



First Responder Psychology
12725 SW Millikan Way, Suite 300
Beaverton, Oregon 97005
971-250-1519

Informed Consent Form

Welcome to my practice. I am a Licensed Psychologist #2825 with the Oregon Board of Psychologist Examiners. I have a Doctor of Philosophy in Counseling Psychology. My education and training have prepared me to work with individuals, couples, and groups. My theoretical orientations primarily include Cognitive-Behavioral and Psychodynamic. I am open to questions and conversations about these approaches at any time. I have a broad experiential base including trauma, stress, mood disorders, depression, anxiety, anger, communication issues, relationship concerns, and vocational issues. If, at any time, I do not feel equipped to support you and your concerns, I will let you know and immediately offer to make a more appropriate referral to another clinician who might be better able to serve you.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. However, you do have the right to refuse particular therapeutic interventions and to withdraw consent for treatment at any time during the process.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration. The frequency of sessions depends on a number of factors, including the nature of the presenting concerns, personal resources, preferences, and availability. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24-hour notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect \$100 [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; so, you will be responsible for the session fee. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The fee for a 45-minute counseling session is \$180.00. The fee for the intake appointment, which lasts 60 minutes, is \$260.00. I participate in Kaiser, Providence, United Behavioral, Moda, Regence Blue Cross Blue Shield, Cigna, Pacific Source, Aetna, and First Choice Health networks. I also participate in Deer Oaks, Cascade Centers, Reliant Behavioral Health, and ESI EAPS. You are responsible for verifying insurance coverage, meeting your deductible, getting authorizations from EAPs, and paying your co-pay, if applicable. If you have not met your deductible, you will be responsible for the session fee at the time of the service. Payment can be made by MasterCard, Visa, American Express, or cash (exact change).

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. A fee of \$50 will be charged for administrative costs in providing the copy.

CONFIDENTIALITY

All information provided by you will be kept confidential, subject to common law and statutory exceptions. There are three important limits to maintaining confidentiality that all therapists must follow. These primarily concern risks of harm:

- 1) suspected child abuse
- 2) the possible reporting of risk of serious harm to self or other,
- 3) when so ordered by a court of law

In the interest of continuing professional development, therapists, seek consultation regarding their work with clients. Periodically, I discuss my work with a therapist, who is bound by the same rules of confidentiality. Identifying details are not shared in the course of consultation.

INTERACTING

I oftentimes offer training and program development for first responder agencies. It is possible that we will encounter each other in these situations. To safeguard your confidentiality, I will treat you as if we have not met nor spoken outside of the workplace. It is your choice to disclose that we know each other outside of the workplace event.

Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

EMAIL

I prefer using email only to arrange or modify appointments. Please do not email me content related to your sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential

voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. Please limit phone calls to business hours (8am-8pm), as my phone is kept bedside for agency / peer support emergencies. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the Washington County Crisis Hotline at 503-291-9111, 2) go to your local hospital emergency room, or 3) call 911. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. If you are not satisfied that I have addressed your concern, you have a right to then file a written complaint against me with the Oregon Board of Psychologist Examiners by contacting them at 3218 Pringle Rd., Suite 130, Salem, OR 97302. 503-374-1904.

STATEMENT OF INFORMED CONSENT TO TREATMENT

I have carefully read, or have had read to me, the therapy policies for First Responder Psychology, L.L.C. By signing below, I acknowledge that I have received notice of HIPAA policies, understand and agree to all the information presented and I now want to freely give my informed consent for myself, and/or my legal dependents to begin treatment with First Responder Psychology, L.L.C.

Printed Name

Signature

Date

I authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to the clinician for services rendered. If patient refuses to sign, First Responder Psychology, L.L.C. will not refuse treatment, but client's payment will be affected.

Printed Name

Signature

Date