**CLIENT CONSENT TO TREATMENT**

All clients are required to give their consent to counseling prior to receiving services.

**Risks and Benefits to Counseling**

The counseling I offer is designed to assist you to make changes and cope more effectively with difficulties in your life. I try to limit the risks of treatment by working closely with you. It is possible, however, that you will experience some initial increase in stress, particularly during the early stages of counseling. On the positive side, treatment is often effective in helping people make changes, leading to healthier relationships and genuine problem solving. There are also risks of not getting treatment; the problems may get worse.

You are free to accept or refuse any treatment. Alternatives to counseling with me include no treatment, self-help programs, or choosing to be referred to another therapist or program. I encourage you to talk to me about any concerns you have about our work together.

**CONFIDENTIALITY: Your Privacy and Its Limits**

You have the right to request to see the information in your file and to request that I amend inaccurate health information in your clinical record. I may deny your request under limited circumstances.

You can ask me to contact you in a specific way (phone, email, etc.). I cannot guarantee the privacy of your information when I leave a phone message, text, or an email.

A description of how medical information about you may be used and disclosed is set out in my Notice of Privacy Practices. You may request a copy of that Notice at any time. You may also request a copy of the Bill of Rights of Clients issued by the OR LPC Board. As an adult you have the right to complete a Declaration of Mental Health Treatment form. Ask and I’ll give you that form.

Counselors have a legal and ethical obligation to keep your information private. I will not share anything about you unless I have your written authorization, (you may revoke your authorization at any time, but I can’t undo information that I have already released) or unless one of the following exceptions to confidentiality occurs:

* **Supervision:** As a registered intern, I am under the supervision of Tara Sanderson, PsyD, MBA. I may talk about you with my supervisor in order to get feedback on my skills and get advice about your treatment.
* **Emergencies**: I may share information about you with other professionals or agencies in a medical or mental health emergency, or for follow up after an emergency.
* **Future Harm:** If I learn that you or someone else might be seriously harmed in the immediate future (including suicide), I will attempt to stop this. I will try to keep you and others safe by talking to anyone who might get hurt, anyone who might help, or by calling 911.
* **Child Abuse** (including witnessing domestic violence or exposure to the manufacture of methamphetamine)**, Elder Abuse, or Abuse of Persons with a Mental Illness or Disability:** UnderOregon’s mandatory reporting law, I will report any known or reasonably suspectedabuse or neglect to the appropriate authorities. I also have the right to release confidential information in order to cooperate with an investigation of potential abuse.
* **Committing a Crime:** Information you give me regarding the act of committing a crime may need to be reported to the appropriate authorities. I will tell the police and courts about any crime or threat of a crime by a client, against myself or against my property.
* **Subpoena or Court Order:** If I am ordered to go to court, I may have to give information about you without your permission.
* **Access to Records by Non-Custodial Parents:** If your child is in treatment, both parents have rights to see and copy your child’s file. Both parents can talk to me. Only a court order can limit this right of the non-custodial parent.
* **Counselor Defense:** I will disclose any information deemed necessary in response to any legal claims brought against me by a client.

**Emergency Situations**

My intent is to return phone calls within 1 business day. However, I am not available 24 hours a day. If you are experiencing a mental health emergency, you may contact 911 or the Washington County Crisis Line at: 503-291-9111. You may also go to your nearest emergency room.

**Payment**

My standard fee is $75 per hour. I offer a reduced fee when appropriate. Payment is expected at the time of service.

**Cancellation Policy**

Cancellations and failures to show for an appointment significantly interfere with my ability to provide quality services. If you must cancel an appointment, please contact me at least 24 hours in advance. Appointments not cancelled within 24 hours may be charged the standard fee, which will be due at your next appointment.

By signing below, I agree that:

* I have read this document, and understand the information in it.
* I have had all my questions regarding this document answered to my satisfaction.
* I freely give my consent to treatment.
* I was given a professional disclosure statement.
* I was offered a Notice of Privacy Practices about how my private information may be used and disclosed and how I can get access to this information.
* I was offered a Bill of Rights of Clients

Client Signature and date

Parent/Guardian Signature and date