

Clients Rights and Responsibilities
Informed Consent for Psychotherapy
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The State of Oregon expects that you will be informed of possible difficulties and contingencies that might arise in the course of psychotherapy. Please check to be sure you have read, understood, and discussed all questions about psychotherapy with me. Signing this “Informed Consent” form indicates that you have done so.

DESCRIPTION OF PSYCHOTHERAPY

Laurence (Larry) Christensen Psy.D. provides mental health and psychotherapy to individuals, couples and groups. All persons are eligible for services regardless of race, color, age, gender, sexual orientation, disability, religion, creed or national origin.

INFORMED CONSENT

You have the right to be informed about your therapy, any risks it might involve, and what alternative therapy options there might be. You have the right to be informed about my qualifications to treat you. You have the right to request or to refuse any particular technique or to withdraw from therapy at any time. You can ask about any alternative treatments and/or training methods available. You may request a referral to another therapist or agency. If you wish to examine your records, you may go over them with me and I will answer any questions you may have. I will ask for your written consent whenever it is necessary to speak or communicate with someone to provide the best possible services to you.

In the event you have a conflict with me over the treatment I provide, if you feel we are unable to resolve it together, you have access to resolve it with the Oregon State Board of Psychologist Examiners, 3218 Pringle Rd SE, Suite 130, Salem, OR 97302-6309.

People usually find psychotherapy very helpful, but it does involve some risk. For instance, sometimes when you face difficulties, things may initially seem harder or emotions more intense. In therapy as you work toward a more fulfilling life and you begin to change your thinking, feelings and behavior; you may encounter new challenges and reactions from others. I attempt to help you deal with these challenges and to manage the risks of psychotherapy. I believe that your involvement in therapy is worth the risk for you, but there may be risks that you or I cannot foresee. Please talk about this with me if you have concerns, since you must be the judge about the benefits and risks psychotherapy holds for you.

PRIVACY AND CONFIDENTIALITY

Confidentiality means that by state law and professional ethics, I am not allowed and it may be harmful to your mental health, to disclose to anyone any of the information you share with me during our work together. Even the fact that you are in therapy with me is confidential. This also means that you must give me written permission to release to others any information (written, verbal or by any means) about you or our work. Written consent is necessary even to acknowledge to someone that you are in psychotherapy with me. Your records and my clinical notes, communications, insurance forms, etc, are kept in a locked file in my office.

However, the State of Oregon has specified that I must or may disclose to the proper authorities confidential information in certain instances. Because of this there are occasions when by law your right to privacy and confidentiality may be limited or revoked. For instance this may occur in the following situations:

- 1) Disclosure of an intended act to jeopardize the welfare of yourself, others, or society. For instance, suicide, homicide, harm to others, terrorism, or destruction of property.
- 2) If there is suspected child abuse, elder abuse, or dependent/disabled adult abuse.
- 3) When a serious threat to injure or kill oneself is communicated to the therapist.
- 4) When you are required to sign a release of confidential information by your medical insurance company.
- 5) If your records are subpoenaed the contents of these records may be disclosed by an order from a judge or if you are required or requested to sign a release of information because you are in litigation or other matters with private or public agency. **Think carefully and consult with an attorney before you sign away your rights to confidentiality with regard to legal proceedings.**
- 6) If you have a medical emergency I may share information with a colleague, physician, or an agency necessary to help with the emergency. For instance, if you are unconscious as a result of an accident and are taking psychotropic medication or emergency personnel need to contact a family member).
- 7) If you rely on information from your psychotherapy treatment with me as an element of a claim or defense in any proceeding (e.g. claim for disability insurance).
- 8) After your death, if any party in a claim or defense relies on your psychotherapy treatment during the proceedings.
- 9) I may at times speak with professional colleagues about our work for supervision, consultation or education without asking for permission, but your identity will be disguised.
- 10) In the event of my death or incapacitation because of accident or illness Philip Kenney, LPC (503) 224-0781 is designated to review my files to contact clients about my condition.
- 11) If you have an outstanding financial balance that is due to me for psychotherapy sessions, and you have been delinquent for over 6 months on paying this balance I may submit your bill to a collection agency for collection on this fee. I will notify you in writing before I do this and you will have the opportunity to discuss this matter and come to reasonable settlement before I submit the bill to collection.
- 12) If you are under 18 years of age your parents have the right to be involved in your treatment and to have access to your treatment file, session notes and treatment plan.

FEES

The fee for psychotherapy generally covers a 45-50 minute session and will be agreed upon in the first session or as soon after as possible. You will be required to pay for the session at the time of your session unless arrangements are made for billing at the end of the month. If billing is done at the end of the month full payment is required by the fifteenth of the following month. Twenty-four hour cancellation is required to avoid being charged for scheduled appointments that are missed. Cost of living increases may occur to the regular fee on an annual basis.

Emergency telephone number where I can sometimes be reached :(503) 295-0505

Emergency psychiatric service can be obtained at the following hospital: OHSU, 3181 SW Sam Jackson Park Rd. Portland, OR 97201, (503) 494- 8311 or call 911.

INFORMED CONSENT TO TREATMENT

I have read carefully read, or have had read to me, the statement of Clients Rights and Responsibilities and Conformed Informed Consent. I have also had a chance to ask questions and talk about if further with Larry Christensen, Psy.D. I fully understand this information. I freely give my informed consent for myself to be in psychotherapy treatment with Laurence (Larry) W. Christensen, Psy.D. My signature below also means that I was given a copy of this document.

NAME (print): _____

SIGNATURE: _____

PARENT/GARDIAN (IF MINOR): _____

DATE: _____

STATEMENT OF THE THERAPIST

This document was discussed with the client and questions regarding fees and procedures were discussed.

Larry W. Christensen, Psy.D.

Date