

CLIENT INFORMATION

Paul Lee, LCSW paullee@portlandmrc.com 503-235-3433

It is important for you to read and understand the information presented here. If you have any questions about this material or about your treatment, please ask them. In order to participate in therapy with me, you will need to sign (at the end), indicating you have read and understood this information.

CONFIDENTIALITY

What you say to me is confidential. This means I will not divulge the content of your communication to anyone other than those for whom you have signed a release or certain others when required by law.

I may also release information about you when legally required; for example, if you have harmed or threatened to harm yourself or another, if you reveal an intent to commit a crime, if you take legal action against me, or if I am ordered by a court of law. If I have seen both you and your partner, I may be required to testify in child custody actions. When your communication with me lets me know that you have abused or neglected a minor or elderly person, or if you express an intent to physically harm or endanger another person, I need to inform the proper government agency. I am also sometimes required to give information to the parents of minors.

You may also participate in group therapy here, and others in the group will get to know you. I ask that you and all group members not share any information about those in your group with anyone other than your therapist and others in your group. This is to protect your confidentiality. However, I cannot guarantee these confidences will be kept.

RELEASE OF INFORMATION

In order to provide you with the highest level of care, I may need to talk with other professionals you have seen. I therefore may ask you to sign a "release of information" allowing two-way communication about you with those professionals. They may include, for example, physicians, other therapists, lawyers or your insurance company if you wish for them to pay any part of your bill. I may also request a release of information to a family member when appropriate.

PURPOSE OF TREATMENT — Potential successes and risks

I will make every effort to facilitate your healing, although I cannot guarantee you will succeed. Sometimes psychotherapy is not successful. And,

although some psychological problems can be treated in a relatively short period, others can take up to one or two years or more to successfully treated, this requires effort on your part.

Sometimes clients change to such an extent that relationships end. When this happens, it may be because the client is growing and changing, while their partner is unable to grow with them. It also could happen when the partner who is not in therapy wants change to happen more quickly, and when it doesn't, they may choose to leave the relationship.

THERAPIST AND CLIENT RESPONSIBILITIES

In order to help you with these issues, it will be my responsibility to guide you in the direction of increasing your awareness about your present ways of relating to yourself, to your family, and to others. I will also help you develop new ways of relating. The aim of these new methods is to help relieve you of some of the problems for which you entered therapy. As a participant in the therapeutic process, you will be expected to come to your sessions consistently and promptly, to pay for your meetings at the time of service, and to gradually disclose more about yourself and your feelings.

Because counseling is an ongoing process, you need to make and express your own judgments as to how therapy is progressing and whether you wish to continue. Taking into consideration the views of your therapist, it is your right and responsibility to choose to continue or discontinue treatment at any time. It is also possible that I may decide to end therapy if you consistently miss appointments, disrupt the treatment of others, present financial reasons (you have not paid for your therapy) or if I believe you could be better served elsewhere. In the latter case I will give you the names of a few other places where you may continue to seek treatment.

You may also choose not to seek treatment at all.

If you cannot afford my services, or if for some other reason you choose to go elsewhere, I will give you names of other sources of treatment.

If you choose to stop coming to therapy, I would appreciate it if you would inform me that you will not be returning. If I do not receive any communication from you for a period of 90 days, I will assume that you have terminated therapy and I will no longer consider you to be in treatment with me.

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SESSIONS

The length of individual, couples, and family sessions is normally either 45 minutes or 55 minutes. The length of group sessions is one hour and 45 minutes unless the group has low attendance and less time is needed. The length of sessions may depend on your needs, the cost, limitations imposed on payment and length of sessions by insurance companies, or other factors we will discuss. Occasionally, we may agree to session lengths other than 45 or 55 minutes depending on your needs.

EMERGENCIES

If you are in crisis or have an emergency situation, you should call 503-235-3433 to speak with me. If you reach my voicemail or I am not available, call the Mental Health Crisis Line at 503-988-4888 or go to a hospital emergency room.

CANCELLATION POLICY¹

To cancel or reschedule individual or couples counseling sessions without receiving a charge for the cancelled appointment, you will need to call me at 503-235-3433 at least 24 hours before your scheduled appointment. If you call to cancel with less than 24 hours' notice, or do not call at all, you will be charged for the session. The fee for missed individual and family appointments is one-half of your usual fee. If your health insurance is covering the cost of therapy, the missed appointment fee is one-half of the rate that the insurance company pays for sessions, not one-half of your co-pay.

If you are participating in group therapy, you may miss one session in an 8-week period with no fee charged. Any additional missed sessions will result in charge of one-half of your usual fee. If your health insurance is covering the cost of group therapy, the missed session fee is one-half of the rate that the insurance company pays for sessions, not one-half of your co-pay.

¹CLIENT INITIALS

FEES AND PAYMENT²

Payment of fees or insurance co-pays is required at the time of service. I will bill your insurance company when applicable. Insurance companies will not pay for appointments you miss and are charged for. (See cancellation policy.) In this event, you will be required to pay for these yourself. I will assist you in receiving coverage from your insurance company, but payment is ultimately your responsibility as the client.

Please be advised that actual payments by insurance companies may vary from the information I initially receive about your benefits. You will be responsible for any balance not paid by the insurance benefits.

If your insurance company does not pay for appointments you attend for any reason (e.g., terminated coverage, maximum benefits exceeded) you will be responsible for payments for those sessions.

The fee for writing and sending reports or documents of any kind related to your therapy (except tasks of 10 minutes or less) is \$95 per hour.

The fee for consulting with other professionals about your therapy (except consultations of 10 minutes or less) is \$95 per hour.

²CLIENT INITIALS

AGREEMENT TO ABOVE CONDITIONS

I have read this informed consent and have asked questions about any parts that are unclear to me. I now fully understand it and agree to the conditions stated herein. I voluntarily consent to participate in counseling with Paul Lee, LCSW.

CLIENT SIGNATURE

DATE

CLIENT FEE AGREEMENT

Your fee for individual counseling will be \$_____ per session, and you will be expected to pay \$_____ of that at the time of each session.

Your fee for couples or family counseling will be \$_____ per session, and you will be expected to pay \$_____ of that at the time of each session.

Your fee for group counseling will be \$_____ per session, and you will be expected to pay \$_____ of that at the time of each session.

CLIENT SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE