

**JESSICA L. LONG, PSY.D.**  
ADULT & YOUTH PSYCHOLOGICAL SERVICES

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**Office Policies**  
(Updated 12/12/23)

Welcome to my practice! I consider it a privilege to work with you and your family and look forward to being a part of your growth and progress. Clearly understanding my role and office policies will ensure that we enjoy a good working relationship. Please read the following information carefully and feel free to ask any questions you might have.

**Office Hours, Session Duration, & Cancellations:** Therapy appointment session time generally ranges from 45-55 minutes. Psychological evaluations typically include an intake appointment (50-55 minutes), assessment appointments (2-3 hours on two different days), report writing time, and a feedback appointment. Assessments generally require about 7-12 hours to complete.

When an appointment is scheduled, that time is set-aside just for you and/or your child. It is important that you keep your appointments the best you can. We realize illnesses and emergencies will sometimes happen. If you do need to cancel an appointment, please give 48 hours in advance (2 business days) to avoid a charge to your account. The fee for a late cancellation or no show is \$100. Please be advised that your insurance does not cover the fee for a late cancellation or no show. To cancel or reschedule your appointment, our office can be contacted at (509) 737-9009. In the case of non-debilitating illness or adverse weather, you have the option of meeting with Dr. Long virtually via doxy.me, if that is preferred.

Habitual no shows and late cancellations may result in same-day-only appointments.

If our office needs to cancel or reschedule a prior-scheduled appointment, we will do our best to contact you as soon as possible at any phone numbers/emails that you have provided. Please ensure your information is up to date with our administrative staff.

**Electronic Communication Policy**

Your privacy and confidentiality is very important to me. Thus, in order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. The use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me.

**Email Communications:** Our office uses email communication only with your permission and only for administrative purposes (e.g., sending forms and rating scales, scheduling, appointment reminders) unless we have made another agreement. Email is not a guaranteed secure way to contact me, so I recommend that you do not email me regarding detailed clinical matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone, wait so we can discuss it during your therapy session, or use our encrypted messaging system through TherapyAppointment.com (Please request instructions for set-up to utilize this method of contact).

**Social Media:** I do not communicate with any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

**Websites & Web Searches:** I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

**Insurance Reimbursement, Fees, & Services:** A list of fees for my services accompanies this document. I will make every effort to collect reimbursement for clinical services from your insurance company, but please be aware that the clinical fee is ultimately your responsibility. Your portion of fees can be made with check, cash, or credit card and are due at the time of service. Statements showing dates of visits, charges, diagnoses, and payments are provided upon request. Accounts with a balance will have monthly statements sent out. Please note that a \$30.00 charge is assessed for returned checks (e.g., insufficient funds, closed account, etc.). If your account should become delinquent it will be subject to collections, including, but not limited to court costs and attorney fees. Reduced and sliding scale fee agreements are available for certain circumstances. If you require further information about our reduced/sliding scale option, you may request our sliding scale fee form, or discuss this option with the office.

Certain services can not be billed to your insurance, as they are not generally reimbursable under insurance guidelines. Examples of such services include but are not limited to telephone consultation, consultation with other professionals, treatment reports or summary letters, and school visits and conferences. As said above, no shows and late cancellations can not be billed to insurance.

In cases involving psychological evaluations, my policy is to release written reports no sooner than at the time of the follow-up feedback session. All fees must be paid in full prior to receiving a final copy of the evaluation report.

Co-pays, co-insurance, and your portion of fees are due at the time of service. Late cancellation and no show fees should be paid prior to the next scheduled appointment. Unpaid balances may result in paused scheduling until your balance is paid in full.

## Clients Rights

**Consent for Treatment:** Mental health treatment is dependent upon many variables, including an individual's hereditary make-up and environmental experiences. Individual clients will respond uniquely to treatment. The provided services are offered using widely accepted methods of psychotherapy and evaluation. However, no claims are made as to the anticipated results of treatment. Further, it is recognized that in a very few individuals, treatment poses the risk of unanticipated reactions and that in some cases, symptoms may be relieved through no treatment at all. Nevertheless, it is my intent to assist each client in defining what his/her struggles are and to work towards resolution of these struggles. You have the right to request information about the purpose of the evaluation &/or treatment, to discuss and collaborate regarding the evaluation and treatment procedures that best suit your individual needs, and to ask questions about your progress. Further, you have the right at any time during our work together to refuse treatment or evaluation and to request a change of therapy or a referral to another professional.

**Emergencies:** Emergency or extra appointments can be made during regular hours when available and office hours can occasionally be extended to accommodate such needs. However, in the event of an emergency after normal business hours, you should follow the crisis plan we have developed, contact the crisis response network in your area, or go to the emergency room of the nearest hospital.

**Confidentiality/Privacy Practices:** Your progress in treatment is often supported by collaboration with family members and other professionals with whom you are involved. I believe that I can best serve you and your family if most aspects of functioning (e.g., medical, school) are understood and addressed systemically. Please know that the privacy of the health information I gather from you during the course of our work together is important to me. Thus, the confidentiality of this work is upheld at all times, and I will only discuss your case with your referring professional, if they are involved, and those individuals for whom I have a signed release of information. *On a related note, my respect for your privacy extends into the public setting.* Thus, I will not initiate contact with you outside the office nor discuss with you in that setting concerns about you, your child, or your family's progress with treatment. Please understand this is to protect your confidentiality.

**Consumer Rights:** You have the following rights as a consumer of mental health services: to be treated with respect and dignity; prior to implementation of a treatment plan the type of services offered will be provided in language that can be easily understood so as to provide you the opportunity to make an informed decision in regards to accepting treatment from the disclosing provider; to receive care which does not discriminate against you and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation; free of any exploitation or harassment; to review your case record; to lodge a complaint or grievance with your provider or the ombuds person of Greater Columbia Regional Services Network, (509) 735-8681; if you lodge a complaint, you shall be free from any act of retaliation.

## **Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information**

**This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.***

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**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations:** I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

**PHI** refers to information in your health record that could identify you.

**Treatment** is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

**Payment** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

**Health Care Operations** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

**Use** applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

**Disclosure** applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization:** I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I designate as separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI *without your consent* or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

#### IV. Client's Rights and Psychologist's Duties

##### Client's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

##### Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- If I revise my policies and procedures, I will date and post a copy of the revisions in my waiting room.

## **V. Business Associates**

**Business Associate Contract:** It is my policy to obtain a Business Associate contract with any individual or organization who has access to PHI in my possession and who is not a covered entity under HIPPA or a member of my workforce. All Business Associate Contracts will include language that reasonably assures that the Business Associate will appropriately safeguard and limit their use and disclosure of PHI that I disclose to them. In the event that I learn of a breach of the Business Associate contract by the Business Associate, I will take immediate action to correct the problem, including termination of the contract with the Business Associate, and reporting to the Secretary of the Department of Health and Human Services.

## **VI. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me, Jessica Long, Psy.D. at (509) 737-9009. Further, if you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written notice of your complaint to me, Jessica Long, Psy.D. at 6917 W. Grandridge Blvd. Suite D., Kennewick, WA 99336. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

## **VII. Effective Date. Restrictions and Changes to Privacy Policy**

This revised notice will go into effect on December 12, 2023. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If I change this Notice, we will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting me. I will also be happy to provide you with a written copy of these revisions upon request.

## FEES FOR SERVICES

<u>Service</u>	<u>Charges**</u>
Therapy Intake Appointment -----	\$250.00
Therapy Individual/Family 30 min -----	\$100.00
Therapy Individual/Family 45 min -----	\$140.00
Therapy Individual/Family 60 min -----	\$165.00
Therapy Family 45-60 min-----	\$165.00
Group Therapy -----	\$100.00
Evaluation Intake Appointment -----	\$250.00
Evaluation (Test Administration, Scoring, Record Reviews, and Report Write-Up) -----	\$200.00
Evaluation/Testing administered by Psychometrician-----	\$150.00
Evaluation Feedback -----	\$200.00
Late cancellation/No Show*-----	\$100.00
School Visit* -----	\$160.00
Consultation w/ Professional* -----	\$160.00
Letters/Treatment Summaries* -----	\$120.00+

\*May not be covered by insurance

\*\*Fees represent charge per unit (approx. 1 hour) for designated service unless otherwise specified.

Services for the purpose of legal proceedings are typically not covered by insurance. Any professional time needed for legal purposes will be the responsibility of the requesting party (includes time for phone contacts, case review, consultation, court preparation, travel, and court testimony estimated \$1,500/day).