

### INFORMED CONSENT FOR TREATMENT AND POLICIES

#### **Appointments:**

Telehealth and in-office appointments: Check on availability (days and times are subject to change)

#### **Getting in Touch:**

Since I don't answer the telephone during sessions, it is best to leave me a voicemail message. I'll strive to return your call within 24 hours on business days unless the message indicates differently. When calling to schedule an appointment, be sure to leave several preferred dates and times on your voicemail. If you are calling for an **emergency** and are unable to reach me, please access one of the following resources:

- Call Multnomah County Mental Health Crisis Line: 503-988-4888 or Clackamas County Mental Health line: 503-655-8585
- Go immediately to the nearest emergency room
- Call 911

#### **Cancellations:**

A 24-hour advance notice **MUST** be given for cancelled appointments. This will enable me to use the session time for other clients. **In the event that you need to cancel or reschedule an appointment, please give me as much advance notice as possible. Unless we reach a different agreement you will be billed a \$75 fee for a missed appointment or cancellation with less than 24-hour notice.** If circumstances prevent you from arriving on time, please understand that I must follow my regular schedule and we will meet for the time that is remaining of our scheduled session. If you are more than 15 minutes late for your session without contacting me I will assume you are not coming and may leave the office or telehealth connection.

#### **Fees:**

<b>Counseling session:</b>	\$75-per 60 minute session
<b>Copying of records:</b>	\$40 fee plus \$0.25 per page
<b>Court testifying:</b> (for testifying, travel, waiting, prep time)	\$200 per hour
<b>Letters/collateral contacts:</b>	\$80 per hour, prorated

Payment may be made through cash, credit, flexible spending account payments through your insurance or check made out to: Casey Peddicord Counseling, LLC.

Payment is due and payable at the time of each counseling session, unless otherwise arranged.

#### **Reduced Fee Services:**

I have a few time slots available for reduced fee services. If this is something you need please ask if space is available. **As these spots are limited, two missed appointments or lack of 24-hour notice for cancellation may result in services being terminated.**

#### **Records and Your Rights:**

Oregon law requires treatment records are kept for at least 7 years unless otherwise agreed to. I will keep your records only as long as is mandated by Oregon law. You have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances when I assess that releasing such information might be harmful in any way. In such a case I would provide your records to an appropriate and legitimate mental health professional of your choice. When more than one client is involved in treatment, such as in cases of couple or family therapy, records will only be released with the signed authorizations from all the adults involved in the treatment.

#### **Custodial Records:**

In the event of my death or my inability to continue my practice, Rhoberta E. Michaels LPC, will assume responsibility of client records.

**Confidentiality and Data Privacy:**

Confidentiality of information and records is strictly maintained. Except in the situations described below, no one other than you can access your information without a signed release of information from you authorizing me to communicate with a person or agency.

**Some Limits of Confidentiality Based on Law:**

- **Child, Disabled or Elder Abuse:** I am required by Oregon law to report instances of abuse or neglect of a child or vulnerable adult.
- **Suicide or Violence:** I am required to disclose information without your consent if you are at substantial risk for harming yourself or someone else.
- **Animal Abuse:** I am required to disclose information regarding abuse or neglect.
- **Court Order:** In some cases, a court will order the release of your records or your record may be subpoenaed. I do all that I can to maintain the confidentiality of your records in these instances, but must comply with the specifics of a court order.
- **Other Circumstances:** There are additional circumstances specified in statute in which health care information must be released without the client’s consent although these are rare. If you have questions, you may consult the Oregon Health Licensing Agency at 503.378.8667 or [www.oregon.gov/OHLA/](http://www.oregon.gov/OHLA/)

**Emails, Cell phones, Computers and Faxes:**

Computers, email and cell phone communication can be accessed by unauthorized people and can compromise confidentiality. Emails, in particular, are vulnerable because servers have unlimited direct access to all emails that go through them. My emails **are not encrypted**. If you communicate with me via email I will assume that you have made an informed decision that such communication may be intercepted. **Please do not use email for emergencies.**

**Client Endorsement:**

My signature indicates that I have read, understood, and consented to these policies. I was given the opportunity to ask questions and a copy was provided to me. I have been given a copy of a Professional Disclosure form as required by the Oregon Board of Professional Therapists and Counselors.

\_\_\_\_\_ and/or \_\_\_\_\_  
Signature of client (or person acting for client)                      Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_                      \_\_\_\_\_  
Signature of Counselor                      Date