Office Policies and Privacy Statement

Welcome! Prior to beginning treatment, it is important for you to be familiar with my approach to treatment, your rights and responsibilities, and my office policies. This document discusses each of these topics. If you have questions please ask me for additional information.

Treatment

To provide you with the best care possible, it is important that I have a clear understanding of what brings you to treatment. To assist me with this, I may ask you to complete forms about your history, experiences, and health. During our initial meetings I will ask you detailed questions about your functioning, thoughts, and experiences. Although some questions may seem unrelated to your concerns, it is important for me to know this information. I may also ask you to complete psychological tests or questionnaires over the course of our work together in order to gather more complete information.

Once I have an understanding of what concerns bring you to treatment, we then work together to develop a plan to address these concerns. It is critical that you actively participate in treatment planning and openly discuss your treatment needs. If ever you feel misunderstood or feel we are not addressing your concerns, I encourage you to bring this to my attention. This kind of open communication and feedback is a part of us developing the best course of treatment for you. I will frequently ask for your input and I encourage you to ask questions of me (such as about my qualifications or approaches to treatment.)

To accomplish our treatment goals, you may be asked to try out new behaviors or activities. Depending on your goals I may ask you to practice a communication skill, read a book, or think about something either in session or between sessions. If these activities do not work for you or are not feasible, please tell me. Sometimes doing things in a new way or considering something differently is difficult. Discussing this can be very useful.

Risks: It is important for you to know that there are risks involved in treatment. For example, sometimes people experience an increase in stress, especially during the early stages of treatment. Some problems seem to get worse before they get better. These are natural occurrences, but you need to be aware of them. Other things may come up depending on your unique situation. I will discuss with you risks that I identify as they come up. Please ask me about this at any time.

Alternatives: Not all clients are well-suited to my approach, nor am I able to treat all problems confronting my clients. As a result, I cannot guarantee successful treatment. If I determine that I cannot adequately treat you, I will inform you at the earliest opportunity and assist you in finding more appropriate services. Likewise, if at anytime you have doubts about the appropriateness or effectiveness of your treatment, please discuss these doubts with me as soon as possible. Again, it is important that we develop treatment well-suited for you.

Rights to Privacy and Exceptions to Privacy

The work that we do here is confidential, legally in the category of “privileged communication.” The things that you choose to discuss with me are strictly private and protected by Oregon State Laws. Except under unusual circumstances discussed below, I will not share anything we talk about with others unless I have your written permission to do so.

Sometimes it will be helpful for me to exchange information with others, such as your physician, school or work personnel, or other family members. I will explain the need to do so and discuss specific information to be shared. If that is acceptable, I will ask for your permission in writing and ask you to complete a Release of

Information form. If there is specific information you believe would be helpful for me to know about, such as previous mental health treatment, please bring this to my attention as soon as possible.

Some things, by law, cannot be kept private; there might be a need to break confidentiality if you were in medical jeopardy, suicidal, or dangerous to another person. There are laws concerning abuse of children and the elderly that require report to the proper officials. Although these exceptions seldom occur, it is important that you are aware of them. If it is necessary to break confidentiality because of one of these reasons, I will release only information that is relevant to provide for your safety, the safety of others, or as is required by a court mandate.

Child, Adolescent & Family Treatment: Privacy is also important when children or spouses are involved in treatment. When children or adolescents are referred for treatment, it is important to respect the need for privacy, while also identifying issues to be addressed by the entire family. With adolescents over the age of 14, I engage family in treatment as necessary with the adolescent's permission, and refrain from communicating about them to others without their knowledge except in the event of emergencies as discussed in the previous paragraph. Similarly, when both members of a couple are involved in treatment, it is important to balance the need for individual privacy with the need for open communication.

Legal Proceedings/Court Involvement: If you are involved in or anticipate being involved in legal or court proceedings, it is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. It is also important for you to know that I will not be a party to legal proceedings against current or former clients. My goal is to support my clients to achieve therapy goals, not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing to not involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents the misuse of your treatment for legal objectives. If you are required by a court to obtain an evaluation, it is important that you understand that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to help you find a provider that offers this service.

In the event you require my testimony or involvement in non-adversarial aspects of legal/court proceedings, I will do so only with your consent. I will be unable to disclose information pertaining to other family members or parties involved in treatment without their specific consent to disclose this information.

Office Policies

Appointments & Cancellations: All office hours are by appointment. It is important that you plan to be on time, as I cannot encroach upon the following session if you are late. Sessions are usually 45–50 minutes long. When you make an appointment, please try to keep it even if you felt upset during the last session or feel anxious about the next one.

Please call immediately if you need to cancel or reschedule your appointment. Confidential voicemail is available 24 hours a day, 7 days a week. The phone number is 503-908-3114 or 503-702-0332 You will be charged for your appointment if you do not provide 24 hour advance notice of cancellation. There will not be a charge for late cancellations due to emergencies.

Emergencies: If you need to reach me in an emergency outside of office hours, you may call my answering service at 503-702-0332. If you call after 10:00 p.m., you will need to call, hang up and then call again immediately to alert the system. They will attempt to reach me and I will return your call as soon as I am available. If you cannot wait for a return call, you may call the Portland Crisis Line at 503-988-4888, Call 911 or go to your nearest hospital emergency room.

Fees & Billing: Payment is due at the time of service. Fees for therapy, testing, assessments, hospital consultation, school consultations and other clinical services are set on an individual contracted basis, usually fee-per-session or hourly. Brief phone calls (around 5 minutes) are not charged for, but longer calls are charged at the usual contracted rate. If at sometime you have difficulty with the contractual arrangements we make, please let me know as soon as possible so that we may discuss this and consider new arrangements or a payment plan.

The contract for professional services and payment is with you. If you choose to use your health insurance coverage, I will submit claims on your behalf through my billing service. You are asked to pay your co-payment or non-covered amounts at the time of service. Mental health reimbursement policies differ dramatically from one third-party contract to another. It is often difficult to predict the services and fees different plans will cover. For this reason, it is important to discuss these issues in your early sessions or when there is any change in your insurance to avoid confusion and problems that could interfere with our work together. Regardless of the insurance company's handling of the claim, you are responsible for all fees.

Consent to Treatment

I have read, or have had read to me, the Offices Policies & Privacy Statement and have received the Notice of Privacy Practices. I have had an opportunity to ask questions about the information provided in these disclosures. I understand my rights to privacy, the exceptions to my rights to privacy and that there are risks associated with treatment. In the event children are involved in treatment, I hereby give my consent for their treatment and affirm that I am a legal guardian with the authority to authorize mental health services for this/these child(ren). I also agree to abide by the payment and billing policy outlined above and accept full responsibility for any and all fees incurred in my care or the care of the child(ren) for whom I am authorized to approve care.

PRINTED NAME OF CLIENT:

CLIENT SIGNATURE: DATE:

As Applicable:

PRINTED NAME OF PARENT/LEGAL GUARDIAN:

PARENT/LEGAL GUARDIAN SIGNATURE: DATE:

RELATIONSHIP TO CLIENT:

ADDRESS IF DIFFERENT FROM CLIENT:

WITNESS: RENÉE PIRKL, PSY.D., P.C. DATE: