

PSYCHOLOGICAL SOLUTIONS, LLCsm

Encouraging Health • Exploring Answerssm

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OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. Douglas Marlow, Ph.D. is a clinical psychologist licensed by the Oregon Board of Psychologist Examiners and is a member of the American Psychological Association and the Oregon Psychological Association. Dr. Marlow provides a range of psychological services including counseling, consulting, and evaluations to individuals, groups, and families in a practice that covers all ages.

PSYCHOLOGICAL SERVICES. Psychotherapy is unique. Treatment may vary depending on the personalities of the psychologist and client, and the particular issues and concerns brought forward. Psychotherapy is not like traditional medical doctor visits. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during and outside of our sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. If you have questions about my procedures, we should discuss them whenever they arise to determine a resolution. If you believe you could best be helped by another therapist, I will gladly provide a list of referral sources. If following our conversations you have a specific grievance that is unresolved, you may contact the Oregon Board of Psychologist Examiners, 3218 Pringle Road SE, Suite 130, Salem OR 97302-6309; (503) 378-4154.

CONFIDENTIALITY. Information that you share in treatment is held in the strictest confidence possible under law. Dr. Marlow 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. A judge may order my testimony if he/she determines that the issues demand it.
6. If you have been referred for a psychological evaluation, Dr. Marlow will ask that you sign an authorization releasing the result to the referring agency.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have as soon as they arise.

APPOINTMENTS. Sessions are made by appointment only. We will usually schedule one 45-50 minute session per week at a time we agree on. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.** (Insurance will not cover the cost of a late cancellation or "no show".) If possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES. My hourly fee is \$150.00. In addition to therapy or evaluations, other billable services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. I will pro rate the hourly cost if I work for periods of less than one hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time even if I am called to testify by another party. My legal hourly fee is \$350.00. Professional time includes the entire court process, including but not limited to, consultation with attorneys, travel time, waiting to testify, preparing written briefs, and actual testimony.

INSURANCE, BILLING, AND PAYMENTS. You will be expected to pay for each session at the time it is held. Your insurance co-payment, deductible and charges for non-covered services should be paid at the time of the visit.

If you have insurance that has covers mental health treatment, I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is your responsibility to find out exactly what mental health services your insurance policy covers. The exact amount of your payment to PSYCHOLOGICAL SOLUTIONS, LLC at the time of your appointment depends upon your specific insurance plan. Your specific portion of your payment is due at each session. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans, session notes, summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies report they keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless this is prohibited by contract.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CONTACTING ME. I am often not immediately available by telephone. While I am usually in my office between 9:00 a.m. and 5:00 p.m. Monday through Friday, it is not my policy to answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail or by our office staff. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your primary care provider or the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS. The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

LEGAL/COURT TESTIMONY AND RECORDS. It is important for you to know that I will not be a party to any legal proceedings against current or former clients. My goal is to support my clients to achieve therapy goals – not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing to not involve me in adversarial legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives.

MINORS. If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.

Thank you for participating in this journey of exploration with me. Your signature below indicates that you have read the information in this document and agree to abide by its terms.

Signature _____

Date _____