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STATEMENT OF POLICIES FOR PSYCHOTHERAPY AND EVALUATION

Welcome to my practice. Please take a few minutes to review my policies and procedures. This information introduces you to my practice and may help answer questions you may have. If you have further questions after reading this or individual concerns not covered here, please feel free to ask me about them at any time.

Credentials. I earned a Psy.D. in Clinical Psychology from Pacific University in 2001. From 2001 to 2008, I was employed at Western Psychological and Counseling Services in Vancouver, Washington as a psychologist. During the course of my education and training and in my professional work, I have provided individual, family and group therapy and assessment services to infants, children, adolescents, and adults. These services were provided in a variety of settings including mental health clinics, community mental health centers, schools, and correctional facilities. I am a licensed psychologist in Oregon (#1820) and Washington (#PY 2800).

Appointments. All services are provided by appointment scheduled with me. Clients are asked to give 24 hour advance notice in canceling appointments and will not be charged for such canceled appointments. If less than 24 hours notice is given, a fee of \$55.00 will be charged for the time reserved for you. Insurance companies will not reimburse for session that you do not attend. Payment for the missed appointment will be charged at the next session. My voicemail is available 24 hours per day, seven days per week.

Payment of Fees. My fee is \$135 for therapy services and \$200 for initial intake appointments. My hourly fee also applies to other services I may provide you such as telephone conversations lasting more than 15 minutes, report or letter writing, attendance at meetings, and records preparation. My fee can be adjusted to match the requirements of your insurance company or payment source. Payment for services is expected at each session. If you are covered by health insurance, the co-payment or deductible is due each session and your insurance company will be billed at least monthly. If you use insurance, then I must send the insurance company a psychiatric diagnosis and often other information they require for payment. I will obtain your authorization to release this information, or if you prefer to not disclose this information, a cash agreement can be arranged instead. It is the client's responsibility to notify me of any changes to insurance coverage, eligibility or personal address change. Delinquent accounts may be turned over to a collection agency if a regular payment schedule has not been maintained. There will be a \$10.00 fee applied for any returned checks due to nonsufficient funds.

Emergencies. My office number, 541-298-2298, is a cell phone. I don not answer work-related calls outside of office hours. If you are experiencing an urgent mental health matter, you can text me outside of office hours and I will call you back if I am able. However, if you are in need of immediate assistance, call 911 or go to the nearest emergency room or call the county crisis line at 541-296-6307.

Client Endorsement. I have read this policy statement and understand its provisions.

Client signature: _____

Date: _____