Informed Consent for Treatment and Evaluation

Records: I will keep records documenting our sessions. These notes will typically include a narrative summary of what we discussed, symptoms brought up, any relevant medical issues mentioned, your diagnosis, treatment interventions used in session and planning for future care. The purpose of our sessions being documented is first and foremost to be used as a tool for tracking your progress and recording your treatment plan. My notes on our sessions may also be used to communicate with your other health care professionals what we are working on, to verify services you are receiving to any third-party payer in order to facilitate payment for services, and to serve as a legal document for the care you are receiving.

Therapist Client Privilege and Client Litigation: The information disclosed by you, as well as any records created, is subject to the therapist-client privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the therapist client privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. You should be aware that you might be waiving the therapist-client privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the therapist-client privilege with your attorney. I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with clients' attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any client's legal matter. I will generally not provide records or testimony unless compelled to do so.

Fees and payments: My fee for service is $65 for per 50-minute session. You may pay by cash or make out a check payable to Wilsonville Counseling Services. Payments will be due at the time of appointment. There will be a 25% charge for late payments unless we have previously agreed upon you paying for your service on a later date.

Appointments and cancelations: To get the most therapeutic benefit it is important for us to maintain a consistent schedule**.** For the most part our sessions will occur on the same day and time each week. Since our appointments represent a time slot that I have kept saved for you it is important that you communicate ahead of time if you need to cancel one of our scheduled sessions. If a session is missed without 24 hour notification you will be charged for the full session.

Availability: You can call me any time but please keep in mind that I am not available 24/7. If you reach my voice mail please indicate who you are and share a little about what is going on or what question you may have. I will do my best to return calls within 48 hours. If you are experiencing an emergency please go to the nearest Emergency Department, call 911 or call the Clackamas County Crisis Line 503-655-8585, the Washington County Crisis Line 503-291-9111 or the Multnomah County Crisis Line 503-988-4888.

Avenues of Communication: In our world today there are many different avenues for communication. The best way to reach me is by phone 503-544-7962. My voice mail is confidential. However, based on advances in technology it is important that you understand that communicating with me through email or text messaging is not guaranteed as secure. I encourage you to keep any text messages or emails free from sensitive information. Please note that I will not save your number in my phone as an effort to keep your information as confidential as possible. With that being said, whenever you text me please

indicate who you are as I will likely not recognize you by your phone number alone. As stated previously I am committed to keeping your information as safe and secure as I possibly can. I would also like to share that in order to protect your privacy I do not accept any social media requests from my clients.

Length/Process of Treatment: I would also like you to understand that it is impossible to determine the exact timeline of completing one's therapeutic journey. If you have questions about your progress and treatment plan please feel free to discuss this with me. I would also like to point out that it is reasonable to believe your process will include a combination of services/ resources and that our therapeutic relationship will only be one of the pieces in your pursuit of health.

Benefits and Risks of Therapy: Therapy is a joint effort between us. Progress and success may vary depending upon the particular issues being addressed, as well as many other factors. Experiencing benefits to therapy may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. Participating in therapy may result in a number of benefits to you, such as, reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, increased self-confidence and many other positive outcomes. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort and may evoke feelings of sadness, anger, fear, anxiety, etc. It has often been said that things feel like they are getting worse during the beginning stages of getting better. It is important to consider that sometimes when a person grows and changes their relationships change as an outcome. You should be aware that any decision on the status of your personal relationships is your sole responsibility.

Your Rights and Responsibilities when consulting a counselor for treatment or evaluation:
Right to be informed regarding the terms under which treatment or evaluation will be provided. Polices related to charges, billing third party payers, appointments, emergencies and coverage for when your therapist is unavailable, and other matters will be explained or provided to you. It is your responsibility as a client to stay informed.

Right to choose the best treatment and provider. There are a variety of professionals offering counseling and evaluations. There are also a number of different approaches to counseling. It is your right and responsibility to choose the treatment and provider that best match your needs. You also have a right to a detailed explanation of any treatment or procedure your provider may choose to use including the risks involved and the side effects if any. If you believe you are not receiving the treatment you require, then raise this concern with me and we will work to revise your treatment plan or to refer you to other professionals who may be able to meet your needs.

Right to refuse or stop treatment. Treatment may be stopped at any time and for any reason. In the case where a minor is the client, then the parent or legal guardian has the right to refuse or stop treatment for the minor. Your therapist also has the right to refuse or stop treatment, in which case you will be provided with alternative therapists. It is my hope that if you have concerns regarding your treatment you will discuss this with me.

Right to confidentiality. This means that what you tell me and what is contained in your clinical file will not be repeated or released to anyone else without your expressed permission. You have the right to see and have access to the contents of your file. You have the right to discuss your own therapy with anyone you choose, including another provider.

For minors 14 to 17 years old. Oregon law requires your therapist to have your parents involved in treatment before the end of treatment unless there are clear clinical indications to the contrary, which must be documented in your clinical chart. If you have been sexually abused by your parent or if you are emancipated involvement can be waived. By signing this informed consent document, you:

Authorize me to contact your parents and give them a summary of your treatment. ______ Initial

Authorize me to use my clinical judgment on when to inform your parents of important issues related to your treatment. ______ Initial

There are, however, some limits and exceptions to complete confidentiality which have also been discussed in other sections of this form:
1. Child or Elder Abuse. I am required by law to report any known or suspected cases of child or elder abuse to the Children's Services Division or other appropriate state agencies.
2. Harm to others: If I learn that someone is about to kill or to do harm to someone else I will do my best to inform the intended victim.
3. Harm to self: If I learn that a client intends to harm themselves, I will breach confidentiality to the extent necessary for your protection.
4. Non-Custodial Parents: By law, non-custodial parents can gain access to their children's records pertaining to treatment.
5. Consultation: Occasionally, it is in your best interest for me to consult with another provider regarding your treatment. This will be carried out with the utmost consideration for your privacy.
6. Insurance: Insurance companies or their designated management company may require information about your diagnosis, treatment history, prognosis, treatment or other relevant information in order to authorize services and process claims. A release of information will be obtained for this.

I have read and understand my rights and responsibilities as outlined in the "Informed Consent for Treatment and Evaluation" form. Furthermore, by signing this form, I consent to received Mental Heath and/or Chemical Dependency Services to be provided by Meredith Mirsepassi LPC, CADCI.

Client Signature: ____ Date: ___________
Parent/Guardian Signature: _______________________________ Date: ___________