

**KEITH A. SWANSON, PSY.D.**  
**CLINICAL PSYCHOLOGIST**  
**2250 D STREET NE**  
**SALEM, OR 97301**  
**(503) 364-6093**

---

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 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 we are unable to reschedule someone else wishing to use that time. **INSURANCE COMPANIES DO NOT ABSORB COSTS INCURRED FOR THIS REASON.** Therefore, please keep track of your scheduled appointment.

**The Fee.** My fee is figured at the rate of \$170 for a 60 minute session, \$199 for a family therapy session, and \$275 for the initial session. If I have a contract with your health maintenance organization or insurance company, you may be entitled to a different rate than that specified above. You are ultimately responsible to know the terms of your health plan and what your co-payment is prior to your first session. Sometimes our staff can assist in clarifying these issues.

This rate also applies to diagnostic evaluations, report writing, consultations on your behalf (i.e. school consultations, staffing, evaluations, testing, collaborating with physicians, other therapists, family members, or attorneys), travel time for "out of office" services and telephone calls (which involve more than organizational or housekeeping issues such as making or changing appointments). In other words, you will be billed at the current rate for the time spent with you and on your behalf.

**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.

**Legal.** I do not involve myself in any court testimony, provide reports, evaluations or any other information to be used in any litigation process.

**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 Psychological Association Code of Ethics. 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,

Keith A. Swanson, Psy.D.  
Clinical Psychologist

KAS/pkr

Enclosures