



Office Policies & General Information Agreement for Psychotherapy Services

Informed Consent for Psychotherapy

This form provides you, the client, with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA preemptive analysis.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, or to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation, the defendant may have the right to obtain the psychotherapy records and/or testimony by Autumn Leaf Therapeutic Services. In the event of Couples or Family Therapy, Autumn Leaf Therapeutic Services will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client, unless he/she is required by law. While I will do my best to seek your authorization to release the requested information regarding our psychotherapy from you first, in some situations a judge can order the release of the records of your psychotherapy with me or may order me to testify in regard to our therapeutic work.

CONTACT TRACING: The laws of the United States allow for something called “contact tracing” to be done in the presence of a global pandemic or other communicable disease spread. Autumn Leaf Therapeutic Services may be asked to comply with the law and provide your name and telephone number in the event you may have come into contact with someone at this office who had a communicable, high risk disease. They may not ask for anything else – only your name and a method of reaching you to inform you of the potential contact. Autumn Leaf Therapeutic Services will never disclose your diagnosis, reason for being here or any other protected health information in the context of contact tracing.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where any provider with Autumn Leaf Therapeutic Services becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the person whose name you have provided on the biographical sheet.



HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Autumn Leaf Therapeutic Services has no control over what insurance companies do with the information s/he submits or who has access to this information.

GLOBAL PANDEMIC/COMMUNICABLE DISEASE: There may be times when the state or US Government place restrictions on contact and movement during public health threats. Mental Health Services are essential services, and therefore will be permitted to continue. You have a right to choose your avenue of treatment based on your personal safety and risk factors in these situations. Risk is a personal decision based on many factors including your own health status, the health status of people you are close to and your comfort level with the protocols we have in place at our office. Please feel free to discuss your concerns with your provider. We will inform you of all precautions and office procedures we will use to protect you. If you choose to come to in person therapy, you are making an informed decision to do so. You may stop face-to-face sessions at any time and request tele-therapy if it is available, cancel, or reschedule. If you are symptomatic of a communicable disease that is considered under current outbreak status by the Centers for Disease Control (<https://www.cdc.gov/outbreaks/index.html>), you agree not to come in person and to inform your therapist of the need for telehealth or alternative services. You do not have to disclose why, and an alternative will be arranged for you.

LITIGATION: Sometimes patients become involved in litigation while they are in therapy or after therapy has been completed. Sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients' records are generally confidential and private in nature. Patients should know that very serious consequences can result from disclosing therapy records to the legal system. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting our disclosure of the records, Autumn Leaf Therapeutic Services will do his/her best to discuss with you the risks and benefits of doing so. As noted in this document, you have the right to review your own psychotherapy records anytime. (See also relevant section above: "WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW")

CONSULTATION: Autumn Leaf Therapeutic Services may consult with other professionals regarding clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained in all consultation, unless disclosure is expressly requested by the client (ex. Client asks provider to reach out to primary care physician to discuss a medication).



E-MAILS, CELL PHONES, TEXTS, COMPUTERS, AND FAXES: It is very important to be aware that computers and unencrypted emails and texts (which are part of the clinical records) can be accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communications. Data on Autumn Leaf Therapeutic Services’s electronic health record is encrypted, the following are not: emails and texts. It is always a possibility that texts, and emails can be sent erroneously to the wrong address and computers. Please notify Autumn Leaf Therapeutic Services if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, or phone messages. If you communicate confidential or private information via unencrypted emails, texts or e-faxes or via phone messages, Autumn Leaf Therapeutic Services will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters. You may change your mind and request not to communicate in this format at any time.

_____ I consent to receive text messages from Autumn Leaf Therapeutic Services

_____ I consent to receive emails from Autumn Leaf Therapeutic Services

_____ I consent to receive voicemails from Autumn Leaf Therapeutic Services

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of the profession of psychology require that we keep treatment records for at least 7 years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Autumn Leaf Therapeutic Services retains clinical records only as long as is mandated by Oregon law. If you have concerns regarding the treatment records, please discuss them with us. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Autumn Leaf Therapeutic Services assesses that releasing such information might be harmful. In such a case, we will provide the records to an appropriate licensed mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Autumn Leaf Therapeutic Services will release information to any agency/person you specify unless Autumn Leaf Therapeutic Services assesses that releasing such information might be harmful. When more than one client is involved in treatment, such as in cases of couple and family therapy, Autumn Leaf Therapeutic Services will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.



TELEPHONE & EMERGENCY PROCEDURES: If you need to contact any provider at Autumn Leaf Therapeutic Services between sessions, please leave a message at (503) 856-6430 and your call will be returned within 2 business days. If your request is more urgent, please text (503) 856-6430, and we will try to get back to you within 1 business day.

In the event of an emergency, please go to or call the Psychiatric Crisis Center (PCC), which is open 24/7, located at 1118 Oak St. SE, Salem, OR, 97301. Their phone number is: (503) 585-4949.

Additional resources in times of crisis include:

The National Suicide Hotline: 1 (800) 273-8255

Text HOME to 741741

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay for therapeutic services. We are happy to bill insurance on your behalf, and will bill you any outstanding copayments or anything not paid for by your insurance company. You may pay for copayments and outstanding amounts during your session, or have them invoiced, but you must pay all outstanding fees by the end of each month:

_____ I acknowledge that I am financially responsible for all therapeutic services rendered by Autumn Leaf Therapeutic Services, including copayments for insurance, and any outstanding amounts not paid for by insurance.

Telephone conversations that are less than 10 minutes, writing and reading of reports, consultation with other professionals, release of information, and reading records will not be charged and are considered a part of your receiving services here.

Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Autumn Leaf Therapeutic Services can use legal or other means (courts, collection agencies, etc.) to obtain payment.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. We will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. We will do



our best to help you through these experiences, and facilitate additional support as needed, but it is important for you to know that discomfort can sometimes be a part of therapy. Please note we do not provide custody evaluations/ recommendations, or legal advice, as these activities do not fall within our scope of practice.

TREATMENT PLANS: At any time you request the information, we will discuss with you our working understanding of your diagnosis, treatment plan, therapeutic objectives, and our view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, our expertise in employing them, or about the treatment plan, please ask as often as you need, and we will do our best to explain, clarify and work with you. You always have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: We aspire always to be beneficial and supportive to you. If we are unable to meet your needs, provide the level of care or services that you need, we will work with you on finding alternative resources that can better meet your needs. (For example, if you need psychiatric inpatient, or substance use treatment in a facility). We reserve the right to discharge you from practice if you demonstrate abusive or discriminatory behavior directed at staff and providers to ensure the safety of persons working for Autumn Leaf Therapeutic Services.

Therapy reimbursed by insurance requires something called “medical necessity,” meaning the therapy is medically necessary for your health and wellbeing. If you no longer meet “medical necessity” as defined by your insurance carrier, then you may need to pay out of pocket for services.

All of our services are voluntary, meaning you may terminate therapy or communication with us at any time for any reason. You may request we consult with or transfer your records to any licensed therapist of your choice at any time.

If you have reached your goals and feel you no longer need services, we may have a conversation with you about “termination” meaning we will discontinue services due to you being better. You may always call us to request to re-establish services if there are any changes in your symptoms or life circumstances after termination.

SOCIAL NETWORKING AND INTERNET SEARCHES: No therapist at Autumn Leaf Therapeutic Services will ever accept friend requests from current or former clients on social networking sites, such as Facebook. Adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, we request that clients not communicate with us via any interactive or social networking web sites. If you send any provider with Autumn Leaf Therapeutic Services a message via social networking or request friendship or linked accounts, we will not respond to the request or read the messages.



Autumn Leaf Therapeutic Services

be what you might have been

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Email: AutumnLeafTherapy@gmail.com

www.autumnleaftherapy.com

AUDIO OR VIDEO RECORDING: Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. If you cancel up to 24 hours before your appointment, there will be no charge for cancellation.

Most insurance companies do not reimburse for missed sessions. We will implement the following policies and charge the following fees for no shows and late cancellations:

First late cancellation (<24 hours) or no call/no show: Free. Life happens!

Second late cancellation (<24 hours) or no call/no show: \$50

Third late cancellation (<24 hours) or no call/no show: \$75

Fourth late cancellation (<24 hours) or no call/no show: We will consider this your voluntary termination of services with us, and we will discharge you from our practice.

_____ I understand the cancellation, late cancellation and no show policies.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully. I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____