

Consultation & Evaluation Policies

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This statement contains information regarding my office policies. Please read it carefully and if you have any questions, discuss them with me.

Services (Please initial the services requested)

_____ **Consultation Services (\$180 per hour, non-treatment)** This service is ideal if you are wanting answers to questions about treatment, family issues, parenting problems and interventions. Professional fees are \$180.00 per hour (60 minutes).

_____ **Psychological Evaluation Services (\$180 per hour, non-treatment)** Professional fees are \$180.00 per hour (60 minutes) for evaluation services. This includes interview, observation, testing, record review and report writing. There is an addition charge for test processing. Clients will be asked to pay a retainer fee set by Dr. Conner. Any amount that is not used will be refunded to the client within 30 days. The initial retainer is _____

_____ **Comprehensive Intervention, Educational, Placement & Support Services Payable (\$2800 flat fee per case, non-treatment. three months)** This service is for parents, guardians or family members who need a professional screening, evaluation, specific recommendations and ongoing guidance. A plan of action will be developed, supported and monitored. Services may include consultation with your child's school, medical and mental health professionals, a review of your child's health and school records, recommendation for a crisis intervention, recommendations for further assessment by other professionals, answering questions, recommending a specific program or series of programs for your child (as well as alternative programs), supporting your child's admission to a program or series of programs, monitoring your child's progress for period of three months and providing guidelines for a transition or follow-up plan.

Fees The fees for my professional services are \$180 for one hour (60 minutes) of phone or face appointments. Shorter or longer appointments will be pro-rated at that same rate. You will also be charged this same rate for additional services provided at your request or for your benefit. Comprehensive Intervention, Educational, Placement & Support Services Payment is \$2800. We ask that you pay your fees with your VISA, MasterCard, American Express, Discover or debit card. We require credit card information on file and charge your account automatically at your request or as necessary to create a zero balance due. We also offer a telephone based payment method in which our fees will be attached to your phone bill. There are no refunds for services provided or flat fee contracts.

Responsible Party We will send the monthly statement to one household or one responsible party only. If two or more people from different households share financial responsibility for a client's expenses, we will bill only one of them, the one who signed the intake forms accepting financial responsibility. If someone other than that person wishes to be the responsible party, he or she can fill out and sign intake forms, after which responsibility for the account can be transferred.

Billing I use a practice management firm to prepare your bill and track your account. Please refer any questions you may have about your bill to Margaret Sears or Michelle Effiong at Professional Practice Management at 888-374-7465 (toll free) or 503-528-8404 (local Portland). We bill monthly at the end of our billing cycle which ends the 25th of the month. If, for any reason, you have a personal balance on your account, I will expect payment no later than the last day of the billing cycle. If such payment is not made, a \$25.00 rebilling charge will be assessed for that month. Ultimately, if you do not pay as agreed, your account may be turned over to a collection agency for collection and you will be held responsible for any legal or collection costs incurred.

Confidentiality and the Release of Information Your participation in consultation is private will not be disclosed to anyone without your consent. Consultation is not a treatment or diagnosis activity. Diagnosis and treatment may be provide but only when formally agreed upon in writing. Dr. Conner may release private information in 1) Cases of suspected abuse of a child or elderly person, 2) Cases where I believe the client presents a clear and imminent danger to him/herself or to another person, 3) Cases where a properly executed court subpoenas require me to testify or provide my records, 4) Cases where an insurance company is helping to pay the fee and requires information about diagnosis and/or reports about treatment.

Your signature below signifies that you have read, understand and agree to abide by these policies and that you have received a copy of the policies for yourself.

Signature

Date

Print Name

version: 1.2