

OFFICE POLICIES

Bari Isaacson L.P.C.
845 SE Mosher St. mail: PO Box 594
Roseburg, OR 97470
Ph: (541)492-7222 Fax: (541)492-7221

Appointments:

- Appointments are scheduled by calling **541-492-7222**. Please leave your name and a phone number with area code where I may reach you and a detailed message. I check my messages regularly and will return your call as soon as possible. You may call 24 hours a day to leave messages (including cancellations) on my voice mail system.
- **Late Cancellations and Missed Appointments:** To avoid a \$40.00 fee, cancellations or other changes must be made at least 24 hours prior to our scheduled appointment. This charge is the responsibility of the client and cannot be billed to insurance. Additional scheduling may not occur until this fee is paid in full.

Insurance:

- There is no additional charge to bill your primary insurance company for your claim. By agreeing to bill your insurance, I am providing a service to you. If your insurance does not pay or pays less than you expect, you are still required to pay your bill in full. You are responsible for all charges not reimbursed by insurance.
- You are expected to pay the insurance co-payment and deductible if applicable at the time of service.
- I will not schedule a return appointment if you are behind two or more payments (for example two or more co-payments).
- Your portion of the account must be paid in full within 30 days.
Bari Isaacson L.P.C. reserves the right to charge a fee of \$5.00 per month on any balance overdue by 60 days.

Emergencies:

- In the case of a life-threatening situation or an after hours emergency, dial 911 or go to the nearest emergency room. Emergency room personnel will typically attempt to contact your providers if you tell them who your counselor is.
- My Voice Mail system allows for messages and provides you with my after hours emergency contact number(s).

Fees:

- You will be charged for additional services such as reports, letters, filling out of forms and copies of records. A fee may be charged for phone consultations.
- Direct questions or concerns regarding business/financial matters to my office by calling 541-492-7222 or write to: bisaacson@rioussa.com
- Forensic (legal) Testimony: In the event you require testimony or involvement in legal/court proceedings, you will be charged the prevailing rate for forensic (legal) testimony. I cannot provide both treatment and evaluation. I will be unable to disclose any information pertaining to other family members or parties involved in treatment without their specific consent for disclosure.

Confidentiality and It's Limits:

At the first session you will be asked to sign an “**Acknowledgement and Consent to Treatment**” form. This allows me to set up your account and release the *minimum information* necessary to seek payment for our services.

The only way I will share clinical treatment information about you (written and/or electronic record*) is if you first sign an authorization for the release that specifies who is to receive the information and what is to be shared. There are, however *exceptions to confidentiality:*

. It is legally required of me to act so as to prevent physical harm to yourself or others when there is ‘clear and imminent’ danger of that happening;

.I am legally required to and will report cases of abuse involving children, elders and the disabled;

.I may have to release your records when ordered to do so by a court of law.

However, I will attempt to discuss this with you beforehand and request a written authorization for the release from you; and

.on occasion, clinicians ethically must consult with colleagues about their work.

If your case were ever discussed, it would be done confidentially and with only the minimum necessary information for the consultation.

I expect my work to be helpful to you, but no counselor can ethically guarantee success. Counseling has both benefits and risks.

My approach to treatment is practical and problem centered with an emphasis on the client’s present situation. At any time you may request a copy from me of my “Professional Disclosure Statement” that is on record with the Oregon Board of Licensed Professional Counselors and Therapists.

*for further information: www.hhs.gov/ocr/privacy/hipaa or a written copy is posted in office

9/2013