

Informed Consent for Counseling and Consent to Treatment



Counseling and Creative Therapies

Creating safe, supportive and healing attachment in the therapeutic relationship is vital to the therapeutic process. We will work collaboratively to reach your goals and move at a pace that is comfortable for you. Our therapeutic work is grounded by non-pathologizing and strengths-based methods drawing from theories such as Client-Centered, Gestalt, Family Systems and Narrative Therapy. Integrating these theoretical perspectives allows for exploration of your inner world, focusing on your individual experience, obtaining a better understanding Self, creating meaning which supports continuous growth by cultivating your internal strengths.

Using creative modalities such as visualization, role-playing, mindfulness, reflection and strengths-based exploration we are engaging powerful healing tools that encourages the integration of the mind and body.

Licensure

I am currently licensed with the state of Oregon as a Licensed Professional Counselor #R5435, and a nationally certified counselor with the National Board of Certified Counselors, NBCC# 1094223. My National Provider number is 1578021671. I hold a Master of Arts degree from Lewis and Clark College in Professional Mental Health and Addictions Counseling, and a Bachelor's of Science from Oregon State University in Exercise and Sports Science, and a minor in Psychology. I am a Certified Secondary Sex Offense Treatment provider with the Oregon Health Authority.

Professional Associations

American Counseling Association
National Board of Certified Counselors

Ethical Guidelines

I follow the ethical guidelines set out by Oregon State licensing board and the American Counseling Association.

Disputes and Complaints

Bring concerns to my attention for discussion and resolution before taking further action, if possible.

Risks and Benefits of Treatment

The counseling and change process in general can involve new perspectives, emotional experiences and changes in behaviors, and even though the intent is client growth, the 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

Other alternative might include a medical evaluation, counseling from a different theoretical perspective, talking with a trusted family or friend, participating in self-help groups, utilizing somatic based therapies, exercise, and nutrition.

Informed Consent for Counseling and Consent to Treatment

Competence and Lack of Coercion

All clients included in the therapy dynamic have a 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

All clients have a right to refuse or discontinue treatment at anytime without penalty. If needed, a referral will be provided.

Confidentiality and Limits to Confidentiality

These following conditions are defined by Oregon Law:

Reporting suspected child abuse.

Reporting elder abuse.

Reporting imminent danger to self or others.

Reporting information required in court proceedings.

Information requested by client's insurance company for billing purposes.

Providing general information for therapist case consultation or supervision.

Defending claims brought by client against therapist that are either reported to the Oregon Board of Licensed Professional Counselors and Therapist or in a legal proceeding.

Privacy of Client Information

Therapist utilizes a HIPAA compliant online client notes and filing information service. Client counseling records are also kept in hard copy in a locked file cabinet in the locked residence of the therapist's office. Client information is minimally represented on a personally owned business computer, which sometimes contains e-mails between client/counselor. No client information other than insurance billing is sent electronically without client permission which would then include a release of information.

Custodian of Records

As required by Oregon law I have assigned a custodian of records in the event of my inability to attend to my professional work. Adrienne Brett, MA, LPC Intern, is the custodian of my records and would have access to client contact information for the purpose of client notification, referral, or if requested professional care.

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. Client referral is in the best interest of the client when threats or harassment are made by client to counselor where counselor feels unsafe and unable to be unbiased in delivery of treatment.

Diagnosis, Treatment Length and Appointments

No diagnosis is given unless you choose to bill out of network with your insurance. Every person is different and comes to therapy for a different reason. Therefore the average length of treatment varies. Every three months, we will review your progress and counseling goals and together determine the next step. To ensure that all clients get a time slot that works for them, I ask that you book your appointments 4-6 weeks in advance. You can choose to come weekly, bi-weekly or monthly depending

Informed Consent for Counseling and Consent to Treatment

on what works for you. My recommendation is weekly appointments for the first two months then from there we can assess from there.

Termination of Services

If you wish to terminate therapy please provide notice at least one session in advance in order to conclude our work together and provide closure to our relationship. Services are formally terminated/ended under anyone one of the following events: 1. Mutual agreement between counselor and client(s); 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; 5. If client(s) have not been seen for 45-days or client(s) and/or have not contacted the counselor for an appointment for 45-days or has missed two scheduled appointments without explanation. Clients may reopen services at any time except under items 3 and 4.

Requests Related to Legal Proceedings

As part of my professional practice I do not testify in court about couple and family matters including custody issues related to minors. I am not trained as a court expert witness and request you let me know if there are legal issues involved. I would refer you to your legal team that can identify the best plan of action and select a professional trained as an expert witness to support your legal situation.

Requests for Records

If a client requests records, 10-business days are required to prepare. I provide a summative letter of clinical services provided or summative notes for each session upon discussion with client. The fee for this service is \$75 for a 60-minutes which may be billed in 30-minute increments. Payment is due before records can be released.

Location, Hours and Contact Information

Location

My office is located at 704 Main Street, Ste. 305-6, in Oregon City, 97045, and on the 3rd floor of the Commerce Building. There is an elevator located on the main floor for convenience and is ADA accessible.

Appointments

Please call 503-896-9505 for an appointment and leave a message with your preferred date and time, and I will return your call as quickly as possible, and do my best to accommodate your schedule.

Phone Calls

I am available to return calls Monday through Friday 9:00 am to 6:00 pm related to needs like rescheduling, cancellations, questions or general information and if you leave a message I will return your call as soon as possible. If you are experiencing a mental health emergency, and in Clackamas County, please call 503-655-8585, if in Multnomah County call 503-988-4888, if in Washington County call 503-291-9111. If you are experiencing a medical emergency, please call 911.

Email

All emails become part of the client, and/or family official counseling records. Emails should

Informed Consent for Counseling and Consent to Treatment

be used for brief necessary communications. Acknowledgement that any email is not a totally secure technology in general and there is a possibility that client information could be revealed without the intent of the client or clinician.

Texting

Texting is for the purpose of scheduling appointments, including times and dates, confirming appointments, late arrival, needing to reschedule, as well as requests to contact. Texting is not a secure technology in general and there is a possibility that client information could be obtained.

Gifts

It is my professional practice to not accept gifts. I realize that during challenging personal work along with the gains of healing and wellbeing there are deep feelings of gratitude for the opportunity to do this work within a safe and caring environment. If you are called to gift out of gratitude please donate time or items to meaningful worthy people, events, and places. Thank you for your kindness.

Fee Structure and Payment

Fees for Counseling and Other Services

Free: 15-minute initial consultation to learn about counseling services and fees

\$75 per 50-minute session

\$110 per 75-minute session

\$95 per session for initial intake

\$75 per 50-minutes for consultation, phone or face to face

\$75 per hour writing letters, reviewing records or conferring with other professionals as requested by client (billed in 30 minute increments).

\$75 per 50-minutes phone call after first 10 minutes (billed in 30 minute increments).

\$75 per 50-minutes preparing release of records per client request or court subpoena (billed in 30 minute increments).

Agreed upon as session fee: _____

Amount

Signature

Date

Payment Responsibility

Payment is due in full at the time of service at the beginning or end of each session. Acceptable forms of payment are check, cash, credit card, and Health Savings Accounts and a receipt will be provided.

A 24-hour notice is required for appointment cancellations. Missed appointments without 24-hour notification will be charged in full per scheduled appointment length.

Sliding Fee Scale

A limited number of sliding scale slots for those who may not be able to afford my services. Please inquire to see if openings are available.

Insurance Reimbursement

You may be able to use your flex account spending or Health Savings Account funds to pay for therapy services. Please contact your Human Resource department who oversees those accounts to verify the eligibility. Some insurance companies provide coverage for "out of network" mental health services. It is the clients' responsibility to contact their insurance company to gain knowledge of, or permission for "out of network" counseling services with a Licensed Professional Counselor Intern. Therapist will

Informed Consent for Counseling and Consent to Treatment

supply an official billing statement of paid fees as well as other required information including a diagnosis.

By signing below I am confirming my 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 therapist's Professional Disclosure statement as required by state law in relation to a Licensed Professional Counselor Intern.
- I have been explained my limits of confidentiality.
- We have discussed payment policy and agreed upon a method of payment as well as agreement to pay counseling fees.
- I understand the documents and structure of the counseling agreement and have asked for any clarification regarding these documents.

Client Signature

Date

Client Signature

Date

Julie L. Collinson, MA, NCC, LPC Intern

Date