

## **Informed Consent for Therapy**

Welcome to my practice. I look forward to our work together. The following document contains important information about treatment. Please read it carefully, and sign and return the document if you understand and consent to all information below. I am happy to answer any questions you may have about any part of this document.

### **Treatment, Benefits, and Risks:**

Psychotherapy is a psychological treatment that is effective in addressing emotional and relational concerns. My approach to therapy is based in psychoanalytic psychotherapy, a non-directive therapy that supports you in exploring your thoughts and emotions with the aim of a deeper understanding of your mind and the roots of life problems. With new insight you may find that you are able to resolve internal conflicts, experience reduced symptoms, better navigate your relationships, and live with greater satisfaction and sense of mental wellbeing.

As with any treatment, there are both benefits and risks to therapy. While research indicates that most people benefit from therapy, there is no guarantee of positive outcomes. Over the course of treatment you may experience emotional discomfort or distress, such as sadness, anxiety, anger, and helplessness. These feelings are a normal part of the process of therapy but may be unsettling.

### **License and Qualifications:**

I am a licensed independent clinical social worker in Washington state (LICSW #LW61331966) and a licensed clinical social worker in Oregon (LCSW #L8572.) I hold a masters of social work from Portland State University. I have received post-licensure training in psychoanalytic psychotherapy from the Oregon Psychoanalytic Center. I see adults for individual therapy, primarily focusing on anxiety, depression, trauma, and relationship issues.

### **Appointments:**

I see patients for 45-minute sessions once or more weekly. In my professional experience therapy occurring less frequently than this is not sufficient to facilitate significant change. The anticipated length of treatment for psychotherapy is difficult to estimate, but in my experience longer treatment generally leads to more meaningful and lasting results.

Consistent attendance of sessions is necessary for therapy to be effective. When we begin treatment, our agreed session time(s) are reserved for you. Should you need to cancel a session we may attempt to arrange to reschedule for another time that week, but I cannot guarantee alternate times will be available. Any missed sessions, with or without notice, that cannot be rescheduled will be billed to you at my regular fee. I understand that sometimes unavoidable life circumstances may prevent you from attending a session, so I waive the fee for the first two missed sessions of each calendar year. Please note that insurance does not cover the fee for missed sessions.

**Fees and Billing:**

My fee is \$175 for a 45-minute therapy session, with the initial assessment billed at \$250. Other services, such as extended phone calls (longer than 10 minutes) or preparing letters or other documents, will be charged at a prorated rate. You may choose to pay at the time of our sessions, otherwise I will provide a monthly statement. If I do not accept your insurance I am able to provide a superbill which you may be able to submit to your insurance company for out-of-network reimbursement. Please update me on any changes to your insurance. You are ultimately responsible for the financial costs of your treatment, including any claims denied by your insurance. I reluctantly use collection services for balances that are significantly overdue and for which we have not been able to arrange a payment plan.

**Availability and Contact Information:**

I can be reached via phone Monday through Thursday. My voicemail is confidential, and I endeavor to return calls within two business days. My phone number is able to receive texts, but because text messages are less secure I recommend limiting clinical information if you choose to text me. I can also be reached by email, which involves similar security limitations as text messages. Secure messaging is available through the Spruce app and website.

As a solo practitioner I am not able to respond to communications outside of my normal business hours. If you are in need of immediate support on evenings or weekends you can call 988 for the national lifeline, or the Clark County Crisis Line (800-626-8137) or Multnomah County Crisis Line (503-988-4888.) These resources are available 24/7. In the event of an emergency involving danger to yourself or others I recommend you call 911 or go to the nearest hospital.

**Privacy and Confidentiality:**

What we talk about in therapy is confidential. I am ethically and legally obligated to maintain the privacy of the information you share with me. However, there are some limitations to these protections. Please refer to my Notice of Privacy Practices for these exceptions to confidentiality. Any time I disclose confidential information I will only share the minimum information necessary for the purposes of the disclosure.

**Termination:**

Therapy is usually terminated through a collaborative process during which we mutually agree that the desired change has been achieved. In some cases I may terminate therapy for other reasons, such as a significant unpaid balance, frequent missed sessions, or upon learning of a conflict of interest. If you do not show for two consecutive sessions without notice and I am unable to contact you, I will presume that you do not intend to continue treatment and will close your case. If I determine that your treatment needs are outside of my scope of practice I will refer you to a qualified provider.

You have the right to end therapy at any time. Should you have concerns about the treatment I strongly encourage you to bring them up with me, despite the potential discomfort you may feel doing so. Oftentimes these concerns can be worked through and the process can be therapeutically beneficial. If you do choose to terminate therapy I strongly recommend attending a final termination session (or sessions), which allows us to have an intentional and hopefully positive ending to the treatment.

*By signing below I acknowledge that I have been provided a copy of the Informed Consent for Therapy. I have read and understand the information therein and I consent to receive treatment under the above stated terms.*

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Signature

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Date

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Print Name

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Date