



Informed Consent and Consent to Treatment

The information below is provided to assist you in understanding the nature of the treatment to be provided, the treatment relationship, and the rights and responsibilities of both the client and the provider. Please read carefully and let me know if any part of this form is unclear, or if you have any questions.

Approach to Counseling

My approach to working with individuals and families is a creative and collaborative process that is determined by the needs of my clients. Counseling takes time, energy and commitment and it requires courage and motivation to work through the process. I work to provide a safe, non-judgmental and compassionate therapeutic space where all participants have the opportunity to learn about themselves, set realistic goals and discover potential solutions that meet their needs.

My training includes psycho-dynamic theories (the internal processes that inform how we think, feel and act) as well as systemic theories (the interactions within groups of people, their relationship patterns, and their environments). My clinical work integrates a variety of modalities tailored to enhance opportunities for client directed growth.

Licensure

I am a Licensed Professional Counselor (#C3342), and a Licensed Marriage and Family Therapist (#T1208), in the state of Oregon.

Ethical Guidelines

As a licensee registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. One aspect of this code is that our relationship will be limited to the professional interactions we have as therapist and client. To maintain my licenses, I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. Additionally, I continue to receive professional consultation and supervision from Steve Berman, LCSW.

Risks and Benefits of Counseling

The counseling and change process in general can involve new perspectives, emotional experiences and changes in behavior. Even though the intent is client growth, the counseling process itself can be challenging. An option for no treatment can be an alternative to counseling and might bring with it risks by doing nothing to address or accelerate an opportunity to change.

Alternatives to Treatment

Might include a medical evaluation, counseling from a different theoretical perspective, talking with trusted family and friends, participating in self-help groups, utilizing body based therapies, exercise and nutrition.

Competence and Lack of Coercion

All clients included in the therapeutic dynamic have the right to clearly understand informed consent, be competent to make a decision free from undue coercion to agree to therapy.

Right to Refuse or Discontinue

Counseling is always voluntary, and any client has the right to refuse or discontinue counseling at any time without penalty. If needed, a referral to another therapist will be provided. Please bring any concerns or complaints to my attention for discussion and resolution if possible.

Confidentiality and Limits to Confidentiality

It is important that you know the high value I place on protecting your privacy and confidentiality. The session content and all relevant materials will remain confidential with the following exceptions defined by Oregon law:

- Reporting suspected child abuse or neglect
- Reporting suspected elder abuse or neglect
- Reporting imminent danger to self or others
- Reporting information required in court proceedings
- As requested by client's insurance company or other relevant agencies for billing purposes
- Providing general information for therapist case consultation or supervision
- Defending claims brought by client against therapist

Privacy of Client Information

Professional counselors are required to keep a complete record of the care and services their clients receive in order to provide quality care and to comply with certain legal requirements. All protected client information is kept private on a HIPAA compliant, electronic health records system called Simple Practice. A formal release of information (consented to and signed by the client) may be sought in order to communicate with person/persons you indicate are involved in your health care or the payment for your health care. What clients choose to share with others outside of therapy is at their own discretion.

Fees

Individual & Family Sessions	\$100	per 50-minutes
Phone Consultation/ Case Management	\$25	per 15-minutes after the first initial 15-minutes
Crisis Sessions	\$120	per 60-minutes

Sliding Fee Scale

Limited needs-based sliding scale fees may be possible for eligible clients.

Insurance Reimbursement

At this time, I accept Regence Blue Cross-Blue Shield, Cigna and Aetna insurance. If you are using your insurance, I will bill directly. I bill at a rate of \$100 per 50-minute session with an initial intake session billed at \$150. (Please note that I will have to provide a mental health assessment and diagnosis as required by insurance. If you have any questions or concerns, please talk to me.) You may also be responsible for a co-pay at the time of service. **Please talk to your insurance provider to find out whether you have a co-pay, or have a deductible that must be met before benefits are available.** I am also an out-of-network provider and can offer an invoice that you submit to your insurance provider for reimbursement. Please contact your insurance agency to confirm your out-of-network benefits for mental health services.

Cancellation Policy

An appointment reserves a specific time for you. If you need to cancel or reschedule, **I request 24-hours notice in advance.** You may call, email or text me that you will be unable to make your appointment. **I will charge you our agreed upon rate for a late cancellation fee (less than 24-hours notice)** and expect payment at the following session. If you are using insurance, you will be responsible for the full session charge. **I charge my full rate for a no-show.** I make exceptions in the case of an emergency. If you are late for a session, you may lose some of that session time. There is no additional fee for arriving late to a counseling session.

Payment

The agreed upon payment is due in full at the beginning of all sessions. Payments can be made in person via cash, check, or credit card. Missing two payments without making a payment arrangement can result in a referral and termination of counseling services.

Gifts

It is my professional practice to not accept gifts. I realize that during challenging personal work, there may be feelings of gratitude for the opportunity to do this work in a safe and caring environment. If you are called to give a gift due to gratitude, please donate time or items to organizations that also help provide support to others.

Telephone Accessibility

If you need to contact me between sessions, please call **(503) 460-7638**, leave a message and I will return your call as soon as possible. I can usually return calls within 24 hours on business days (Monday through Friday 9 a.m. to 5 p.m.) related to needs like rescheduling, cancellations, questions or general information. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available.

Emergencies

If you have an emergency outside of my office hours or I cannot be immediately reached, please contact your local 24-hour crisis line (Multnomah County 503-988-4888, Washington County 503-291-9111, Clackamas County 503-655-8724, or Portland Women's Crisis Line 503-235-5333). In the event of a life threatening situation, call 911 or go to your nearest hospital emergency room.

Communication and Your Privacy

Please know that despite all security efforts, email, phone, and fax communications carry an inherent risk of being accessed by unauthorized people, thus compromising your privacy. If you convey sensitive personal information by phone, email, or fax, I assume you have made an informed decision accepting your risk.

Emails and Text Messages

All emails will become part of the client's official counseling records. Emails should ideally be used for brief necessary communications. Text messaging is for the purpose of scheduling, re-scheduling and confirming appointments, late arrival notice, as well as requests to be contacted by phone.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites blurs the boundaries of our therapeutic relationship, and can compromise your confidentiality and our respective privacy.

Client Referral

If therapy progresses to areas that fall outside the therapists area of expertise which cannot be fulfilled through consultation or supervision it is appropriate for the therapist to discuss with the client the need for a possible referral to a clinician who specializes in that area.

Termination of Services

Services are formally terminated/ ended under anyone of the following events: 1) Mutual agreement between counselor and client(s) after appropriate discussion. 2) Client's request to end services. 3) Necessity of making a referral as appropriate for best client care. 4) Threats or harassment made by client to counselor where counselor feels unsafe and unable to be unbiased in delivery of treatment in best interest of client. 5) If client(s) are in default on payment. 6) The professional relationship is considered discontinued if client(s) have not been seen for over 60 days. Clients may reopen services at any time except under items 3 & 4.

Consent to Treatment

By signing below you are confirming your understanding of the contents of the informed consent as well as agreeing to expectations and terms defined in the consent. This is considered an agreement to enter into a contract of fee payment for counseling services as described above.

By signing below I am confirming:

- I have received a copy of the therapist’s Professional Disclosure Statement and Informed Consent Form as required by law in relation to Professional Counselor Licensure.
- The limits of confidentiality have been explained.
- I understand the payment policy and agreed upon payment amount and methods.
- I understand the documents and structure of the counseling agreement and have asked for any clarification regarding these documents.

Client Printed Name

Client Signature

Date

Kathleen Coleman, LPC, LMFT

Date