



**Valerie Yeo, PsyD, LLC**  
**Licensed Psychologist (OR #2700)**  
Phone: 503/974-4307  
Email: vyeo@valerieyeopsyd.com

2029 SE Jefferson Street  
Milwaukie, OR 97222  
Fax: 458/ 201-4953

**INFORMED CONSENT & PRACTICE POLICIES: PSYCHOTHERAPY**  
(UPDATED JANUARY 3, 2020)

**Approach to Therapy:** I approach therapy as a collaborative and integrative process, and strive to provide a place where clients can uncover ways in which their context influences their identity, and ways to work toward change and growth. I believe in the importance of the therapeutic relationship, and in creating a safe space for clients to explore value, emotions, and life experiences. I view clients as experts of their own experiences, and value the unique facets that shape each identity. I approach all therapy through a multicultural and feminist lens, and have experience working with culturally diverse clients on a wide range of issues. To this end, I also work from various theoretical orientations depending on the best fit for my clients. These theoretical orientations include Acceptance and Commitment Therapy, Dialectical Behavioral Therapy, Cognitive-Behavioral Therapy, existential approaches, and dynamic psychotherapy.

**Psychotherapy:** Psychotherapy is an unusual health care relationship, in which the relationship between client and provider is an important part of the treatment. Treatment itself may vary depending on characteristics of the client, therapist, and issues worked on. Additionally, psychotherapy requires you to actively and fully engage with the process, including working on the things we talk about both in-session and in your everyday life.

Like most health care treatments, psychotherapy can have benefits as well as risks. Since our work will likely involve talking about unpleasant aspects of your past and current life, you may experience unpleasant emotions like loneliness, sadness, regret, guilt, grief, anger, and frustration. However, evidence has suggested that effective therapy relationships can help to decrease symptoms associated with mental health diagnoses and improve overall quality of life. It is my hope that our work together will provide you with opportunities to examine your problem, uncover ways to change, decrease negative symptoms, and improve the quality of your life. Other benefits of therapy may include greater happiness or contentment; increased self-knowledge and self-awareness; more satisfying relationships; and solutions to specific problems. Please keep in mind that there are no guarantees of what you will experience; each person's therapy experience and outcome is unique.

**Training Background:** I am a clinical psychologist in Oregon licensed with the Oregon Board of Psychologist Examiners (OR License # 2700). I earned my doctorate in clinical psychology from the University of Denver in August 2015, after completing a doctoral internship at Community Reach Center, an APA-accredited internship site in Colorado. I then completed a post-doctoral residency with Reed College Health & Counseling Center in Portland, OR. I have been practicing as a mental health therapist and assessor since 2010 in a variety of settings including college counseling centers, community mental health clinics, a sexual assault crisis center, and residential communities.

**Confidentiality and Limitations:** Treatment is a confidential space for individuals to discuss their personal concerns and is considered **privileged communication**. There are situations when I may breach confidentiality for your safety or the safety of others. In most instances, I will notify you so that we can discuss the breach and impact on our treatment relationship. The situations relevant to confidentiality breaches include:

*Abuse of Older Adults, Mentally Ill Adults, Developmentally Disabled Adults, or Animals:* If I have reasonable cause to believe that an older adult (65 years or older), a person with a mental illness, a person with a developmental/physical disability, or an animal is being abused or neglected (by you or another person), I may report this to the appropriate authority (i.e., Department of Human Services, or the police).

*Abuse of Minors:* If I have reasonable cause to believe that a minor (unmarried individual under the age of 18) is being abused or neglected (by you or another person), I may breach confidentiality to report this to the appropriate authority (i.e., child welfare office or local authority). If you are a minor and I have reasonable cause to believe that you are being abused or neglected, I may breach confidentiality and report this to the proper authority.

*Domestic Violence:* If I have reasonable cause to believe you are the victim or perpetrator of domestic/partner violence that is impacting a minor(s), I may have an ethical obligation to disclose your PHI to prevent harm to you or others.

*Serious Threat to Health or Safety:* If I have reasonable cause to believe that you have clear and serious intent to harm or kill yourself or another person, I may breach confidentiality to inform the appropriate authorities. The purpose for this breach of confidentiality is to help protect you and/or the intended victim and to help you receive the care that may be necessary.

*Judicial or Administrative Proceedings:* If (a) You become involved in a lawsuit, and your mental or emotional condition is an element of your claim; or (b) A court orders your confidential information to be released (i.e., via subpoena to testify in court with an accompanying court order), or orders your mental evaluation, I may be required to breach confidentiality and disclose your PHI as required by law. Please inform me immediately if you are involved in, or plan to go to court. I accept clients only with the specific agreement that they will not involve me in legal matters.

*Health Oversight:* The Oregon State Board of Psychologist Examiners may subpoena relevant records from me should I be the subject of a complaint.

*Worker's Compensation:* If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

Even in these cases I will preserve your privacy to the best of my ability. Any third-party requests to release your information will need to be reviewed and approved by you. You have the right to request and understand information shared, with whom it is shared, and for what reason it is shared. Please see your notice of privacy rights for more information.

If you are using health insurance to pay for treatment, your insurance company may ask for information about your symptoms, your diagnosis, and my treatment methods. If they do, I will inform you of the information they have requested. I will provide only as much information as the insurance company requires to grant your benefits. Please note that I have no control over how these records are handled at the insurance company.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have as soon as they arise.

**Your Rights:** You have a right to review and/or request a copy of your records at any time. I have a right to request a fee for copying (preparing) these records for your review or to be released to someone of your choosing. You have a right to terminate treatment services with me at any time. You have a right to discuss with me and request changes to your treatment. You have a right to contact the Oregon Board of Psychologist Examiners at 503/378.4154 to make a complaint about me.

### **Fees for Treatment & Insurance Billing:**

The fees for my services are as follows:

Initial 20-minute consultation:	No charge
Intake session:	\$250.00 per session
Individual session:	\$200.00 per session
Phone calls longer than 10 minutes:	Hourly rate (prorated)
Other professional services required (including written documentation, statements)	Hourly rate (prorated)

All other services requested by you or performed for your benefit will be charged the appropriate hourly fee, prorated to reflect the actual time spent. This includes phone calls after treatment is established that are over 10 minutes long. Examples: conversations between sessions, consultations with other health care providers, or preparing written treatment summaries.

Sliding Scale: In order to make services accessible to individuals who may be experiencing financial difficulty or do not have access to health insurance, I offer a few sliding scale spots in my practice, which are subject to availability. If available and necessary, we will complete the paperwork together, and the sliding scale agreement will be reevaluated at maximum every 10 sessions. Sliding scale options include up to a 60% reduction in cost, though it will vary based on individual abilities and needs.

**Billing Service:** If you are using insurance for which I am in-network, my contracted professional billing service, **Sunrise Medical Billing**, verifies insurance benefits, submits claims, and can help you understand your deductible and other applicable aspects of your insurance plan, and answer questions about your account. If you are using insurance for which I am out-of-network, they may be able to generate superbills for you to submit to your insurance company, and help you to verify out-of-network benefits. For your records, their phone number is 360/448-7260. If after speaking with my billing service you are still uncertain of your insurance coverage, the extent of your financial responsibility, and/or your ability to make payments at each visit, I encourage you to clarify this information through direct contact with your insurance company. It is your responsibility to notify me and/or my billing service of any changes in insurance coverage or personal information (such as your address).

**In-Network:** I am an in-network provider for Blue Cross/Blue Shield (Regence), First Choice Health, and PacificSource. As a contracted provider with these insurance companies, the co-pays, deductible amounts, and mental health coverage are determined by your insurance company (not Dr. Yeo). As a courtesy, I can submit claims to your insurance company through my billing service. I do not guarantee that payments will be made by your insurance company, and in some cases you may be responsible for the difference between what the insurance pays and my service fee. If your insurance benefit is not verified by my billing service prior to our meeting, you are responsible for the full fee at the time of service. You are responsible to track your coverage as your treatment progresses. You are responsible for prompt payment (to Dr. Yeo) of co-payments and deductibles. Clients are financially responsible for all denied claims.

**Out of Network:** For clients using out-of-network benefits, your insurance company determines coverage. My billing service will provide you with a superbill, which is an itemized receipt for services, that you may submit to your insurance company for possible reimbursement, dependent on your insurance plan. This means that you are responsible for the full fee for services at the time services are rendered.

**Information Provided to Insurance Companies:** Most insurance companies require you to authorize me to provide them with a clinical diagnosis. Or rare occasions, additional information such as a treatment plan or summary will be required. This information then becomes part of the insurance company files, and I have no control over their use or disclosure.

**Payment & Collections:** Payment of fees should be made at the beginning of the scheduled appointment. I accept payment via cash, check, and card/Square reader. **Checks should be made out to Valerie Yeo, PsyD, LLC.** Payments must be made or services may be discontinued. If you have a balance on your account, you will receive a statement. All accounts are due and payable within thirty days of notification. If payment is not received, interest and fees may be applied. If a client fails to be responsible for the account, and it is necessary to place a delinquent account into the hands of a collection agency/attorney, the client agrees to pay all court costs affixed by the court. Having said that, please know that I will make every effort to work with you to prevent this from happening.

**Cancellations and No Shows:** Clients are encouraged to contact me as soon as possible when they are unable attend a scheduled appointment (by phone or email). Understandably there are sometimes extenuating circumstances, and I am happy to have a conversation with you about waiving associated fees in those rare occasions.

*Cancellations:* Clients are expected to notify me, at minimum, 48-hours in advance of the scheduled appointment time to cancel or re-schedule. When I am notified within this time-frame there is no charge.

*Late Cancellations/Late Reschedules:* Previously, the late-cancel fee was applied with discretion, which created flexible boundaries and confusion about when it would or would not be applied. Moving forward, regardless of the circumstances, the late fee of \$75 will be applied in order to create a fair and consistent policy. Clients are responsible for payment of this fee (not their insurance provider).

*No-Show:* Clients who do not show and do not contact me prior to the appointment are charged a no-show fee of \$150.00 for the missed session. Clients are responsible for payment (not their insurance provider).

Clients must be seen at minimum every 60 days to be considered active clients. If you No Show/Late Cancel for a) two consecutive appointments, b) three appointments total, or c) one appointment and do not reschedule within thirty days, you will be considered to have terminated treatment. If you reschedule three consecutive appointments, you may be subject to dismissal as a client. A letter may be sent, though not required, giving you a 30-day written notice that I will no longer be responsible for your care after that 30-

day period.

**Communication:** Your confidentiality is not guaranteed via email. Clients may email me for scheduling purposes only, such as arranging an appointment, re-scheduling or canceling. I do not maintain 24-hour access to email, therefore please anticipate some delay in my response to you (1-2 business days). Please do not email me in a mental health crisis (please call instead) as I am unable to provide therapy support via email.

**Mental Health Emergencies:** If you are in a **non-life-threatening** mental health emergency after-hours you may choose to contact me by phone (not email). If I am unavailable, clients should contact Multnomah County Crisis 503-988-4888. When you call me please leave a message stating the nature and urgency of your crisis, and the best time for me to reach you. You may be billed for services rendered by phone. If you are in a **life-threatening emergency** (i.e., suicidal ideation/risk) please call 9-11 or go to the nearest hospital.

**Revision of Informed Consent & Practice Policies:** Valerie Yeo, Psy.D., LLC reserves the right to revise the Informed Consent & Practice Policies at any time by updated this document without advance notice to you. Such revisions shall be effective immediately upon posting. Therefore, you are encouraged to check the Informed Consent & Practice Policies frequently.

**By signing below, you a.) have carefully reviewed and understand this document, b.) freely consent to engage in a treatment relationship with Valerie Yeo, Psy.D., Licensed Psychologist (OR #2700), and c.) agree to abide by the aforementioned practice policies noted in this document. If I am billing insurance for you via my billing service, by signing this consent to treatment, you agree, understand, and allow me to release relevant and necessary information to your insurance provider about treatment and understand that you are financially responsible for any claims denied by your insurance company.**

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Client Signature

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Today's Date

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Print Client's Name