POLICIES AND CONSENT TO TREATMENT

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Welcome. Please read the following policies and feel free to discuss with me any questions or concerns you may have before signing below.

APPOINTMENTS: Clients are seen by appointment only. I will do my best to schedule a time that is convenient for you. My sessions are usually 45-50 minutes in length. The initial 75-minute session is for evaluation. The therapeutic relationship does not begin until we both agree that you will continue with therapy. In the evaluation, if I feel a referral for treatment with another provider or treatment service is warranted, I will make that referral. Appointment times are held exclusively for you. If you cannot make your appointment, please give me as much notice as possible. There will be no charge when appointments are cancelled more than 24 hours in advance of the appointment time. If you do not call me at least 24 hours in advance, you will be charged a cancellation fee. Messages of cancellation may be left on my voice mail.

FEES: Unless prior arrangements have been made to bill insurance, payment is due in full at the time of service. I accept payment by cash, check, or card.
I am in network with Regence/Blue Cross and Aetna. I can bill most other insurance companies as an "out-of-network provider."

Intake session -75 minutes: $200
45-50-minute session: $150

Court fees: In the unlikely event of litigation, I charge $250 an hour. This will include preparation, travel, talking to attorneys, parking fees; 4 hours shall be paid two weeks in advance of any court appearance. The unused portion will be refunded.

CONFIDENTIALITY: The confidentiality of your therapy is protected by law. Your information will not be released without your written consent. Exceptions to confidentiality are limited to special circumstances, where I am required by law, threat of serious harm to self or others, suspected child or vulnerable adult abuse or neglect, or a court order. If you are using insurance, you will be required to authorize the release of any treatment information necessary to process claims or obtain authorizations for treatment. I will, of course, discuss any information I am sending to your insurance company.

For individuals: If you are requesting a copy of your records, I require that you sign an Authorization to Disclose Medical Records before I disclose any information about treatment.

For couples: If you are in couples therapy, I require the consent of both parties in order to release medical records. I require both parties to sign an Authorization to Disclose Medical Records before I disclose any information about treatment.

FOR COUPLES ONLY:
__ I agree to the above policy about the disclosure of medical records in couples therapy.

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RISK OF LIFE CHANGES: Therapy, counseling, consultation and education services may have a profound impact. Our work is very intensive and can be stressful. I will give you the

option to proceed more slowly or at a more rapid pace. In most cases, there is improvement without unexpected problems. However, it is possible that there may be no change, problems, or a disruptive change. For example, couples in conflict may decide to divorce. Unexpected changes may occur and cannot be predicted.

From time to time, I may give you readings and/or homework. While I understand that life may interrupt the goal of completing work for therapy, it would be beneficial to complete the reading and exercises, if you feel comfortable doing so. If you are not comfortable with readings or homework, please let me know.

LEGAL ISSUES: I will not provide legal advice or forensic services as part of treatment. I may bring up issues for you to consider, but I recommend you seek legal opinions. I do not provide assessments or recommendations in support of legal actions such as child custody, competency evaluations, lawsuits or criminal charges. Please notify me immediately if you are involved in or may become involved in a legal or criminal matter.

CONTACTING YOUR PROVIDER: Due to my work schedule, I may not be immediately available by telephone. When I am not available, my telephone is answered by a voice mail that I check frequently. I will make every effort to return your call within 24 hours. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me, and you feel that you cannot wait for me to return your call, contact your family physician, or if your call is an extreme emergency, call Crisis Intervention at 503-988-4888 or dial 911, or go to the nearest emergency room and ask for assistance regarding a mental health emergency.

CONSENT TO TREATMENT: Your signature below indicates that you have read, understand, and agree to the policies stated above. If, at any time, you have questions or concerns regarding your therapy, please discuss them with me. Remember you have the right to refuse treatment at any time, and to request a referral to another therapist.

It is important for open communication and trust to exist. Please inform me of any questions or concerns.
Thank you for choosing me as your therapist. I look forward to our work together.

Signature: ___________________________________

Date:_______________________

Signature: ___________________________________

Date:_______________________