



Janet B. Reigel, Psy.D.
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OFFICE POLICIES AND INFORMED CONSENT

The following summary answers some important and frequently asked questions concerning my practice. If you have further questions, please feel free to ask me about them at our first meeting.

INFORMATION ABOUT MY PRACTICE

As an Oregon Licensed Psychologist, I provide both brief and more extended psychotherapy services for adults, age 18 and older. My therapeutic style is collaborative and I make every effort to develop a caring, respectful relationships. The acceptance-based approach that I use with clients is the same perspective I find most effective in my own life and relationships. Interventions tend to be integrative, with an emphasis on developing emotional awareness, effective thinking patterns, and personal/interpersonal coping skills. I make use of treatments that are empirically validated for people who experience anxiety, depression, compulsivity, panic, grief, relationship issues, and personal or employment transition. My intention is to foster a non-judging, compassionate environment within which people can grow and work toward a fulfilling life.

Depending on the needs of my clients, Acceptance and Commitment Therapy, mindfulness practice and/or clinical guided imagery may be integrated into therapy to facilitate awareness and growth. My approach is active and interactive, and I may include skill instruction and/or education to support the client's needs and values. I hold a doctorate in psychology from the Pacific University School of Professional Psychology and a Master of Science Degree in Industrial and Labor Relations from the University of Oregon. My practice includes working with adults, couples, and groups. In addition to my psychotherapy practice, I am co-owner of Reigel Vocational Consultation, a vocational counseling and consulting firm which provides employment-related assessment and counseling.

GENERAL STANDARDS

As a psychologist licensed by the Oregon Board of Psychologist Examiners, I subscribe to the APA Revised Ethical Principles.

After assessing your needs I will work with you to develop a treatment plan that is in keeping with your values and personal goals. Remember that you always retain the right to request changes in treatment or refuse treatment at any time. I encourage you to discuss any doubts, concerns, discomforts or questions regarding treatment with me at any time.



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CONFIDENTIALITY

I abide by the laws and ethical principles that govern privilege and confidentiality. I will not disclose our private conversations without your written permission via a signed release of information form. There are a few exceptions to these standards:

1. It is legally required of me that I act to prevent physical harm to you or others when there is clear and imminent danger of that happening.
2. I am legally required to report cases of ongoing child, elder and disabled abuse.
3. I may have to release clinical information regarding you to insurance carriers as required for payment or review of your claim.
4. I may have to release your records when ordered to do so by court subpoena. However, I will discuss the details of privilege with you beforehand and request a written release from you if I judge this to be in your best interest. You should know that psychologists' privilege extends to both criminal and civil proceedings.
5. I may have to release your records in the event you have filed suits against anyone and have claimed mental/emotional damages as part of the suit.
6. I may use a fax machine or computer to send treatment plans, reports or evaluations to your insurance company, specific agencies or other providers.
7. I will provide your name and contact information to office staff for billing and scheduling purposes. You may be asked to communicate with office staff regarding payment, billing, or scheduling questions.
8. In the event of my death, Dr. Soonie Kim, licensed psychologist will facilitate the disposition of my records.
9. On occasion, psychologists consult with colleagues about our work. If your case were discussed, it would be confidential and without your name or identifying information.

APPOINTMENTS

Sessions are arranged by appointment and for a specific, agreed upon time. If you must cancel, you will not be charged if you notify me at least one full working day in advance of the scheduled appointment. Missed or late cancellation appointments are not reimbursable by insurance companies and will may be charged at the full fee and so noted on the billing statement.

TELEPHONE CALLS AND EMERGENCIES

If you are in a life-threatening emergency and are not able to reach me, please call 911 and go to your nearest emergency room.



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FEES

My fee for the initial intake appointment is \$250.00. The fee for 60 minute individual psychotherapy is \$200 per session, and \$180 for 45 minutes. Fees will be charged for scheduled appointments as well as for additional time that I may need to spend on your behalf, such as preparing letters, prolonged phone calls, conferring with other professionals on your behalf, evaluating psychological test data, preparing psychological reports, etc. Fees for testing and/or vocational assessment will be discussed and agreed upon in advance.

In the event I am called upon to participate in litigation in which you are involved and, regardless of whether you are a current or former client at the time I am called to participate, I will bill at the rate of \$300 per hour. The time billed will include any time spent preparing for or attending that litigation, including but not limited to time spent preparing for testimony or any conference with attorneys (including telephone conferences), travel time, waiting time, testimony or deposition time (regardless of which side calls me).

I do not have a sliding fee scale and will not carry large interest-free debts for long periods of time. However, under certain circumstances I may carry a limited balance on your account, provided we both agree on a payment plan in advance. On occasion, I may also reduce a fee for clients who are already in treatment and find themselves in hardship situations. In cases of ongoing delinquency, I will charge a \$20.00 per month billing fee.

HIPPA Notice of Policies and Practices: I am required by Federal Law (Health Insurance Portability and Accountability Act, known as HIPP) to protect the privacy of personal information. You may request a copy of this notice at any time, and a copy will be offered to you at the first session.

I have read the Office Policies and Informed Consent Statement. I agree to abide by all arrangements described therein. The information has been reviewed with me and I understand it fully.

Signature _____ Date _____