

OAK STREET MEDICAL, P.C.

Date: «CurrentDate»

Julie Redner, PhD
1426 Oak Street
Eugene, OR 97401
541) 431-9416

Thank you for allowing us to become partners in your Health Care!

Enclosed you will find paperwork we need you to complete and bring with you for your appointment. If this is not completed when you come in it may delay your appointment time. Please arrive 20 minutes prior to your appointment time as additional paperwork will be needed at check in as part of the new patient registration process.

§ If your insurance is a managed care plan, a referral is required from your primary care physician in order to be seen by a specialist. With a managed care plan, please call to make sure the referral has been requested from your primary physician and received by the specialist.

§ As a courtesy, our office will contact your insurance company to verify coverage and benefits. Please call us if you have questions about the amount you will need to be prepared to pay at your first appointment. Co-payments, Co-insurance and Deductible amounts are payable at the time of service. We accept cash, checks made payable to Oak Street Medical, Visa or MasterCard.

§ **Late Appointments:** If you are running late for your appointment and have time to call 431-0000, we would appreciate it, in the event that it may affect your treatment time. (If you are going to be more than 30 minutes late, we will need to reschedule the appointment).

Appointment Policy

Our office requires 24 hour notice if an appointment cannot be kept. If you are unable to make your scheduled appointment, please notify us as soon as possible. You can call our main office number between 8am and 5pm. If before 8am or after 5pm, please leave a message on our voice mail. All "No Show" appointments will be documented in the patient's medical record. Subsequent to the first offense 50% of our standard fee will be charged, in an amount up to but not to exceed \$160.00. If the patient has two (2) "No Show" appointments, a letter will be sent to notify the patient that no more appointments will be made in advance. If the patient needs an appointment he/she may call the day they want to come in and see if there is an opening. Continued missed appointments will subject the patient's account for review of possible termination from the Practice.

Mailing Address: 1488 Oak Street, Eugene Oregon, 97401

Physical Address- (Patty Nadel, LCSW) 71 East 15th Ave, Eugene Oregon 97401

(A historic blue house on the corner of the alley between Oak and Willamette St)

Physical Address- (Julie Redner, PhD) 1426 Oak Street, Eugene Oregon 97401

If you have any questions, please feel free to call the office during regular business hours.
We look forward to meeting you soon.

Warmest regards,

The Office Staff
Oak Street Medical

APPOINTMENT TIME AND DATE: «ApptDate» «ApptTime»

Client: «PatientFullName»

Provider: «ApptProviderName»

«PatientFirstName» has been referred by «RefProviderName» for a psychological or neuropsychological evaluation. Because of some symptoms you have been experiencing or because of a potential medical condition, this referring individual felt that it would benefit you to be evaluated. The series of tests that will be conducted can provide useful information regarding thinking skills, memory, mood state or personality.

Because the evaluation measures a wide variety of functions, the appointment will take a significant period of time. Please allow 1-6 hours. Breaks will be given when necessary. Feel free to bring a snack with you.

If you wear prescription glasses or a hearing aid, it is important to bring these to the evaluation.

Please read and sign the “Psychological/Neuropsychological Evaluation Patient/Client Rights & Responsibilities” consent *using black ink* and bring it with you to your appointment. If you have questions regarding this consent Dr. Redner will go over them with you at the time of your appointment.

If medical record release forms are included in this packet, please sign and return them to our office ASAP. We would like to have these records prior to your appointment.

Our physical office is located at: **Oak Street Medical**
1426 Oak Street
Eugene, Or 97401

PLEASE CALL AT LEAST ONE DAY IN ADVANCE IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT,
(541) 431-9416.

Thank you.

Oak Street Medical, PC

Julie E. Redner, Ph.D.

Psychological/Neuropsychological Evaluation

Patient/Client Rights & Responsibilities

Provider Responsibility Disclaimer Form

As a client of Oak Street Medical PC, you have rights as well as responsibilities. Providers and staff want to make sure your rights are respected and that you are informed about the following:

A clinical record, which is the property of Oak Street Medical, PC, is maintained documenting all services provided to you by Julie E. Redner, Ph.D. This record also contains information that may be received from other sources, including progress notes from physicians, and other records that may be obtained with your written consent.

Information contained in the clinical record will be released to persons or agencies outside of Oak Street Medical PC only with your written consent (or with the consent of your parents if you are a minor). Oak Street Medical PC cannot control what is done with information released to other persons or agencies once it leaves Oak Street Medical PC. Before giving your written consent to release information, please be sure that you understand what specific information is being requested, that the release of information is necessary, and that by providing this information it will be beneficial to you.

Please note: There are legal, ethical and organizational policy exceptions to confidentiality, which may require your provider to release your records. We want you to be fully aware of these exceptions:

- As a patient of Oak Street Medical PC, certain information will be released within the organization. Examples include notes regarding your visits, evaluation reports, charge slips sent to the billing department, communications with physicians or other providers involved in your care, and general information, more descriptive information, or evaluation reports sent to your insurance company. Your health insurance company may reserve the right to review your chart. Care is always taken to protect your rights to privacy. All employees of this organization are bound by a code of confidentiality. If you contact Oak Street Medical, PC after hours, members of the call group may access your records and answer your call. That provider list appears on pg. 4.
- If there is reasonable cause to believe that you are an imminent danger to yourself or someone else, your provider may arrange for a hospitalization or emergency medical consultation, or may notify law enforcement authorities, other family members, or the individuals who may be at risk.
- If you or someone else discloses abuse or neglect of a child or vulnerable adult, your psychologist **may be required** to report the situation to the appropriate authorities. If this is a concern for you, please discuss this issue with your provider.
- According to law, if, **at any time** your mental health becomes an issue of a legal proceeding, including Worker's Compensation, in all likelihood, your evaluation records would be subpoenaed. A valid subpoena or court order may require the release of records or testimony by your provider.
- If you become involved in legal proceedings against Oak Street Medical, PC or any of its employees, please be aware that your clinical records may be made available to those involved in the investigation and defense of the organization.

If you have specific concerns about confidentiality, please do not hesitate to speak to your provider about them.

Please note:

Dr. Redner generally does not provide evaluations solely for the purpose of resolving legal disputes.

I understand and have read the above. Client/guardian initials _____ Date_____.

What to Expect/Extent of Services

An evaluation includes a diagnostic interview, and typically, various additional tests. Tests may examine memory, attention, concentration, reasoning, verbal skills, visual-spatial ability, effort during testing, mood, personality or other areas. The evaluation is considered voluntary and you are free to discontinue it at any time. This agreement is for evaluation and consultation purposes only. Your evaluating provider will not be providing follow-up therapy or treatment under this agreement. Please discuss this further with your provider if you have questions.

Appointments & Emergencies

It is your responsibility to attend scheduled appointments. If you cannot keep your appointment, please call and cancel as soon as possible.

A minimum fee of \$25 per hour may be charged to your account for missed appointments or appointments canceled less than 24 hours in advance. I understand that my insurance will not pay for this charge.

Client/guardian initials _____ Date_____

If you have an urgent need during business hours or after hours, you may be referred to a physician or another behavioral health care provider. We typically cannot be interrupted in the middle of a session with a client. If your provider is unavailable, you may be referred to another Oak Street provider or an outside provider who is on call. In an after hours emergency, if you can't reach an Oak Street Medical PC provider, please call 911, the White Bird Crisis Line at 541-687-4000, or go to the Emergency Room at Sacred Heart Medical Center University District or Sacred Heart Medical Center at RiverBend. If you are outside of the greater Eugene area and have a mental health emergency, please call 911 or go to the nearest emergency room.

Evaluation and Feedback Fees

Our standard fee is \$290.00 for licensed psychologists for the first hour of evaluation. Each subsequent evaluation hour will be billed at the rate of \$175.00. Feedback sessions will be billed at the rate of \$202.91 per 45-60 minutes. **Charges will vary depending on the length and type of session.** You also will be charged for services such as test scoring, records review, report writing, phone calls, after-hour contacts and consultations with other professionals. Please feel free to discuss charges or fees with us. Your insurance company will be billed for covered services; however, you will be expected to pay for any fees which are not covered by insurance.

If your evaluation was requested through a state agency, that agency may pay for the cost of the evaluation. Your provider will initial here if an agency has agreed to pay for your evaluation. _____

Provider Responsibility Disclaimer

I understand many insurance companies now require authorization for mental health or evaluation services. I will notify my provider if my insurance company requires pre-authorization. It is the provider's responsibility to submit the necessary information in order to obtain pre-authorization; however, it is my responsibility to be aware of my insurance company's pre-authorization requirements and how many actual benefits I have remaining. Authorization for sessions does **NOT** guarantee available benefits. If my benefits run out, I will be personally responsible for my bill.

Client/guardian initials _____ **Date** _____

Risks & Benefits of Evaluation

Evaluation has both risks and benefits. Evaluation benefits may include diagnosis, improved treatment, and objective documentation of your level of functioning. Neuropsychological or psychological evaluation often provides useful information about a person's abilities, strengths and weaknesses in intellectual functions, thinking, memory, mood and personality. The process of evaluation often is quite interesting.

Potential Risks: Evaluations can be tiring. It may be uncomfortable for you to reveal personal information or difficult aspects of your history. You can always decline to answer questions. You may disclose information about yourself without realizing it, disclose feelings of which you are not aware, or experience uncomfortable emotions such as anger or frustration. It may also be uncomfortable or upsetting for you to receive feedback about your strengths and weaknesses. In some cases, the results of this evaluation may contribute to medical or legal decisions such as those regarding medical treatment, further testing, living situation, ability to manage finances, ability to work, or ability to operate a motor vehicle. Authorizing release of this information to public agencies may affect your ability to obtain benefits or services. There is no guarantee that your evaluation will result in a specific diagnosis, and there are no guarantees about how an evaluation will impact you. Please discuss these issues with your provider if you have questions.

Your provider will make his or her best effort to help you to be as comfortable as possible during the evaluation. If problems arise, please bring them to the attention of your provider.

Getting a Copy of your Evaluation Report

It is your right to obtain a copy of your evaluation report if you want one. Our preference is to review your report with you in person because this will allow you to more fully understand the evaluation results. An in-person review of test results may also help to avoid emotional upset from any misunderstanding of the test results. We do charge separately for feedback appointments. To arrange for a feedback appointment, please call our scheduler at (541) 431-9416. Alternately, you can fill out and sign a specific release that will allow your report to be mailed to you. Please request a release if this is your preference. We cannot be responsible for emotional upset or other negative consequences of obtaining your own report.

Grievance Procedures

If you feel your rights have been violated, please discuss this with your provider. If you are not able to resolve the issue in this manner, you may discuss it with the Betty Evans, Oak Street Medical PC Chief Executive Officer (541) 868-2156 or Kraig Jacobson, MD, Owner of Oak Street Medical, PC (541) 431-0000. Finally, if a grievance cannot be resolved in this manner, you should contact the Oregon State Board of Psychological Examiners.

I have read and understand the Client Rights and Responsibilities Statement included herein. I give the Oak Street Medical, PC and Julie Redner, Ph.D. permission to evaluate and treat me.

I have received a copy of the form: "Client Rights & Responsibilities".

Client/Guardian Signature

Date

Witness Signature

Date

Oak Street Medical PC
After Hours Call List:

Kirk Jacobson, MD
Jessic Lohff Phillips, DO
Jane Mossberg, MD
Ed Valenzuela, PA-C
Andrew Gilchrist, MD
Kraig Jacobson, MD
Sarah Kehl, MD
Jason Friesen, MD
Richard Buck, MD
Patty Nadel, LCSW