CLIENT INFORMATION

Paul Lee, LCSW . . . . . **paullee@portlandmrc.com** **503-235-3433**

The information presented here is important for you to read and understand. If you have any questions about this material or about your treatment please ask them. In order to participate in therapy with me, you will need to sign (at the end) indicating you have read and understood this information.

CONFIDENTIALITY

What you say to me is confidential. This means I will not divulge the content of your communication to anyone other than those for whom you have signed a release or certain others when required by law.

I may also release information about you when legally required; for example, if you have harmed or threatened to harm yourself or another, if you reveal an intent to commit a crime, if you take legal action against me, or if I am ordered by a court of law. If I have seen both you and your partner, I may be required to testify in child custody actions. When your communication with me lets me know that you have abused or neglected a minor or elderly person, or if you express an intent to physically harm or endanger another person, I need to inform the proper government agency. I am also sometimes required to give information to the parents of minors.

You may also participate in group therapy here, and others in the group will get to know you. I ask that you and all group members not share any information about those in your group with anyone other than your therapist and others in your group. This is to protect your confidentiality. However, I cannot guarantee these confidences will be kept.

RELEASE OF INFORMATION

In order to provide you with the highest level of care, I may need to talk with other professionals you have seen. I therefore may ask you to sign a "release of information" allowing two-way communication about you to these professionals. These may include, for example, physicians, other therapists, lawyers or your insurance company if you wish for them to pay any part of your bill. I may also request a release of information to a family member when appropriate.

PURPOSE OF TREATMENT — Potential successes and risks

I will make every effort to facilitate your healing, although I cannot guarantee you will succeed. Sometimes psychotherapy is not successful. And, although some psychological problems can be treated in a relatively short period, others can take up to one or two years or more to successfully treated. That requires effort on your part.

Sometimes, clients may change to such an extent that relationships break up. When that happens it may be because the partner in therapy is growing and changing, while the other partner is unable to grow with them. It could also happen when the partner not in therapy wants change to happen more quickly, and when it doesn't; they may choose to leave the relationship.

THERAPIST AND CLIENT RESPONSIBILITIES

In order to help you with these issues, it will be my responsibility to guide you in the direction of increasing your awareness about your present ways of relating to yourself, to your family, and to others. I will also help you develop new ways of relating . The aim of these new methods is to help relieve you of some of the problems for which you entered therapy. As a participant in the therapeutic process, you will be expected to come consistently and promptly to your sessions, to pay for your meetings at the time of service, and to gradually disclose more about yourself and your feelings.

As counseling is an ongoing process, you need to make and express your own judgments as to how therapy is progressing and whether you wish to continue. Taking into consideration the views of your therapist, it is your right and responsibility to choose to continue or discontinue treatment at any time. It is also possible that I may decide to end therapy because of consistent missing of appointments, disrupting the treatment of others, financial reasons (not having received payment from you) or because I believe you could be better served elsewhere. In the latter case I will give you the names of a few other places where you may continue to seek treatment. You may also choose not to seek treatment at all.

I will give you names of other sources of treatment if you cannot afford my services or if for another reason you choose to goelsewhere.

If you choose to stop coming to therapy, I would appreciate it if you inform me that you will not be returning for future sessions. If I do not receive any communication from you for a period of 90 days, I will

continues on page 2

assume that you have terminated therapy and I will no longer consider you to be in treatment with me.

SOCIAL MEDIA

I do not engage with clients on social media. If you attempt to communicate with me or "friend" me on social media, I will not respond. This ensures appropriate therapist/patient boundaries.

SESSIONS

The length of individual, couples, and family sessions is normally either 45 minutes or 55 minutes. The length of group sessions is one hour and 45 minutes unless the group has low attendance and less time is needed. The length of sessions may depend on your needs, the cost, limitations imposed on payment and length of sessions by insurance companies, or other factors we will discuss. Occasionally, we may agree to session lengths other than 45 or 55 minutes depending on your needs.

EMERGENCIES

If you are in crisis or have an emergency situation, you should call 503-235-3433 to speak with me. If you reach my voice mail or I am not available, call the Mental Health Crisis Line at 503-988-4888 or go to a hospital emergency room.

CANCELLATION POLICY

To cancel or reschedule individual or couples counseling sessions without receiving a charge for the cancelled appointment, you will need to call me at 503-235-3433 at least 24 hours before your scheduled appointment. If you call after 24 hours or do not call at all, you will be charged for the session. The fee for missed individual and family appointments is $40.

If you are participating in group therapy, you may miss one session in an 8-week period with no fee charged. Any additional missed sessions will result in charge of $20.

_____
[1]CLIENT INITIALS

FEES AND PAYMENT[2]

Payment of fees or insurance co-pays is required at the time of service. I will bill your insurance company when applicable. Insurance companies will not pay for appointments you miss and are charged for. (See cancellation policy.) In this event, you will be required to pay for those yourself. I will assist you in receiving coverage from your insurance company, but payment is ultimately your responsibility as the client. Please be advised that actual payments by insurance companies may vary from the information I initially receive about your benefits. You will be responsible for any balance not paid by the insurance benefits.

If your insurance company does not pay for appointments you attend for any reason (e.g. terminated coverage, maximum benefits exceeded) you will be responsible for payments for those sessions.

The fee for writing and sending reports or documents of any kind related to your therapy (except tasks of 10 minutes of less) is $95 per hour.

The fee for consulting with other professionals about your therapy (except consultations of 10 minutes or less) is $95 per hour.

In the unlikely event I should attend a court hearing about your case, the fee for my time, including travel and waiting, is $95 per hour.

_____
[1]CLIENT INITIALS

AGREEMENT TO ABOVE CONDITIONS

I have read this informed consent and have asked questions about any parts that are unclear to me. I now fully understand it and agree to the conditions stated herein. I voluntarily consent to participate in counseling with Paul Lee, LCSW.

_____ _____
CLIENT SIGNATURE DATE

CLIENT FEE AGREEMENT

Your fee for individual counseling will be

$_____ per session, and you will be expected to pay

$_____ of that at the time of each session.

Your fee for couples or family counseling will be

$_____ per session, and you will be expected to pay

$_____ of that at the time of each session.

Your fee for group counseling will be

$_____ per session, and you will be expected to pay

$_____ of that at the time of each session.

_____ _____
CLIENT SIGNATURE DATE

_____ _____
SIGNATURE OF PARENT OR GUARDIAN DATE