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Client-Therapist Agreement for Services

Disclosure Statement – Informed Consent

Welcome to my psychotherapy practice. This document is intended to provide important information about my professional services and your treatment. Please read the entire document carefully and be sure to ask me any questions you have regarding its content.

The Process of Therapy and Psychological Services

I am a Licensed Clinical Social Worker; that is, I am a therapist licensed to practice psychotherapy in the State of Oregon. Therapy is a collaborative process and thus will require effort on your part. It requires an openness and willingness to talk honestly about your thoughts and feelings. It also requires a commitment to attend regular sessions. It is my role to support and guide you as you explore solutions to your problems, establish changes and/or experience healing. The process involves discovery of new ways of relating to yourself and others in order to have a higher level of well-being and improved relationships.

During psychotherapy, remembering or talking about unpleasant events, thoughts, or feelings can evoke feelings of anger, sadness, guilt, fear, or hopelessness. While a surge of difficult emotions may be a part of the 'working-through' process, your active participation over time can lead to a significant reduction in symptoms and less emotional distress. There is no guarantee that therapy will yield a specific outcome. Should you have questions or concerns about your treatment or my procedures, I encourage discussion of them when they arise.

Appointment Scheduling and Cancellation Policy

During the first initial sessions, I conduct an assessment and then together we develop treatment goals that are the focus of the work. A psychotherapy session is 50 minutes in length. Sessions are typically scheduled to occur one time per week at the same time and day if possible. However, I may suggest a different frequency of sessions for therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. Since scheduling an appointment means reserving a time specifically for you, a minimum of 24 hours is required to reschedule or cancel an appointment. Please leave me a message at 925.222.1568 to reschedule or cancel. If you do not provide me with at least 24 hour notice in advance of your appointment, you are responsible for payment of the missed session. Please review the *24-Hour Cancellation policy form* for the specifics on this matter.

Fees for Professional Services

My fee is $125 for each 50 minute session. Additional professional services such as telephone conversations lasting longer than 10 minutes, report reading and writing, consultations with other professional, preparation of records & treatment summaries will be charged at the same prorated rate. Fees are due at the end of each session, and are payable via cash or check. Payment schedules for other professional services mentioned above will be agreed to when requested. There is a $25 dollar fee on all returned checks. Please notify me if problems arise during the course of therapy regarding your ability to make payments.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $175 per hour for preparation and attendance at any legal proceeding.

Therapist Availability & Emergencies

I maintain a confidential voice mail system. If you need to reach me in between sessions, I am available to talk by phone. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. As mentioned above, telephone conversations over 10 minutes will be charged at my hourly prorated rate. You may leave a message for me at any time on my confidential voicemail. If you wish that I return your call, please leave your name and telephone number in the message. If you have an urgent need to speak with me, please indicate that fact in your message. When I am out of town I will arrange for a licensed therapist to cover my emergency calls. In the event of a psychiatric emergency involving a threat to your safety or the safety of others, please call 911 to request assistance or call your local Mental Health Crisis Center; Washington County Crisis Hotline 503.291.9111.

Confidentiality & Exceptions

All information disclosed within sessions and the written records pertaining to those sessions are confidential and will not be disclosed to anyone without your written permission, except where required or permitted by law. That is, the law protects the privacy of all communication between a client and a therapist except in certain situations as mentioned below.

There are exceptions to confidentiality. Therapists are legally required to report instances of suspected child abuse or elder/dependent abuse. This must reported to the appropriate state agency. In addition, therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person, or when a patient presents a danger to him or herself. In the instance of a patient threatening serious bodily harm to another, the therapist may take protective actions, including notifying the potential victim, contacting the police, or seeking hospitalization for the patient. In the instance of the patient threatening harm to him or herself, the therapist may be obligated to contact a family member(s) or seek hospitalization for the patient.

Last, in most legal proceedings, a client has the right to request that your treatment information remain private. However, in some legal proceedings such as child custody cases in which the client's emotional condition is an important issue, a judge may order a therapist's testimony or records to be released.

Minors and Confidentiality

Communications between therapists and patients who are minors are confidential, with the same exceptions to confidentiality noted above. It is important for your child to be able to explore their thoughts and feelings privately in therapy to facilitate the therapeutic process. I will not share the specifics of what your child has said or done in the sessions. However, I respect your right as the parent or legal guardian to know what is happening with your child in therapy. Consequently, I will use my clinical judgment to discuss general issues and progress being made in therapy with the parent or legal guardian.

Couples/Family Therapy and Confidentiality

If you participate in couples or family therapy, I will not disclose confidential information about treatment unless all persons who participate in treatment provide their written authorization to release such information. In addition, I utilize a "no secrets" policy when working with couples and families. This means that information divulged to me from one member of the couple or family privately may not be held in confidence by me from the other(s). I will use my clinical judgment when revealing such information.

Consultation

I consult with other professionals as necessary regarding clients to help insure high quality of service. However, your identity remains completely anonymous and confidentiality is always fully maintained.

Termination of Therapy

The length of treatment and the timing of eventual termination of our work together depend on the specifics of your treatment goals, the nature of the problems being addressed, and the progress you achieve. It is a good idea to plan for your termination in collaboration with me as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either you or I may elect to initiate a discussion of treatment alternatives. Treatment alternatives may include, among other possibilities, referrals, changing your treatment plan, or terminating your therapy.

I have read the above Disclosure Statement & Client-Therapist Agreement for Services. By signing below, I am stating that I understand and agree to abide by its terms.

_____ Date _____

Client Signature

_____ Date _____

Client Signature

_____ Date _____

Karen Nam, LCSW