

Harmony Psychiatry Clinic

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Telephone: 503-462-1888

Consent for Psychotherapy

Treatment Process

Psychotherapy has both benefits and risks and there are many different types of therapy. It varies depending on the personalities of the provider and patient, and the particular problems you are experiencing. All Psychotherapy requires an active investment of your time and energy, both in and outside our sessions, in order to make the process of therapy most successful.

Occasionally, individuals go through periods in therapy which may result in emotional discomfort, changes in their relationships, or worsening of their symptoms. However, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there is no guarantee of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of this time, I will be able to share with you some first impressions of what our work will include and a plan for your treatment, if you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable working with me, and we can both decide if I am the best person to provide the services you need to meet your treatment goals. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If we begin psychotherapy, I will usually schedule one 45- minute session per week at a time we agree on, although we can decide on a different frequency if your situation calls for it. Periodically, or at any time you wish, we will also review your goals and progress together. Remember, you always retain the right to request changes in treatment or to refuse treatment at any time and for any reason. At any point that either you or I feel there are ethical or treatment concerns that would make it inadvisable to continue treatment, we may elect to terminate. However, it is my hope that if you have concerns about your treatment or wish to stop, you will discuss these with me first and we will try to adjust our approach. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or help you with other referrals.

Consent for Psychotherapy

By providing E-consent or a signature below, I acknowledge that I have had the opportunity to read the information above, ask questions, understand it, and agree to the terms of psychotherapy. Also, providing E-consent or signature acknowledges that I have read the practice policies document prior to treatment, asked questions, understood the terms of the practice policies, and agree to follow them while in treatment. This includes agreeing to be financially responsible for all charges that accrue from treatment services

provided as outlined in the practice policies and to be financially responsible for cancelled appointments in accordance with the cancellation policy.

By providing E-consent or signing below, this indicates that I understand that information will be disclosed without consent when there is a question of abuse or a danger to self or others (this may include engagement in potentially dangerous high-risk activities such as significant substance abuse, self-harm, or driving while impaired). Diagnosis, treatment recommendations, and education will typically be shared with caregivers in order to ensure safety and provide care when it is clinically appropriate. I also acknowledge that I have reviewed and agreed to the HIPAA practices for this office.

Patient name if 14 yrs or older (printed)

Patient signature

Date

Parent name if applicable (printed)

Parent signature if applicable

Date

Revised (04/2025)