him. Chris Raines will not release information you have disclosed to him 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 necessary for your insurance company to process your claim.
4. Information about treatment of minor children may in some cases be disclosed to their parents.
5. If you have been referred for a psychological evaluation, Chris Raines will ask that you sign an authorization releasing the results to the referring agency.

In the course of therapy Chris Raines may request information about you from your referring physician or 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. Chris Raines and office staff utilize a secure, electronic health record and billing program. Please ask Chris Raines directly if you have questions about particular issues of confidentiality.

**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. The office is closed during the noon hour.

**APPOINTMENTS:** Sessions are made by appointment only. Occasionally Chris Raines 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 Chris Raines during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at Chris Raines' earliest convenience. After hour messages, may be left on the office answering machine.

**EMAILS:** Email is not a secure form of communication as Chris Raines does not have an encrypted email. Communication via phone, fax and in person is best.

**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, Chris Raines may offer you another emergency contact number.

**MEDICATIONS:** Chris Raines does not prescribe medications. If you are already taking psychotropic medications, Chris Raines will usually consult with your physician about your response to the medication and its effect on treatment. If Chris Raines determines that such medication may be helpful to you, he 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 time, copying and sending records are additional services that will be charged separately.

**BILLING AND INSURANCE POLICY** Insurance companies do not allow resident psychologists to bill for services, because of this Chris Raines offers a cash pay, at time of visit, discount. Chris Raines has a set fee schedule; however our office staff can assist you in calculating a reasonable price point.

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

Chris Raines reserves the right to charge you a fee for missed or late canceled appointments without at least **24 hours notices** prior to the appointment. You will be responsible for paying the fee for late or missed appointment 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     \$50.00

Third       \$100.00

Fourth      Full fee plus a decision made by Chris Raines as to whether he will discontinue a patient's treatment and 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 by Chris Raines, documented in writing and discussed with you regularly. Although his services are dedicated to your improvement, Chris Raines 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, but may include "homework assignments" to work on between sessions. Treatment may also involve formal assessments such as cognitive tests, questionnaires, or personality inventories. Chris Raines will review your results with you but will not release specific test questions which would compromise the integrity of the test or violate copyright laws. There may also be times when you wish a second opinion about your treatment from another professional, or when Chris Raines wishes a consultation with another professional about your case. Such outside consultations should be discussed with Chris Raines first. In the event that you wish to terminate treatment and seek services elsewhere, Chris Raines can provide you names of other professionals.

**GRIEVANCES** about treatment or office procedures should be brought to the attention of Chris Raines immediately. Unresolved grievances may be taken to the Oregon Board of Psychologist Examiners, (503) 378-4154.

#### **CONSENT TO TREAT**

I have read the Office Policy Statement and agree to treatment under the conditions described above.

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

**Date** \_\_\_\_\_

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

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

Representative Authority: \_\_\_\_\_

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