

**MICHAEL TREMKO, PMHNP-BC**

**PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER**

**Primary Location: M & W**  
**2250 D St NE**  
**Salem, OR 97301**  
**(503) 364-6093**

**Second Location: T &Th**  
**729 Molalla Ave**  
**Oregon City, OR 97045**  
**(503) 364-6093**

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Thank you for considering me as a resource at this time in your life. I trust that you will experience a professional approach within an atmosphere of warmth and sensitive concern.

Before I can begin, however, there are certain details which you will need to know about our professional and business standards. This letter will clarify those standards and ask you to document your agreement to abide by them. Please do not hesitate to ask for clarification on any of these expectations.

**Confidentiality** I abide by the laws, regulations and ethical principles that govern privilege, confidentiality and your privacy consistent with the enclosed Notice of Privacy Policy, Oregon and Federal law.

**Cancellation** Your scheduled time is reserved for you. If you know that you need to reschedule or cancel your appointment, please call 503-364-6093 and make arrangements to change it or cancel at the earliest possible time, no later than 24 hours in advance. Otherwise, you will be charged the full fee for that appointment. If you cancel and reschedule on the same day the fee could be charged up to \$100. **INSURANCE COMPANIES DO NOT ABSORB COSTS INCURRED FOR THIS REASON.** Therefore, please keep track of your scheduled appointment.

**Skype option** In lieu of your in person visit, I do have the option to join you for a “Skype” conference call if you have a Skype account. Simply inform the receptionist of this decision & I will contact you via Skype. You will then avoid the cancellation fee and be able to keep your regularly scheduled visit. This is HIPPA compliant, encrypted and secure. It may not be covered by your insurance & will be your responsibility to pay in full.

**Payment.** Payment is expected at the conclusion of each appointment. If you have insurance, please be aware of your coverage before you arrive, know what your co-payment will be, and make it with each visit.

**Ethical Guidelines.** It is my commitment to conduct my relationship with you according to the highest ethical and professional codes, as specified in the American Nurses Association Code for Nurses. Please be assured that I view the purpose of the therapist-client relationship to exist solely to enhance each client’s welfare and achievement of identified therapeutic goals.

Accordingly, boundaries, both physical and emotional, will be respected at all times. Be assured that any contact you have with a professional such as a therapist or physician should be free of sexual contact, dating or sexual pressure. Any violations should be reported to the credentialing agency for that profession.

Please complete the enclosed Intake Form and Financial Agreement and bring both with you to your first appointment. Thank you again for considering me as a helping resource.

Sincerely,

Michael Tremko, PMHNP-BC  
Psychiatric Mental Health Nurse Practitioner