

# Consent for Psychotherapy Treatment

Professional Disclosure Statement · Fillable · Please read carefully

Type directly into fields. Click "Submit by Email" on page 2 when complete. (503) 383-9144 · robert@branching-streams.com

## PHILOSOPHY & APPROACH

I have a strong psychodynamic, interpersonal orientation with specialties in groups, families, couples, and adolescents. Additional specialties include attachment, adoption, trauma, and substance abuse. I am pragmatic and always place your goals first, utilizing psychodynamic, cognitive, behavioral, and family systems approaches as appropriate to your needs.

## FORMAL EDUCATION & TRAINING

Master's Degree in Social/Clinical Psychology, Antioch University. Psychodynamic therapist with Family Therapy and EFT (Emotionally Focused Therapy) background. Certified in Therapy with Adoptive and Foster Families. CADC III certified. Zen Buddhist monastery training informs mindfulness practice. Oregon License LPC1855.

## FEES

**Initial Intake (60 min):** \$200

**Individual / Couple / Family (60 min):** \$180

**Individual Session (45 min):** \$150

**Assessment Report:** \$250 minimum

**Legal / Court Testimony:** \$250/hour

**Late Cancellation:** \$100 (less than 24 hours)

Fees due at end of each session. Sliding scale available. EAP referrals typically covered 100%.

## INSURANCE

In-network: Aetna, Anthem, Blue Cross/Shield, Carelon, Cascade EAP, Cigna/Evernorth, Medicare, Moda, PacificSource, Providence, Regence. Out-of-network available. Insurance billed directly; only co-pay charged to card on file.

## CANCELLATIONS

\$100 fee if cancelled less than 24 hours before appointment (except illness/emergency). Cancel by text, email, or voicemail. (503) 383-9144 · robert@branching-streams.com

## CONTACT & EMERGENCIES

Reach me at (503) 383-9144. Same-day call return; after 9pm returned next day. Phone calls over 15 minutes billed at standard rate. Life-threatening emergency: local ER or dial 988 (Crisis Line).

## SESSION RECORDING

I may occasionally record a session for documentation. Recordings are destroyed once session notes are complete and are not shared with any other party.

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## CONFIDENTIALITY & ITS LIMITS

All information is confidential except as required by law:

- Reporting suspected child, elder, or dependent adult abuse or neglect
- Reporting imminent danger to client or others
- Information required in court proceedings or by insurance company
- Case consultation or supervision
- Defending claims brought by the client against the licensee
- Couples/family therapy: off-the-record conversations addressed using clinical judgment
- All couples/family participants must sign a release before records are provided

## PATIENTS' RIGHTS

- Expect a licensee has met state training and experience requirements
- Examine public Board records and confirm licensee credentials
- Obtain a copy of the Code of Ethics
- Report complaints to the Board
- Be informed of the cost of services before receiving them
- Be free from discrimination based on race, religion, gender, or other unlawful category
- Be assured of privacy and confidentiality as defined by law (see exceptions above)

Board of Licensed Professional Counselors: 3218 Prinele Rd SE, Suite 120, Salem OR 97302 · (503) 378-5499

## TERMINATION

Either party may terminate therapy at any time. If you are not benefiting from services, I am happy to provide referral sources.

## AGREEMENT & SIGNATURE

By signing below, you confirm you have read and understood this document, agree to enter counseling under these conditions, and have received a copy of this form.

Client Full Name (Print)

Client Signature (type name)

Guardian Signature if applicable (type name)

Date

Date

Date

**Submit by Email to Robert**

Clicking opens your email app — attach completed PDF and send to robert@branching-streams.com