

## **Foothills Counseling Informed Consent**

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment.

We at Foothills Counseling view counseling as a collaborative effort between counselor and client. Our goal is to help clients identify personal needs, understand conflicts, discover new options, and make informed choices.

When a client shares personal information and the counselor responds with respect and authenticity, sessions may seem emotionally intimate. To maintain a safe environment, client and counselor understand that the relationship will remain professional and it will not become personal. Contact will be limited to the sessions in the office or over the phone, focusing on client concerns. The client and counselor will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship.

### **Confidentiality and Client Rights**

Everything said in therapy is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the therapist is required or permitted by the HIPAA Privacy Standard or Oregon state law. As a client of an Oregon licensee/Associate (counselors are licensed professional counselors, professional counselor associates, Licensed Clinical Social Workers or Clinical Social Worker Associates), you have the following rights:

1. To expect that a licensee has met the minimal qualifications of training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics;
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
  - a. Reporting suspected child abuse;
  - b. Reporting imminent danger to client or others;

c. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;

d. Providing information concerning licensee case consultation or supervision; and Defending claims brought by client against licensee;

7. To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

Information may also be disclosed if a client signs a written authorization. Electronic transmission and caller identification-by phone, cell phone, email, FAX, or internet, increases risk for breach of confidentiality.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with other health professionals, who are bound by the rules of confidentiality as stated herein.

#### Voluntary Participation

Therapy is understood to be a choice made by the client. Outcomes cannot be guaranteed. Clients who choose therapy may, or may not, benefit from treatment. Some clients need only a few sessions to achieve their goals, while others may require several months or years of counseling. The client may choose not to seek treatment at this time. Alternative options include other therapists, books, support groups, self-help resources, and other modes of treatment. Medical treatment may also be an option. A client has the right to terminate treatment at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

Communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from date of termination. Records of minor clients will be retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is the later.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments. You may also contact the Oregon Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road SE, #120, Salem, OR 97302-6312, Telephone: (503) 378-5499, email: [lpct.board@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov) Further information about Licensee information is available at: <http://www.oregon.gov/oblpc/Pages/index.aspx> You may also contact the Oregon Board of Licensed Social Workers at 3218 Pringle Rd SE Ste. 240, Salem, OR 97302-6310 Office: 503-378-5735 Fax: 888-252-1046 Email: [oregon.blsw@blsw.oregon.gov](mailto:oregon.blsw@blsw.oregon.gov)

## Emergency Services

If in need of emergency services, the client should call 911, crisis line at 541-962-8800 or (800) SUICIDE.

## ACKNOWLEDGEMENT

I/We have received a copy of the Notice of Privacy Practices, and this disclosure statement about the counselor. I/We have read the information, were given the opportunity to ask questions, and understand the contents.

My/our case will be automatically closed after sixty (60) days of no contact following my last session/phone call.

I/We \_\_\_\_\_ agree to pay the counseling fee as follows:

The following fee schedule is due at the start of each session;

The fee of \$250.00 for a 53 minute assessment, and then \$230.00 for each subsequent counseling session of 53 minutes; \$115 for each counseling session of 30 minutes; the fee can be discounted or periodically adjusted. If this rate is beyond your ability to pay, please discuss sliding scale options. Clients who choose to use insurance will not be obligated to pay above their contracted insurance rate, but will be responsible for applicable copays, coinsurances, deductibles, and denied insurance claims.

The fee of \$230.00 per hour for all court related time, wait time, and travel time.

A \$75 fee is charged if the client fails to cancel a minimum of 24 hours prior to any scheduled appointment;

A prorated hourly fee charged for phone calls made by the counselor at my/our request; and

All financial obligations, regardless of insurance coverage or reimbursement.

**I have read and I agree to Foothills Counseling Informed Consent**