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OFFICE POLICY AND INFORMED CONSENT

APPOINTMENTS: Appointments are generally scheduled for 50 minutes, though longer and shorter appointments are also available subject to treatment considerations and scheduling constraints. Please make every effort to be on time for your appointments. If you arrive late you will still be seen, but the session will end at the allotted time.

CANCELLATION: If you cannot keep your appointment, it will be your responsibility to cancel 24 hours ahead of time. If you do not cancel within 24 hours of your appointment, you will be charged a \$25 late-cancellation fee. Please remember that most insurance providers do not cover cancellation fees.

PAYMENT FOR SERVICE: You will be expected to pay for services at the time of your appointment. If you are drawing upon insurance benefits to cover a portion of costs, this office will bill your insurance provider as a courtesy to you and accept co-payment at the time of your appointment. Please realize, however, that insurance providers have been known to deny claims for a variety of reasons (e.g., pre-existing condition exclusions, lapses in coverage, restrictions in covered conditions, etc.). The ultimate responsibility for payment lies with you.

I also ask that clients provide authorization to have their credit card billed for unpaid balances exceeding 90 days. As an alternative, clients without credit cards are asked to provide a \$250 retainer, which will be returned in full within 30 days after services are discontinued.

FEE SCHEDULE:

- Individual counseling; non-forensic (50 minutes) \$150
- Family or couple counseling; non-forensic (50 minutes) \$150
- Psychological assessment (50 minutes) \$180
- All forensic services, including parent coordination, mediation, attorney consults, and court-referred therapy (50 minutes) \$180
- Court appearance/testimony or deposition
 - Half day \$700
 - Full day \$1400
- Travel time for court appearances, home visits, etc. \$90/hr

PHONE CONSULTATIONS, E-MAIL, AND WRITTEN CORRESPONDENCE:

I am happy to answer questions, review materials, and provide opinions in writing, over the phone or via e-mail. Be aware, however, that insurance companies cover only face-to-face office visits and will refuse claims for professional consultation. I bill in 15-minute increments for these non-covered services.

Standard or brief documentation required by insurance providers is submitted at no charge. If your insurance provider requires a more extensive written report, however, you will be charged for this service. My policy is to send insurance providers only the information needed to process a claim, but I will send more detailed information if you request it and authorize such a release in writing.

CONFIDENTIALITY: The issues that you discuss with me in therapy are private and protected by Oregon state laws. On occasion, it may be helpful for me to exchange information with others, such as a physician, school teacher, or family member, in order to coordinate care and facilitate treatment planning. Before sharing information with others, I will discuss the need to do so and seek your written permission. When treatment involves work with a couple, both partners must provide written authorization before I release treatment notes or other confidential information.

It is also important to understand that there are several specific exceptions to confidentiality. Disclosure may be required in the following circumstances:

1. When I learn that a child, elderly person, or disabled person has been abused or neglected, I may be required to make a report to the appropriate state agency.
2. If I learn that a client has a specific intent to physically harm someone, I may need to take protective actions, such as notifying the police, notifying the potential victim, or seeking hospitalization.
3. When a client poses an imminent risk of suicide or self-inflicted injury, I may need to take protective actions, such as contacting family members, seeking hospitalization, or notifying the police.
4. If I am subpoenaed to testify in court, my policy is to contact the client before releasing treatment records or other personal information. If the client does not consent to the disclosure of personal information, I may assert privilege on the client's behalf. The court, however, can order me to provide testimony or records, and in such instances I will comply with the court order.
5. Please note that under Oregon law, a non-custodial parent is entitled to full access of their child's medical records, including documents pertaining to psychological treatment or evaluation.
6. When reimbursement for treatment services is billed through an insurance company, certain information must be released in order to facilitate claims processing. Most insurance companies ask for the client's name, address, date of birth, dates of service, the nature of the service, and diagnosis.

CONFIDENTIALITY BETWEEN FAMILY MEMBERS: While there are no laws that relate specifically to what information can or cannot be shared between family members, it is important to have a clear understanding of these issues before treatment begins. There is a fine line to walk between maintaining an individual's privacy and ensuring that important information is shared with other family members.

In working with children and adolescents, one of the first questions I'm often asked is, "If I tell you something are you going to tell my parents?" My standard policy is to maintain privacy around specific statements I hear from minor clients, but to provide parents with periodic feedback sessions, where I offer global information about child functioning, therapy goals, and treatment progress. I also discuss with children or adolescents what I plan to say to their parents, so that they are aware of what is being said about them and have some input into what is revealed. Of course, the same general exceptions to confidentiality (threats of self-harm, child abuse, etc.) apply to minor clients as well.

In working with couples, I encourage open communication and emphasize conjoint sessions (where both partners are seen together). Occasionally, however, I will be presented with information from one partner with a request that this information not be shared with the other partner. My policy is to honor these requests except when they undermine the goals of the therapy (e.g., an ongoing affair, or a secret determination to leave the marriage). In these cases, I would ask that the information be disclosed to the other partner or that therapy be discontinued.

URGENT SITUATIONS: For urgent situations and clinical emergencies it is possible to page me through my voicemail system. After leaving a message, press "1" to access my pager.

QUESTIONS: Honest communication is a very important aspect of treatment. I encourage you to raise any concerns you have with me, either about the policies outlined above or about therapy in general. If you have any questions, I will be happy to discuss them with you.

STATEMENT OF INFORMED CONSENT

I have read and fully understand the preceding statements and conditions of treatment. I agree to abide by these conditions and understand that I can withdraw from treatment at any time.

Signed _____

Date _____

Client name _____