

Deb Ross, M.A., LMFT
1234 Pearl Street Suite 3
Eugene, Oregon 97401

Informed Consent and Agreement for Psychotherapy Services

CONFIDENTIALITY: All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect: when a client presents a danger to self, others or property: when a client has been involved in an unsolved crime. When treating couples and families, or when family members are involved in an individual's therapy sessions, confidentiality and privilege do not apply between treatment members unless it is otherwise agreed upon and clinical judgment will be used when revealing such information.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by you're your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information is communicated to the insurance carrier, however after the information is given to insurance I can no longer protect the privacy of your confidential information.

INSURANCE BILLING: I understand Deb Ross uses a professional billing service and my demographic and insurance information will be sent to the billing service in order to bill for my sessions.

LITIGATION LIMITATION: Should there be legal proceedings such as divorce, custody disputes, injuries, lawsuits, etc., I will not testify in court or at any other proceeding and disclosure of clinical psychotherapy records should not be requested unless otherwise agreed upon.

CONSULTATION: I may consult with other professional if I believe it will benefit the client. If I do so, the client's identity remains completely anonymous to protect their privacy rights and maintain full confidentiality.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is important to be aware that computers and email communication cannot protect the privacy and confidentiality of such communication and that emails, faxes, and important texts are part of the medical records.

CLIENT RECORDS: You have the right to review or receive a summary of your records at any time, excepting certain circumstances, and if assessed to be more appropriate the records would be provided to a mental health professional of your choice. Upon your request and after obtaining your signed authorization, your clinical information may be released to agencies and persons specified by you. For clients' whose therapy involves another person(s), as in couples or family therapy, or when family members and/or other adults have been involved in the treatment of an individual, a signed authorization must be obtained from all participating individuals who can legally authorize the release.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please send me an email @ dtaylor1702@yahoo.com, and I will get back with you as soon as possible. If your message is of an urgent nature please contact me on my cell phone @ (954) 445-0659. If you have an emergency situation and need to talk to someone right away please call 911 or go to your nearest emergency room.

PAYMENTS & INSURANCE REIMBURSEMENT: My standard fee for psychotherapy is \$150.00 for 60-minute sessions. Professional services are either charged to clients at the time of service, or billed to their insurance carrier. Co-pays are due at the time of session and payable by cash or check made out to: Debra Ross Therapy LLC.

Sliding scale fees may apply for self pay clients, with an agreed upon fee to be determined before the first session.

OFFICE POLICY for PRE AUTHORIZATIONS AND COPAYS:

It is the client's responsibility to contact their insurance carrier(s) before the first therapy session to determine whether sessions will be covered by insurance payments. If by the second therapy session, a client has not received pre authorization for insurance payments, payment for sessions will be on a self-pay basis due at time of service until the therapy sessions have been authorized for insurance payments.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:

Participation in therapy can result in a number of benefits; including improving interpersonal relationships and resolving the specific concerns that led you to seek therapy. Working toward these benefits requires your effort and active involvement in the therapeutic process both inside and out of the therapy session.

During the evaluation or therapy session, remembering and talking about certain feelings and thoughts may result in experiencing some uncomfortable feelings such as anger, sadness, worry, or fear. Some of your assumptions or perceptions may be challenged as you begin to consider and experiment with different ways of looking at, thinking about, and responding in relationship and to life circumstances as with: intimate partners: family members: friends: co-

workers: bosses: challenging situations: developmental tasks: life transitions: past or recent traumatic events: other problems or issues that brought you into therapy. Making changes at times may feel swift and easy for you and other times slow and frustrating. Often decisions and behavior changes that are positive for one family member create discomfort and the resistance to change from others.

During the course of therapy, I draw on various psychological approaches and models to help facilitate your desired changes including: behavioral; cognitive-behavioral; cognitive; existential; family systems; developmental; humanistic; experiential; psycho-educational; somatic; eye movement desensitization and reprocessing (EMDR); and emotionally focused couples therapy (EFCT).

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, determine therapeutic objectives, create a treatment plan and discuss with you the possible outcomes of treatment. If you have questions or concerns during the course of your therapy about any of the procedures used, their possible risks, my expertise in employing them, or about your treatment plan, please tell and we will address these together. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: After our first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help and will instead provide several referrals to qualified professionals. If at any point in the therapy process, I assess that I am not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and, if appropriate, terminate treatment and offer referrals to other qualified professionals that may be of help. If the decision to refer is made, and you provide me with written request, I will talk the professional of your choice in order to help with the transition. If at any time, you want another professional's opinion or wish to consult with another therapist, I will assist you with these referrals, and with your written consent provide her or him with the essential information. You have the right to terminate therapy at any time.

DUAL RELATIONSHIPS: Therapy never involves sexual or any other dual relationship that would impair the objectivity and clinical judgment of the clinician or in any way exploit a client. However, not all dual or multiple relationships are unethical or avoidable. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it. Often it is not possible to know which will occur ahead of time. I will discuss with you the existing complexities, potential benefits and difficulties that may be involved in a dual or multiple relationships and carefully assess before entering into any non-sexual and non-exploitative dual relationships.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment and a fee \$55.00 will be charged for the 60 minute sessions missed without such notification. Most insurance companies do not reimburse for missed sessions, This fee is of course waived in the cases of an emergency.

I _____ have read the above Office Policies for Deb Ross, and the Agreement for Psychotherapy Services. In signing the Informed Consent I am acknowledging I understand the office policies and services for psychotherapy and give my consent to comply with them.

Signature(s) _____

Date _____