

Candace Young, PhD

Office Policies

This statement contains information regarding my office policies. Please read them and if you have any questions, discuss them with me. Your signature at the bottom of this sheet signifies that you have read, understood and agreed to abide by these policies and that you have received a copy of the policies for yourself.

Appointments are 45 minutes long. If you are going to be unable to keep an appointment, you are asked to provide at least 48 hours notice or you will be charged for the time as if you attended. Please note that insurance companies will not cover this charge and you will have to pay the entire amount out of pocket.

Emergencies In case of emergency, if you cannot reach me directly, you may contact my cell phone at 360-601-4534 or call 911. When I am out of town, another psychologist will be available for emergencies.

Fees The fee for a 45 minute session of consultation, psychotherapy or psychoanalysis is \$190. The rate for couples' therapy is \$210. Shorter or longer appointments will be pro-rated at those same rates. You will also be charged these same rates for additional services provided at your request or for your benefit (e.g., at the request of an insurance company) such as report writing, psychological test scoring, consultation with other professionals, school consultations, hospital visits or phone calls over 10 minutes with you or others. Legal depositions or court appearances will be billed at the rate of \$500 per hour. Payment in full is expected at the time of the visit unless other arrangements are made with me in advance of the appointment. My billing service will bill your insurance as a courtesy to you and will ask them to reimburse you directly.

Responsible Party The monthly billing statement will be sent to one household or one responsible party only. If two or more people from different households share financial responsibility for a patient's medical expense, the bill will be sent only to the individual who signed the intake forms. If someone other than that person wishes to be the responsible party, he or she can fill out and sign intake forms, after which financial responsibility for the account can be transferred.

Insurance You are responsible to check with your insurance company regarding your coverage and to track this coverage as treatment progresses. Some things to keep in mind are: Are you currently covered? Am I a doctor whose services are paid under this plan? What is your annual deductible? What is the percent of coverage? What is the maximum benefit for outpatient mental health coverage? Remember: You are responsible for the entire bill whether the insurance pays or not.

Billing I will use a billing service to prepare your bill and track your account. Please refer any questions you may have about your bill to Vanessa Lee of Action Billing Management at 503-544-5735. For most patients, there will be no balance at the end of the billing cycle. For those who have made other billing arrangements with me, I will expect to receive payment of your balance by the 20th of the month, according to our fee agreement. If no personal payment is received by the 20th, a \$25 rebilling charge will be assessed for that month. A personal payment of any amount will prevent the imposition of the rebilling charge. Ultimately, if you do not pay as agreed, your account may be turned over to an attorney or a collection agency for collection action and you will be held responsible for any legal or collection costs incurred.

Confidentiality and the Release of Information Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. The only exceptions are: 1) Cases of suspected abuse or neglect of a child or elder, 2) Cases where I believe you present a clear and imminent danger to yourself or to another person, 3) Cases where a court subpoenas me to testify or subpoenas my records, or 4) Cases where an insurance company is helping to pay the fee and requires information about diagnosis and/or reports about treatment. To further insure your privacy, please remember that faxes, cell phone calls and e-mail communications are not secure.

Signature

Date

Please print your name