

John B. Milnes, M.S.W., P.C.
Licensed Clinical Social Worker
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Office/Billing Policy Notice

John Milnes, M.S.W. is a Licensed Clinical Social Worker, licensed in the state of Oregon (L.C.S.W. #OR114). His degree and training is in clinical social work. He completed his graduate work at the University of Michigan and started his independent practice in 1980.

FEES: Our fees are \$205.00 for the initial evaluation, \$150.00 for individual sessions and \$155.00-\$165.00 for family sessions.

OFFICE HOURS: Our office staff is available Monday-Thursday 8:00a-5:00p and Friday 8:00a-12:00p. We do schedule evening appointments for your convenience. If you need to contact us when the staff is unavailable, we do have an answering service that will take a message and fax it to us.

CONFIDENTIALITY: Therapy sessions are confidential and written authorization must be given before information is released about you or your family. There are two (2) exceptions to the confidentiality policy: 1. The law requires child or elder abuse be reported. 2. There is a "Duty to Warn" if a person presents a pending danger to self or others.

APPOINTMENT/CANCELLATION POLICY: If you are unable to make your scheduled appointment, a 24 hour notice is required. We do maintain a cancellation list for clients waiting for appointments, and the 24 hour notice allows us time to schedule someone else during that time. If it is necessary to cancel a Monday appointment you must contact our office no later than 12:00p the prior Friday or a late cancellation fee may be assessed. **If you do not give a 24 hour notice, you will be charged a missed/late fee for the appointment.** This fee begins at \$50-\$75 for the first occurrence, and may increase to the full amount of the appointment for repeatedly missed/late cancelled appointments. You must contact our office during business hours to cancel the appointment. Missed/late cancelled appointment fees are not covered by your insurance company and will be your personal responsibility. HSA/Flex spending accounts cannot be used to pay these fees. Illness or emergencies may be exceptions to this policy.

INSURANCE BILLING: Our office will be happy to bill your insurance company for you. It is necessary that you provide us with copies of your insurance cards. Please inform us of any changes to your insurance, address, phone numbers, etc. as they occur so we may keep our information updated and thereby prevent delays in payment. ***Your insurance policy may not cover all types of charges that may be billed from this office. IE: A parent coming in regarding a child. If a service is denied as not being a policy benefit, the payment will be your responsibility. Please contact your insurance to familiarize yourself with the mental health benefits available on your particular policy.*** If your insurance changes and this office is not notified promptly, it is possible that the new insurance may not cover visits due to requirements for prior authorization, or timely filing. If this occurs, the visits not covered will be your responsibility.

PAYMENT POLICY: Your co-payment or co-insurance is required at the time of your visit. It is your responsibility to ensure you are paying the correct amounts. The client, or responsible party if the services are rendered to a minor, will be held financially responsible for any amounts not paid by your insurance company. If payment arrangements are necessary, you will need to discuss options with the office manager to set up a payment plan.

John Milnes does not involve himself in any court testimony; provide reports, evaluations, or other information to be used in any litigation process, involving adult or child clients. If there are any legal proceedings between parents of a child in treatment, neither parent will attempt to gain advantage by attempting John Milnes to testify in court, whether in person or by affidavit, or subpoena.

THERAPY PROCESS: For most, the therapy process is very beneficial. However, at times the client may feel uncomfortable, sad or anxious. If these feelings, or any other feelings, arise, please discuss them with your therapist.

COUPLES OR FAMILY THERAPY: Frequently more than one of the participants in the therapy process will be identified as a client and when considered appropriate, will receive a diagnosis with necessary records being kept. Some participants may enter the therapeutic process only in a supportive role. Questions regarding this process should be discussed with your therapist.

PROTECTED HEALTH INFORMATION: Our office keeps therapy and financial records (PHI) for all our clients. We have available a full copy of this offices' Notice of Privacy Practices, which will be provided to you at your request.

E-MAIL INFORMATION: Please be aware that communicating by e-mail is **not** completely confidential. All e-mails are retained in the logs of your/my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrators of the internet service provider.

Due to safety concerns, children are not to be left in our waiting room unattended. Children who are not clients must be supervised at all times. Also, when children are dropped off for appointments the adult in charge needs to return before the end of the appointment time.

If you have any questions concerning this information, please feel free to discuss it with me or my Office Manager.