

Anne Emmett LCSW
516 SE Morrison, Suite 500
Portland, OR 97214
503-238-2405

CLIENT POLICIES AND CONSENT TO TREATMENT

Welcome to my psychotherapy practice! Here is some information about my practice that I ask you to read and sign that you have reviewed this information. Thank you.

Length and frequency of psychotherapy sessions: Psychotherapy typically involves regular sessions, usually 45 minutes in length. The initial session is 60 minutes. Duration and frequency of sessions will be mutually determined and may vary depending on the nature of your problem and your individual needs.

Confidentiality: Information shared with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality cannot be assured in life-threatening situations involving yourself or others, in situations involving a child or senior at risk of harm or if your records are subpoenaed by a court. I routinely review my work with colleagues and seek consultation as needed. In those circumstances I disguise identifying information and use a pseudonym. I have made arrangements with a trusted colleague to access files and notify clients in the event that I were to become unexpectedly incapacitated. I will make arrangements for coverage of my practice during any planned absence.

Fees: Initial appointment fee for a 60 minute session is \$165, and \$125 for subsequent 45 minute sessions.

Fees and co-pays are expected to be paid at the start of each session. If you plan to use insurance please be aware of what your coverage is prior to meeting with me. This would include your deductible and whether that has been met and if you have a co-pay. You will be responsible to pay full fee for any session that you miss unless you give me at least 24 hour notice. Please be aware that insurance carriers will not cover cancellation fees.

If you request that your insurance be billed by me be aware that your carrier will be requesting information from me in order to provide payment. You are responsible for your bill even though you may have insurance. Phone calls over 10 minutes will be billed as a professional service, as will letters and reports related to client care. Insurance typically does not cover these expenses and you may be billed for them at my pro-rated

fee. I reserve the option to use a collection service in the event of an outstanding, unpaid bill.

Legal Issues: If you are anticipating involvement in a court action I advise that you discuss the matter with your attorney prior to disclosing information to me that could be damaging to your case. By signing this form, you agree to not involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when couples or family therapy has not resolved disputes.

Phone/text/email and emergency contact: For routine matters please contact my office #503-238-2405. For urgent matters I can be reached on my cell# 503-753-3017. I am usually able to return calls within 24 hours. If you cannot reach me directly and it is an emergency please call 911 or go to the nearest emergency room. Multnomah County Mental Health Crisis Line is 503-988-4888. You can text or email me for brief logistical/informational matters but know that neither is a confidential venue and that neither should be used to reach me in an urgent/emergent situation.

Social media contact: I do not accept friend or contact requests from former or current clients on social networking sites. Please do not message me from these sites as this is not a reliable way to reach me and also is not confidential.

Physician/Health Care provider contact: Physical and psychological symptoms often interact. I encourage you to seek medical consultation if warranted. It is often helpful for me to communicate with your primary care doctor and/or other health providers and I would need your written permission to do so.

Freedom to withdraw: You have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists.

Informed consent: I have read and understood the preceding statements. I have had an opportunity to ask questions about them, and I agree to enter into a professional psychotherapy relationship with Anne Emmett LCSW.

Signature: _____

Date: _____

Revised: 9/17