Compassionate Enterprises LLC Informed Consent Agreement
Douglas Johns, LCSW

This is an agreement for Couple Therapy Services with Douglas Johns, LCSW through Compassionate Enterprises, LLC. Thank you for reading and signing this legally mandated disclosure. For future reference, a copy of this agreement may be found at www.MarriageCounselingPDX.com/service-agreement

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WELCOME

Thank you for the opportunity to support you and your partner in the growth of your relationship. I will do my utmost to provide a safe environment for mutual exploration and self-expression. Because my priority is in keeping our therapeutic relationship as fresh and alive as possible, I require weekly therapy sessions as the best structure for achieving the growth you desire. Please ask me any questions you may have about the following guidelines.

The focus of my work is specific to your relationship with its unique patterns and dynamics. Couple therapy is neither mental health therapy nor a mental health crisis service; I don't diagnose individuals nor treat one of you to the exclusion of the other partner. Should the need arise, I may refer you to mental health counseling.

Because of my focus I do not meet individually with either member of the couple, even if one of you is temporarily ill. It is my experience that working in this way helps keep the energy and intention where it needs to be, within the relationship. Your relationship (you and your spouse/partner together) is the client: the **Client-Couple**. It's also important to understand that I won't keep secrets between you and your spouse/partner. If you communicate with me individually I will feel free to share

all information with your partner. Please let me know if you would like a referral to an individual therapist for support with concerns you may not be ready to explore in couples therapy.

FEES & PAYMENT

All sessions are 90 minutes long. (See "Note" below for EAP clients.) The fee for office-based and online sessions is $225 per session. The fee for in-home-based/"house call" sessions is $300 per session. **Anytime you purchase a 'package' of four (4) sessions together you will receive a fifth session at no (Ø) cost.** Unpaid fees are due at the start of each session and will be collected at the start of the appropriate session. I accept cash, check, credit card, or debit card. If you prefer to pay by cash or check please pay me at the start of the session. Checks should be made out to **Compassionate Ent., LLC**. All prepaid and package session purchases are final; no refunds.

Credit and debit card payments are made through a secure HIPAA compliant service called “Ivy” and your receipt will be automatically texted to you. Please have your preferred credit/debit card and your smartphone available at our first session and I will text you the secure link to complete your card information before we start. Thereafter I will automatically charge your card at the beginning of each session. If you need to update your credit card information at a later date, please have your smartphone available again to make those changes at the start of the session. Your credit card statement will show a charge to “Ivy” or “Ivy Pay”. If you would like an additional receipt from me, with my letterhead, please let me know and I will email those to you.

Note: EAP contracted clients are only responsible for payments for missed/canceled sessions with less than a full 48 hours notice (see "Scheduling & Canceling" below). EAP sessions are 50 minutes in length.

BUSINESS

I ask that all business communication take place at the beginning of each session. This includes payments, schedule conflicts, etc. Doing so helps ensure that our session ends on time so I may prepare and transition for the next client couple.

INSURANCE

Medical insurance does not cover couples therapy or marriage counseling. I provide a detailed explanation for this at my website **MarriageCounselingPDX.com/insurance**. Please feel free to call and speak with me regarding any questions you have. As your couples therapist I am focused on your relationship first and foremost. That intent is not congruent with insurance mandates requiring a Psychiatric/Mental Health Diagnosis, a written determination of Medical Necessity, or the focus of treatment on one individual's specific diagnosis (depression, anxiety, etc.).PLEASE NOTE: Some Flex Fund Accounts may permit funds be used for couples therapy. Please inform me if you would like a separate receipt for these types of accounts.

CONFIDENTIALITY

I will not release any identifying information about you to third parties without your expressed written consent. If you would like me to speak with another health professional specifically about you (therapist, physician, etc.) I will not discuss your spouse/partner without her/his/their written consent as well. You also acknowledge and agree to the following: 1. Any and all content from your couple sessions may only be released to a third party (attorney, etc.) with the expressed written consent of both you and your spouse/partner, and 2. You will not attempt to compel Douglas Johns or Compassionate Enterprises LLC to be a legal or expert witness to any legal proceeding.

SCHEDULING & CANCELING

I require a commitment to weekly scheduled sessions at a regularly scheduled time (with the exception of vacations and illnesses). While there is no expectation for how long you remain in therapy, please note

that if you stop therapy for an extended length of time and then wish to return at a later date you may be subject to a wait list and/or a different time slot than you previously had.

Please provide a full **48 hours** notice for missed or canceled sessions or you will be charged $100 for the missed session (and in addition to any prepayments you've made). The exception to this is an acute illness/ emergency in your family (you, your spouse/partner, or someone dependent on your care, i.e., a child or elder). If either you or your partner is unable to attend a session due to illness or emergency, please telephone me to cancel as soon as possible so I may adjust my schedule; you will not be charged. If you or your spouse/partner fails to attend a scheduled session for any reasons other than an acute illness or emergency, it is considered a "late" cancellation. Although you are committing to weekly sessions, I acknowledge that occasional one session breaks (outside of vacations or illnesses) are reasonable when you are presented with an invitation, a celebration, an unexpected opportunity, or a work responsibility. If cancelling appointments becomes regular, however, I will bring this to your attention in session so we may talk about how to proceed.

COMMUNICATION

Due to privacy concerns, I will not send or respond to text messages of any kind. Please use the free and encrypted HushMail email system (with a password you can remember) or phone me, leaving a voicemail if I don’t answer, for all communication outside of sessions. A Zoom call may also be arrange as needed.

INFORMED CONSENT

I have read and agree to the preceding disclosure. I accept responsibility for the payment of all services provided to me and my partner by Douglas Johns, and through Compassionate Enterprises LLC, and I give my consent to participating in couples therapy. When participating in in-home-based sessions I agree to provide a comfortable indoor area or room for meetings that is private, quiet, without interruption or

disturbance, can easily accommodate three people, and from where no one may hear the contents of sessions outside of that space. I acknowledge that this contract makes no specific claims to the effectiveness of services provided, for any ancillary therapeutic interventions, nor for specific outcomes of any services provided. I understand that Douglas Johns is a “Mandatory Reporter” in the states of Oregon and Washington who may be legally compelled to break confidentiality for any of the following:
1. Disclosures regarding threats to anyone’s physical safety and well-being, 2. Disclosures regarding sexual abuse, and 3. If a judge court-orders access to records.