

**DONNA C. HENDERSON, L.C.S.W.**

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*(503) 510-3789*

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**Office Policies and Practices & Consent for Treatment**

The following information is provided to assist you in receiving professional services as an informed consumer. Please read it carefully, and keep it to refer to. If you have any questions, please ask; I will be happy to discuss any questions or concerns you may have.

**Professional Performance and Conduct**

As an Oregon Licensed Clinical Social Worker and member of the National Association of Social Workers, my professional practice is governed by strict ethical guidelines, and my license renewal subject to annual review/renewal and specific continuing education requirements. A copy of the Code of Ethics of my professional association can be provided on request, and/or any other information you may want to have concerning my experience, training, credentials, or counseling and therapy orientation. Should you have a complaint or grievance concerning my provision of professional services, please speak to me about it. Should you believe you have reason to make a formal complaint, you may contact the Oregon Board of Licensed Social Workers, which is the regulatory Board for my licensure (<https://www.oregon.gov/blsw>; phone: 503-378-5735).

While no guarantee of results is possible, I am committed to providing the highest quality of services to my clients, including, when appropriate, referral to other professional providers and self-help organizations. *(Initial here after reading \_\_\_\_\_)*

**The Benefits and Risks of Therapy**

There are many potential benefits as well as some risks associated with entering into psychotherapy, and it is important to consider and be prepared to accept both the benefits and the risks when making a decision to receive treatment.

With respect to the potential benefits of therapy, research has shown that people who are depressed may find their moods lifting; others may no longer feel constantly afraid, angry, ashamed, or unable to resist engaging in behaviors which are destructive to relationships and personal health and happiness. Many people find relief from certain physical symptoms that may be associated with emotional problems, such as fatigue, pain and sleep problems. Relationships and coping skills may improve, personal goals may become achievable, and life satisfaction in general may improve.

It is important to be aware, however, that in the process of achieving therapy goals, clients may, for a time, experience uncomfortable levels of sadness, anger, guilt, anxiety, frustration, loneliness, helplessness, or other unpleasant feelings. There may be discomfort from revisiting unpleasant memories, and close relationships may be disrupted or destabilized. In short, it is important to recognize that symptoms and complaints may “get worse before they get better.”

Finally, there is the risk that despite our best, collaborative efforts, therapy with me may simply not be effective for you. That said, I only accept clients whom I think I can help, and will enter our relationship with optimism and dedication to helping you achieve your goals.

I encourage you to talk with me at any time –in our first visit, or at any point along the way—about any concerns or questions you may have about the process and prospects of our work together. *(Initial here after reading \_\_\_\_\_ )*

### **Confidentiality**

Our professional relationship is strictly protected by state and federal confidentiality laws. I am required to break confidentiality only when 1) information you disclose suggests that you pose a serious, imminent threat of harm to yourself or others, or 2) when information you disclose suggests that child or elderly person may be being abused, or 3) if a court of law has formally ordered me to release information to the court.

Under no other circumstances will I release any information about you (including the fact that I am seeing you for counseling) to another person or organization without your explicit, informed, and written permission. *(Initial here after reading \_\_\_\_\_ )*

### **Professional Consultation**

In accordance with standards for ethical practice in my profession, I belong to a professional peer consultation group, composed of other mental health professionals. I periodically review some of my cases in this group for the purpose of receiving advice or suggestions, but without revealing significant identifying information. If you have any concerns or questions about this process, I would be happy to discuss them with you. If you are agreeable to my seeking consultation in order to benefit our work together, please initial here *(Initial here after reading \_\_\_\_\_ )*

### **Records**

I preserve client files for 10 years, after which time they are destroyed. In the event of my death or incapacity, **Rosimery Bergeron, LPC** (541-917-1239) has agreed to notify all my clients and assist those who wish in connecting with other resources. She will also assume secure custody of my files for the state-required 7 year retention period.

You have the right to review and (at your request) correct or amend your clinical record. To make arrangements for this, let me know directly, as I (and not my billing service) am the only person with access to your clinical record.

### **Office Hours, Appointments and Cancellations**

These are by arrangement only; evening and weekend hours may be available. Appointments are typically 50 minutes in length, and begin promptly at the scheduled hour. If you arrive late, there is no discount for the shorter amount of time available for the appointment which may result. If you wish to use your health insurance to cover your sessions, please note that most health insurance only covers standard 50 minute sessions.

Telephone consultations of more than five 5 minutes will be charged on a pro-rata basis according to the usual hourly rate.

Please give at least 24-hour's notice if you must cancel or reschedule an appointment; notice of less than twenty-four hours will, except in cases of emergency,

result in a cancellation fee of half the fee for the type of appointment scheduled, and no-shows (failure to appear for scheduled appointment without prior notice) will result in a charge of the full fee for the session scheduled. *Please note that health insurance policies do not cover these fees. (Initial here after reading \_\_\_\_\_ )*

### **Initial Sessions**

A brief (30 minutes or less) initial consultation is available without charge upon request, to anyone considering counseling or therapy. These are informal meetings or telephone conversations for the purpose of answering questions you may have about professional services. If you decide to make an appointment for counseling, you may be asked to complete one or more written questionnaires, and the first couple of sessions will be used to gather basic information, clarify with you your goals for counseling and therapy, and develop with you a plan for working together.

If at any time either of us feel that you would be best served by referral to another -or additional- service or helping professional, I will be happy to make a referral and to help make the connection. *(Initial here after reading \_\_\_\_\_ )*

### **Emergencies**

I check my phone messages several times each days, and receive an automated alert on my cell phone when a voice message is received. I return non-urgent calls Monday-Saturday at my earliest possible opportunity. If your call is urgent, I will do my best to get back to you immediately, but there are times when this will not be possible. If, during periods of time that I am away, you wish to have someone available to call on an emergency basis, I will be happy to make plans with you for one of my professional colleagues to be available to return your call in my absence. ***If you need to be seen by one of my colleagues in my absence, it is important for you to know that your insurance may not cover that emergency visit. (Initial here after reading \_\_\_\_\_ )***

### **Electronic communications**

I am happy to communicate with you by email regarding appointments and other non-clinical matters in response to emails initiated by you. Be aware, however, that the Gmail is unsecured, and that I cannot therefore guarantee the privacy or confidentiality of your communications by way of it. System administrators may access my account, and communications may otherwise not be protected as "privileged" in certain circumstances. Since I check my email on an irregular basis (and generally not at all during the days I see clients) email should never be used for urgent communications, last-minute appointment changes, nor to transmit or converse about confidential or highly personal information. If you wish to share confidential information with me, please contact me instead by telephone (or text me through WhatsApp) at 503-510-3789.

So that I may know your preference about the use of email and texting for between-visit communications, please check one for each statement: **I do \_\_\_ /do not \_\_\_ wish to use email as a means of non-clinical, non-urgent communication. (Initial here after reading \_\_\_\_\_ ).** **I do \_\_\_ /do not \_\_\_ wish to use text messaging as a means of non-clinical, non-urgent communication. (Initial here after reading \_\_\_\_\_ )**

## **Fees and Insurance**

The fee for an initial intake session and evaluation (60-90 minutes) is \$190.00. The standard fee for each 50-minute individual counseling session which follows is \$150.00. Extended sessions are available; see me for rates. My hourly fee for preparation of written reports or other material preparation requested by you is \$100 per hour.

As a Licensed Clinical Social Worker, my services are eligible for coverage by many insurance policies which include mental health coverage in their policies. I do not provide direct billing to insurance companies. Following payment to me of the fee for your session, however, I will provide you with a completed "Superbill" form, which you may use to submit to your insurance company for reimbursement directly to you of covered charges. Except when other payment arrangements have been requested and agreed upon ahead of time, full payment for each session is expected at time of service. If you are expecting your insurance to cover some or all of the cost of professional services, ***be sure to verify with your insurance company the details of your mental health coverage, including any pre-authorization requirements, prior to your first appointment,*** in order to avoid any surprises!

Accounts more than 90 days overdue (for which a payment plan has not been mutually agreed upon) will be turned over to Cascade Collections agency. (*Initial here after reading*\_\_\_\_ \_)

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## **Informed Consent to Treatment, and Payment Agreement**

I/we (name or names:) \_\_\_\_\_ have read and understand the above **Informed Consent to Treatment and Payment Agreement** statement concerning professional practices, payment, client/therapist responsibilities and other office policies. I/we agree to abide by my responsibility regarding cancellations and payment of fees, and I consent to treatment as described and discussed with me.

Name(s) (please print:) \_\_\_\_\_

\_\_\_\_\_

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## **Important Information Concerning Your Health Insurance**

### ***Your Coverage:***

Many companies have plans which cover only contracted or “networked” providers, and/or require pre-authorization. In addition, when employers change plans, sometimes clients do not find out until after the changeover that their on-going therapy will no longer be covered under the limitations of the new plan.

If, while you are in therapy, you, your employer or union switches insurance plans, the following questions to your employer or insurance company will help you to determine how your mental health benefits will be affected:

\*Are there restrictions on what kinds of mental health professionals I can see under the plan?

\*If there are restrictions, is my therapist on the covered network (sometimes known as “provider panel”)?

\*Who decides how much treatment will be reimbursed, and/or is there a standard limit to the number of sessions which will be reimbursed?

\*Are there requirements for pre-authorization prior to the first visit?

\* Is there a requirement for referral by my physician or other "gatekeeper"?

\*What percentage of the cost of services will be reimbursed under my policy, and what percentage will I be required to pay?

If maintaining adequate mental health benefits is important to you, consider discussing these questions with the person in your company who makes insurance purchasing decisions. The flexibility and generosity of coverage for mental health services depends on what your employer or unions defines as important in their negotiation with the insurance company. If your employer or union decides on a managed care policy, ask about a plan which covers both in-network and out-of-network providers in exchange.

In any case, please be sure to discuss any pending change in your insurance coverage with me so that we can plan for its effect on your therapy.

### ***Concerning Confidentiality:***

While my professional ethical responsibility to you prevents me from releasing any information about the content of our sessions (or even the fact that you are or have been a client) to any other person without your signed and specific consent, your signatures on the "Health Insurance Information" form necessary to bill your insurance company does in fact allow your insurance company to access otherwise confidential information (diagnosis, treatment dates and visit codes submitted for billing; sometimes other information is requested as part of billing audits by insurance companies). **I strongly urge you to carefully consider the possible implications of this fact before choosing to use your insurance policy to cover therapy or counseling**, and to discuss any questions or concerns you may have about this with me.

**HEALTH INSURANCE INFORMATION & AUTHORIZATION TO BILL**

Patient name \_\_\_\_\_ Birth Date \_\_\_\_\_

Patient address \_\_\_\_\_ Home  
phone \_\_\_\_\_ Work phone \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Policyholder

Address (if different from patient):

\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policyholder Employer/Group name \_\_\_\_\_

Group # \_\_\_\_\_ I.D.# \_\_\_\_\_

Claims Address: \_\_\_\_\_

Insurance Co. telephone (if known) \_\_\_\_\_

Is there another health insurance policy which covers you and/or members of your family?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes:

Other insured person's name \_\_\_\_\_

Other insured person's I.D. number \_\_\_\_\_

Other insured person's policy or group number \_\_\_\_\_

Other insured person's date of birth \_\_\_\_\_

Employer/Group name \_\_\_\_\_ Plan/Program name \_\_\_\_\_

***Patient or Authorized Person's Signatures:***

*I have read and understand the "Important Information About Your Health Insurance" form, and its stated policies. I authorize the release of any medical or other information necessary to process this claim. I also authorize direct payment of medical benefits to Donna C. Henderson, LCSW*

***Signed*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Print name:*** \_\_\_\_\_