

SARAH S. HSU, L.C.S.W.
Psychological Services of Pendleton, LLC
135 SE First
Pendleton, Oregon 97801
Telephone: (541)278-2222 FAX: (541) 276-8405

OFFICE POLICIES

Sara Hsu, L.C.S.W. is a Licensed Clinical Social Worker and is licensed by the Oregon Board of Clinical Social Workers and is a member of the National Association of Social Workers (NASW). She completed her Master of Social Work at Walla Walla University (WWU) in 1998. Ms. Hsu provides a broad range of psychotherapy services including individual psychotherapy and family therapy, clinical supervision and consultation.

Ms. Hsu shares office space, reception, and billing services with other mental health professionals at the offices of Psychological Services of Pendleton, LLC.

CONFIDENTIALITY: Information that you share in treatment is held in the strictest confidence possible under law. Ms. Hsu does not use audio or visual recordings of sessions. As her client, I agree not to record sessions with her. Ms. Hsu 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 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, Ms. Hsu will ask that you sign an authorization releasing the results to the referring agency.

In the course of therapy Ms. Hsu 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. Please ask Ms. Hsu 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. At this time, Ms. Hsu is in the office on Mondays.

APPOINTMENTS: Sessions are made by appointment only. Ms. Hsu reserves the right to charge for unkept appointments or those canceled less than 24 hours in advance. Occasionally Ms. Hsu 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 Ms. Hsu during office hours, but therapy sessions will only be interrupted in case of emergency. All other calls will be returned at Ms. Hsu's earliest convenience. After hour messages may be left on the office answering machine.

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 Ms. Hsu may offer you another emergency contact number.

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

Telephone calls, report preparation time, copying and sending records are additional services that will be charged separately.

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 Ms. Hsu. 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 an HMO plan you are responsible for a copayment (e.g., \$15 per session). The exact amount of your payment depends upon your insurance plan. Our staff will assist you in determining what your financial obligation is, and Ms. Hsu asks that you bring your portion of payment to each session.

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

You will receive a monthly statement from Sarah Hsu informing you of charges accrued for the month, payments from insurance companies and a cumulative balance on your account. Ms. Hsu does not charge interest on accounts, however, it is important to avoid large unpaid balances on your account. In cases where an acceptable payment plan is not being followed, Ms. Hsu 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.

Ms. Hsu reserves the right to charge you a no-show fee for not keeping your appointment as scheduled or not notifying her at least 24 hours prior to the appointment, that you will not be there. You will be responsible for paying the fee since your insurance company will not help you with it. 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	\$25.
Third	\$50.
Forth	Full fee plus a decision made by Sarah Hsu as to whether she will discontinue patient's treatment and refer to another provider.

TREATMENT PROGRESS will be monitored by Ms. Hsu, documented in writing and discussed with you regularly. Although her services are dedicated to your improvement, Ms. Hsu cannot guarantee to a 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. There may also be times when you wish a second opinion about your treatment from another professional, or when Ms. Hsu wishes a consultation with another professional about your case. Such outside consultations should be discussed with Ms. Hsu first. In the event that you wish to terminate treatment and seek services elsewhere, Ms. Hsu can provide you names of other professionals.

GRIEVANCES about treatment or office procedures should be brought to the attention of Ms. Hsu immediately. Unresolved grievances may be taken to the Oregon State Board of Clinical Social Workers, 503-378-5735.

CONSENT TO TREAT

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

Signature _____ Date _____

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