

Informed Consent for Psychotherapy

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INFORMED CONSENT FOR TREATMENT SERVICES

General Information: The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process:

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality: The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client-held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named person is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under 18 years old, the elderly, vulnerable persons (e.g., developmentally delayed, incarcerated, etc.), and animals.
4. Suspected neglect of the parties named in items #3.
5. If a court of law issues a legitimate subpoena/court order for information stated on the subpoena/court order. This also includes the therapist consulting their own legal counsel regarding these situations and/or when claims are brought against the therapist.
6. If a client in therapy is being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
7. If the client is a minor and parent(s)/guardians(s) have legal rights to such confidential information. This will be discussed during the first session.
8. Information necessary for health insurance purposes.

9. If, based upon information gained from the client or a third party, the therapist is required or permitted to disclose confidential information by the HIPAA Privacy Standard or Oregon state law.

Occasionally, I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first due to confidentiality laws and concern for your privacy. However, if you acknowledge me first I am legally/ethically able, and will be more than happy, to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Additional Information:

- Individual psychotherapy (counseling) and assessment services: **\$150 per 50-minute counseling session (\$200 for initial intake appointment)**, unless other prior arrangements have been made with my therapist. Extended sessions are available upon request. Preparation of reports or letters, emails, texts, and/or phone calls requiring over 15 minutes of my therapist's time outside of scheduled appointments will be pro-rated as a partial session.
- I agree that payment for services is due at the time of service and that I am fully responsible for payment, even if seeking insurance reimbursement. I understand that the card I have on file in the client portal will be charged on the day any services are rendered. I understand that there is no guarantee of insurance reimbursement for fees, and that insurance is not likely to cover costs related to missed or late-canceled/rescheduled appointments.
- To avoid full charges for missed or late-canceled/rescheduled appointments, I understand that I must cancel/reschedule the appointment in the **client portal at least 24 hours prior** to the start of the scheduled appointment. I understand that exceptions to this policy may be considered on a case-by-case basis at the discretion of my therapist, and that I am responsible for communicating with my therapist regarding exceptions to this policy.
 1. I understand that charges for missed appointments and/or partial/prorated sessions (e.g., phone calls, letter/report writing, etc. 15 minutes or longer outside of scheduled sessions) will be automatically charged to the card I have on file in the client portal on the day of my late-canceled/rescheduled, missed, or prorated session. Should the card on file not cover the full balance, I understand that I will be sent an invoice for any remaining balance to the email/ mailing address I have on file. I understand that future appointments cannot be reserved until my balance is paid in full. I understand that even if I schedule a tentative future appointment with my therapist, I cannot hold the appointment until my balance is paid in full. This means if I delay, my tentative appointment may be reserved by another client.
 2. I understand that if I fail to pay at the time of service and/or give at least 24 hours advance notice of canceling/rescheduling appointments more than three times in a six-month period, I will be required to keep a credit/debit card on file to schedule future appointments, and all future appointments will be charged to the card on file prior to each session. I understand that should there be problems with my prepayment, the appointment will be automatically canceled and I will not be permitted to schedule future appointments until I discuss how to proceed with my therapist. I understand that, at

this point, my therapist may discontinue providing ongoing treatment to me, may close my treatment file, and that it is my sole responsibility to initiate a conversation with my therapist about how to proceed in the future, should I wish to do so.

3. I understand that accepted forms of payment include Visa, Mastercard, Discover, American Express, and HSA cards. I understand that I am required to upload my credit/debit/HSA card into the client portal prior to my initial intake session, and should I fail to do so at least 12 hours in advance of my scheduled appointment, my appointment may be automatically canceled. If a third party (e.g., family member, friend, partner, etc.) is paying for your therapy, they will be required to keep a debit/credit card on file, which will be charged at the end of each session.
- I understand that I can obtain a copy of Holly Morseman's Professional Disclosure Statement at PortlandOregonCounseling.com, which contains additional information regarding confidentiality and privacy practices.
 - I understand that my therapist **will not** be available for 24 hour crisis intervention, emergencies, or contact outside of schedule appointments and I have been informed of where to call if I have an emergency: 911 or the local crisis line 503.291.9111.
 - I understand that electronic forms of communication (e.g., email, text messages, etc.) are not considered confidential, and that I am not required to utilize these forms of communication with my therapist. I understand that I must inform Holly Morseman in writing should I decide to revoke my consent to these forms of communication.
 1. Though your emails, text messages, or account information will not intentionally be shared with anyone (other than permitted by HIPAA or Oregon law), these forms of communication are easily compromised and cannot be guaranteed safe from a virus, hacker, or account breach. Please share protected health information at your discretion, along with any information you request via electronic communication. By using these forms of communication, you agree to release Holly Morseman, and Compass Counseling & Consulting, LLC from any security breach. If you do not want to use electronic communication, please call [\(503\) 902-5057](tel:5039025057).
 - I understand that, due to the extensive time commitment required in court proceedings, and the disruption to my therapist's practice and other clients' treatment, I am discouraged from subpoenaing my therapist. I understand that I am responsible for the testimony and court-related fees, and acknowledge that this does not mean my therapist's testimony will be solely in my favor. Therapists can only testify to the facts of the case and their professional opinion. I understand that requesting clinical documentation (e.g., treatment summary, results of assessments, etc.) for court purposes is highly preferable to subpoenaing my therapist. Requesting clinical documentation instead, decreases the negative impact the court proceedings have on the practice and other clients, and will be billed in the same manner as report/letter writing (stated above). Should my therapist be subpoenaed, I understand that I will be responsible for paying for their time (i.e., preparation, travel, all time spent in/

at court) at a rate of \$200 per hour as a retainer, even if called to testify by another party.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.