



INFORMED CONSENT

This form is called a Consent for Services (the "Consent"). Lisa Sciarani / Your Path Forward Counseling, LLC (the "Therapist") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Therapist.

BACKGROUND

Lisa Sciarani, MSSW, LCSW, LICSW (she/her) is a licensed clinical social worker in private practice in the states of Oregon (L7241) and Washington (LW61304186). She holds a Master's Degree in Social Work with Minor in International Social Welfare from Columbia University School of Social Work and a Bachelor's Degree in Psychology from the University of California, Berkeley. She is the owner and single member of Your Path Forward Counseling, LLC. Your Path Forward is operating exclusively via telehealth at this time. The business address for the practice is: 1110 SE Alder Street Suite #301 Portland, OR 97214.

PHILOSOPHY AND APPROACH

Your Therapist believes strongly in providing collaborative, transparent, culturally-humble, individualized, and effective care. Your Therapist primarily uses Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Mindfulness, and Self-Compassion approaches. These are evidence-based treatments that your Therapist has been trained in and has found to match her stylistically, while effectively obtaining desired outcomes. Telehealth is the medium that your Therapist will use to deliver these evidence-based practices.

TREATMENT PROCESS

Therapy is a collaborative process where you and your Therapist will work together to achieve goals that you develop. This means that you will follow a defined process supported by scientific evidence, where you and your Therapist have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Therapist. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. Before your first session, you will review your Therapist's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. You will also discuss what can be expected during therapy, including the type of therapy, an estimated length of treatment, and the risks and benefits. During your first session, your Therapist will

conduct an assessment where you will discuss your presenting problem(s), your history, and your goals. Usually in the following session, you will collaborate on your treatment plan, including frequency and estimated duration of treatment, your short- and long-term goals, and the steps you will take to achieve them. You and your Therapist may update your treatment plan periodically to be sure it continues to reflect your progress, your goals, and steps you need to take. The remaining two sessions will more likely convey the feel of what therapy will be like with Therapist. During these four sessions, you and your Therapist are mutually determining fit and appropriateness. If determined to be a good fit, you and your Therapist will continue regular therapy sessions. Other than an initial assessment, which can be up to 90 minutes, appointments will be approximately 55 minutes in duration.

In most cases, ending therapy will be a carefully planned event over the course of several weeks. However, therapy is voluntary. Clients are welcome to terminate services at any time for any reason. Your Therapist may also initiate termination of services after appropriate discussion with you. Possible reasons for therapist-initiated termination include but are not limited to: clinical presentations outside of therapist's scope of practice/expertise; persistent non-engagement; therapist availability changes; poor therapeutic fit causing ongoing barriers to successful treatment; no longer meeting your insurer's "medical necessity" requirements; inappropriateness for telehealth; non-payment for services received; and/or a pattern of missed or late appointments.

RISKS AND BENEFITS

Mental health services are generally effective in treating most mental health conditions. Most people benefit from therapy. By signing this document, you confirm that you understand that although there is empirical evidence for the effectiveness of psychotherapy, this evidence is not presented as a guarantee either direct or implicit of the effectiveness of this treatment; you understand that things may feel worse before they get better and that this is a natural part of the therapeutic process; you understand that you must independently evaluate and use your judgment in choosing among treatments and therapists available to you; and you understand that there are other therapists and treatments available to you and you are electing to work with this Therapist and the approaches she is able to competently offer.

LOCATION OF SERVICES

Your Therapist provides telehealth services from her home office in Portland, Oregon or from a leased office space at either of two Portland Therapy Center locations:

- Mailing Address: 1110 SE Alder Street Suite #301 Portland OR 97214
- Secondary Location: 2705 E Burnside Street Suite #206 Portland OR 97214

Your Therapist is not an employee of Portland Therapy Center.

APPOINTMENTS AND CLOSURES

Appointments must be scheduled in advance directly with your Therapist. Walk-in appointments are not available. Appointments are not available on major holidays or

weekends. Early morning and/or evening appointments may periodically be made available at your Therapist's discretion.

Your Therapist reserves the right to take time off throughout the year for vacations, sick days, to provide back-up emergency childcare, and to participate in clinical trainings. At least one week's notice will be given for planned time off. In the event of an emergency cancellation, notice will be given as soon as possible. Your Therapist reserves the right to change her regular schedule and will provide advance notice to all affected clients.

PAYMENT POLICY

Payment is due in full at the time of service unless other arrangements are made.

If you are using in-network benefits, it is your responsibility to verify your mental health benefits and communicate to your Therapist if you have secondary and tertiary insurance coverage prior to attending your first session. Your therapist will collect your deductible or co-pay/co-insurance and bill the remainder of the balance to your insurance company. If your Therapist is not in-network with your secondary insurance, she will collect your co-pay/co-insurance and you will be responsible for submitting a claim. You are also responsible for communicating to your Therapist any changes to your insurance plan(s) *prior to the effective change date* as this may result in non-covered services that will become your responsibility. In the event that your insurance does not pay for therapy services rendered, you understand and agree to pay the session fees. Ultimately, it is you, and not your insurance company, who is responsible for full payment of fees.

If you are using out-of-network benefits, your Therapist will charge you the full service fee and you will be provided a Superbill to submit to your insurance company for reimbursement. It is your responsibility to verify your mental health benefits prior to attending your first session. While many insurers cover most or some of the cost of services, you are responsible for the total payment when using out-of-network benefits, even if your insurance does not reimburse the full service fee.

Private pay clients must sign a Private Pay Agreement and pay the full service fee on the day of the appointment unless otherwise agreed upon in advance. The private pay agreement will stay in effect until you inform your Therapist of a desire to use in- or out-of- network benefits. Your Therapist will not retroactively bill insurance companies.

Outstanding Balances

Amounts past due by more than 30 days will incur a late fee of \$25 for each month the balance remains unpaid. If your account has not been paid for more than 90 days and arrangements for payment have not been made and agreed upon, your Therapist may collect payment via the credit card on file or use an attorney or collection agency to secure payment.

You are responsible for any costs incurred in pursuit of collection of the money you owe. This includes fees associated with sending an account to collections. Your Therapist is not

responsible for determining prior to collecting a payment for a service rendered or a no-show/late canceled appointment if there are sufficient funds in your account. It is your responsibility to alert your Therapist and/or request a particular payment date if needed. This means that if your card is declined when your Therapist attempts to collect service fees, you will also be charged any rejection fees that your Therapist incurs. These are similar to overdraft fees and are typically around \$25. You are responsible for the recover cost of \$25 for a bounced/non-sufficient funds check. If you initiate a “chargeback” to secure a refund directly from the bank for a service that was rendered or a late cancellation/no-show fee, you are still responsible for full payment of services, in addition to the fees your Therapist incurs for a chargeback, which can range between \$20-\$100. If you are in disagreement with a charge, please go to your Therapist directly for a resolution.

Payment Methods

For your convenience, Visa, MasterCard, Discover, American Express, and HSA/FSA cards; cash; and checks are accepted. Your Therapist requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges. Please inform your Therapist if you wish to receive receipts. Your Therapist will create a statement that will then be uploaded to your portal for secure access. You can make checks out to: Lisa Sciarani or Your Path Forward Counseling and mail to 1110 SE Alder Street Suite #301 Portland OR 97214.

Refunds

Refunds are only issued in the event that a client has overpaid for services rendered. Due to the nature of the therapeutic process and individual client needs, there is no guarantee of any given outcome from engaging in therapy. Therefore, no refunds are provided for any services rendered under any circumstances. Your Therapist will provide ethical and effective interventions. You are strongly encouraged to speak directly with your Therapist if you feel that services are not aligned with your needs so that appropriate changes to therapy and/or referrals can be made.

Cancellations, No Shows, and Late Arrivals

If you are unable to keep your scheduled appointment for any reason, please inform your Therapist immediately. If you have not received a confirmation response from your Therapist, your appointment may not have been canceled and is likely due to the request being received outside of business hours. If it has been 48 business hours from the time of your communication, please re-initiate contact.

You will be assessed a \$100 fee for late cancellations and first time no shows. A late cancellation is a cancellation made within 48 business hours of your scheduled appointment. A no show is considered when no communication has been made by 7 minutes past the start of a scheduled session. Subsequent no shows will incur a fee equal to the Therapist's contracted rate with your insurance plan or the Therapist's full rate if not using insurance. A no

show may forfeit your next regularly scheduled session. Please contact your Therapist immediately after missing an appointment to confirm your continued participation in therapy.

Please prioritize efforts to arrive on time. If you are more than 7 minutes late to your appointment, the Therapist may be unable to bill your insurance for the full rate of the time that was set aside for you. You will be assessed the \$100 late cancellation fee and will be asked to reschedule. If you are a private pay client, you will be billed the full service fee for the session length scheduled and will forfeit the time lost due to your late arrival.

If you have missed three consecutively scheduled appointments or have a pattern of missing or canceling appointments, your Therapist will move to discontinue services and close your file. Your Therapist will make reasonable efforts to engage in problem-solving such issues but will close your file if no return contact has been made for 30 days from initial outreach.

A late cancel, no-show, or late arrival has an impact on your Therapist and others. Your therapist reserves your appointment time just for you. Without enough prior notice, your Therapist may be unable to schedule another client for that time slot. Your therapist is also financially responsible for arrangements made in order to be present for offered appointments regardless of whether or not you have attended a session. Some grace may be extended for extenuating circumstances; however, please keep in mind that the sustainability of this therapy practice depends on clients attending their regularly scheduled appointments with each available hour being filled and billed at your Therapist's contracted and full services rates.

Late cancellation and no show fees may be automatically charged to the card on file as early as the time of the scheduled appointment. By signing this consent form, you agree to pay this fee and acknowledge that I am not obligated to remind you of this policy prior to charging your card. For your convenience, you can elect to receive an automated courtesy email reminder for appointments. Please inform your Therapist if you would like to receive these reminders. Reminder emails are auto-generated by your Therapist's electronic health record system and can fail. You are responsible for remembering and keeping your appointments even when/if you do not receive this courtesy reminder.

Fee Schedule

Service Description (Private Pay)	Fee
Brief Pre-Intake Consultation (15-30 minutes)	Free
Mental Health Assessment/Intake	\$250
Individual Therapy Session (60 minutes)	\$205
Individual Therapy Session (45 minutes)	\$175
Couples/Family Therapy (60 minutes)	\$205
Crisis Appointment (60 minutes)	\$250
Crisis Additional Time (30 minutes)	\$125

Non-Covered/Special Services Requested	Fee
First No Show/Late Cancel Fee	\$100 per occurrence
Subsequent No Show Fee	Full session rate per occurrence
Phone Consultations	\$50 per 15 minute increment
Report Writing/Letter Requests	\$50 per 15 minute increment
Summary of Treatment	\$200
Records (hard copy)	\$10 for 10 or less pages; \$0.50/page for pages 11-50; \$0.25/page for each page after 50

Court Appearance	Fee
Preparation time, including submission of records	\$200 per 60 minutes
Phone Calls	\$200 per 60 minutes
Depositions	\$250 per 60 minutes
Time giving testimony	\$250 per 60 minutes
Mileage	\$0.40 per mile
Time away from office due to deposition/ testimony	\$200 per 60 minutes
Filing a document with the court	\$100
Meeting with less than 48 hours' notice	\$250
Case reset with less than 72 hours' notice	\$500

Your Therapist reserves the right to review and revise her fee schedule every 6 months.

TELEHEALTH SERVICES

Telehealth services means the remote delivering of mental/behavioral health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video conferencing is the preferred method of service delivery.

To use telehealth services, you need a high-speed secure WiFi internet connection and a device with a camera for video. Your Therapist can explain how to log in and use any features on the telehealth platform. Although it is well validated by research, service delivery via telehealth is not a good fit for everyone. Your Therapist will discuss with you what is best for you and continuously assess for appropriateness and effectiveness. If you are actively suicidal or homicidal, engaging in non-suicidal self-injurious behaviors, and/or experiencing

psychotic symptoms, your Therapist will likely determine that her services via telehealth delivery will not appropriately fit your needs and provide you with outside referrals. There are some risks and benefits to using telehealth:

Risks and Benefits

Possible risks include:

- **Privacy and Security.** You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Therapist employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged. However, there are risks of transmitting information over technology that include, but are not limited to, breaches of confidentiality and theft of personal information.
- **Technology.** At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Therapist will follow the Disruption of Services Plan that you agree to prior to sessions.
- **Crisis Management.** It may be difficult for your Therapist to provide immediate support during an emergency or crisis. You and your Therapist will develop an Emergency Management Plan for emergencies or crises, including choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
- **Assessment.** Some information that could ordinarily be obtained in-person may not be readily observable in a telehealth session. There is a risk of misunderstanding one another when communication lacks visual or auditory cues, for example, if video or auditory quality is poor.

Possible benefits include:

- **Flexibility.** You can attend therapy wherever is convenient for you (within the states that the Therapist is licensed).
- **Ease of Access.** You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

Technology and Equipment

Your therapist offers Therapy Portal. Your Therapist currently uses Therapy Portal to access your intake paperwork, review your scheduled appointments, and for end-to-end encrypted HIPAA-secure synchronous virtual sessions. This platform does not require you to download software. The link will take you to your portal where you simply log in and click on the “Telehealth” tab, then “Join Session” at the time of your session. All that is required is a supported browser on a computer or device with a camera and microphone.

- **Therapy Portal.** To create a log-in and access the virtual waiting room:
 - <https://www.therapyportal.com/p/yourpathforward/>

- Doxy.me. This will generally only be used if Therapy Portal is failing. Type in your name and you will be taken to a virtual waiting room.
 - <https://doxy.me/lisasciaranilcsw>

Telehealth Environment

By participating in telehealth services, you agree to be present in the state of Oregon or Washington in a safe and confidential space during all sessions. Your Therapist is licensed in the states of Oregon and Washington and may not be authorized to provide telehealth services to you if you are physically present in a different state. At the beginning of each session, you will be asked to confirm your location. If you are found to be present in a state where your Therapist is not licensed/not authorized to provide services, the session will be canceled and you will be responsible for the late cancellation fee.

You are responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your Therapist during the session. If you are unsure of how to do this, please ask your Therapist for assistance. Please note, your Therapist will not provide therapy sessions while a client is driving for safety reasons. Your session will be canceled immediately upon discovery and you will be responsible for the late cancellation fee.

Telehealth Recommendations

The following are recommendations to ensure a private, secure, and smooth session:

- Make sure that other people cannot hear your conversation or see your screen during sessions. Consider using a "Do Not Disturb" sign or locking your door.
- Do not use video or audio to record your session. Making recordings can quickly and easily compromise your privacy and should be done with great care. Your Therapist will not record video and/or audio sessions.
- Inform your Therapist if you are not in your usual location or if another person is present before starting any telehealth session.
- Identify and use a unique code word known only to you to confirm your identity and to ensure you are alone and safe in your space.
- Use a secure Wi-Fi connection to minimize the possibility of interception.
- Do not share your code word or passwords to your devices or networks with others.
- Use your own equipment and network. Any information you enter into an employer's computer can be considered by the courts to belong to your employer and your privacy may thus be compromised.
- Visit the Therapy Portal at <https://www.therapyportal.com/p/yourpathforward/> prior to your first session to trouble-shoot any issues with your web camera, microphone, and browser setup. Please allow yourself plenty of time to trouble-shoot as you will be responsible financially for the hour of your session.
- Ensure you have turned off and restarted your computer recently. Close unnecessary tabs and browsers. Place yourself and your device near your router or use an Ethernet

cable to hardwire to your router, if possible. If you share your network with others, consider asking others to limit their data usage during your session.

In Case of Technology Failure/Disruption of Services Plan

During a telehealth session, there may be a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a third party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications, you and your Therapist will take the following steps:

1. Re-connect to Therapy Portal. You may need to re-start your equipment and/or browser. If it appears to be a connection issue, please close all other browsers and tabs. If you are able, move your device closer to your Wi-Fi router and/or plug directly into your router. If you share your internet with others, you may want to ask them to limit their simultaneous internet usage, particularly video.
2. If there are continued issues and you and your Therapist are able to communicate via Therapy Portal (message and/or audio), you and your Therapist may discuss the next step of connecting via Doxy.me .
3. If 5 minutes have passed since the disruption started and you and your Therapist have not communicated in some way, please call your Therapist directly at (503) 317-7780. Please make sure you have your phone with you during sessions.
4. If 10 minutes have passed since the disruption and your Therapist has not heard from you, your Therapist will contact the local emergency contact you have identified and/or elevate to the Emergency Management Plan if your Therapist suspects risk of harm to self or others.
5. If your Therapist and your local emergency contact cannot reach you, your Therapist will elevate to the Emergency Management Plan even if she does not suspect harm to self or others.

Please note, you may be responsible financially for the session time if, due to problems with connectivity, the shortened duration of time renders the session unbillable to insurance.

Emergency Management Plan

In the event of a crisis, call your local crisis line, 911 or 988, or go to the nearest emergency room.

In the event of an emergency during session, you and your Therapist will take the following steps:

1. If it is a medical emergency, your Therapist will use her best judgment to choose between calling your identified emergency contact or the direct emergency number to be transferred to Emergency Medical Services in your area.
2. If it is a mental health emergency, your Therapist will use her best clinical judgment to contact your emergency contact and/or your County's Crisis Line. Your Therapist will note any preferences on how you would like her to communicate with your emergency contact during your first session.

Please come to your initial telehealth session prepared with:

1. A direct emergency number or the method for your Therapist to be transferred to 9-11 in your area.
2. Two nearby emergency hospitals, in order of your preference.
3. Emergency contact information and a local emergency contact if the former does not reside in your area. All of this information must be made available to your Therapist prior to and, at the latest, at the beginning of your first telehealth session in order for you to participate in telehealth services.

Recordings

Please do not record video or audio sessions without your Therapist's consent. Making a recording can quickly and easily compromise your privacy and should be done with great care. Your Therapist will not record video and/or audio sessions.

COMMUNICATIONS POLICY

Contacting the Therapist

When you need to contact your Therapist for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (503) 317-7780. You may leave messages on the voicemail, which is confidential.
- By secure email to lisa@yourpathforwardcounseling.com. You can respond to a previously sent encrypted email from your Therapist if you do not have the ability to generate your own secure email.
- By secure contact page on the website: www.yourpathforwardcounseling.com/contact
- By secure messaging via Signal app to (503) 317-7780.
- If you wish to communicate with your Therapist by regular email or normal text message, please read about the potential confidentiality risks in the Non-Secure Electronic Communications Informed Consent and, if you still wish to use regular email or text, sign it.

If you need to send a file such as a PDF or other digital document, it is strongly encouraged that you do so via secure means:

- By secure fax to (503) 317-7780.
- Through secure email. If you do not have the ability to initiate a secure email, ask your Therapist to send you a secure email so that you can reply to it.
- Through your secure portal. Ask your Therapist to assign a document to you. Then, visit your portal, go to Documents tab, click Review and Complete for the newly assigned document, then upload your PDF.

Social Media/Review Websites

Please refrain from making contact using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and will not be monitored for messages.

If you try to communicate with your Therapist via these methods, she will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.

Your Therapist may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Therapist on any platform, they will not follow you back.

If you see your Therapist on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Therapist. If you choose to leave a review of your Therapist on any website, she will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

Response Time

Your therapist may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 48 hours (weekends, holidays, vacations, and other emergencies are excepted from this time frame). Your Therapist may occasionally reply more quickly than that or outside of business hours. Please be aware that this is the exception, not the norm.

Be aware that there may be times when your Therapist is unable to receive or respond to messages, such as when out of cellular range or out of town.

After Hours, Crisis, and Emergencies

Your Therapist does not offer after-hours support. If you are experiencing a mental health or other life-threatening emergency, please call 9-11, 9-88, visit your nearest emergency room, or contact your local crisis line:

- Multnomah County Crisis Line: (503) 988-4888
- Washington County Crisis Line: (503) 291-9111
- Clackamas County Crisis Line: (503) 655-8585
- Clark County Crisis Line: (360) 696-9560

For peer support, you can contact the follow resources:

- the David Romprey Oregon Warmline: (800) 698-2392
- WA Warm Line: (877) 500-9276
- BlackLine: (800) 604-5841
- Trans Lifeline: (877) 565-8860

If you need to contact your Therapist about an emergency, the best method is by phone at (503) 317-7780. If you cannot reach your Therapist by phone, please leave a voicemail and then follow up with a secure email message.

Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. Please refrain from using SMS as your sole method of communicating with your Therapist in emergencies.

Disclosure Regarding Third-Party Access to Communications

Please know that if you and your Therapist use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with your Therapist, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages you and your Therapist exchange with each other.

CONFIDENTIALITY

Federal HIPAA regulations allow medical and mental health treatment providers, including therapists, to coordinate care and to share information about mutual clients that may be beneficial for client's treatment. In most situations, your Therapist will only release information about your treatment to others at your request with you signing an authorization to disclose protected health information.

It is important that you are aware that your Therapist may disclose information without your written authorization including, but not limited to, the following situations:

- As a mandatory reporter, if your Therapist has reasonable cause to suspect abuse or neglect of a child, a disabled person, or an elder.
- If there is clear and imminent danger of physical harm to yourself or others, or if there is a medical or mental health emergency.
- If ordered to do so by a court of law or if you file a worker's compensation claim.
- In the spirit of providing you the most effective care, your Therapist may make disclosures to seek consultation with other mental health professionals. These individuals are required to maintain the same standards of confidentiality.
- To bill your health insurance plan.
- If you are a non-emancipated minor and your parent(s) or legal guardian(s) request records, unless otherwise ordered by a court.
- To use a collection agency or other process to collect amounts owed for services.
- If you bring an action against the Therapist and disclosure is necessary or relevant to a defense.

In case your Therapist is suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, your Therapist has designated colleagues who are licensed mental health professionals (licensed psychologist, licensed clinical social worker) as her professional executors. If your Therapist dies or becomes incapacitated, her professional executor(s) will be given access to all of her client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide mental health services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, your Therapist will be glad to discuss them with you.

RECORD KEEPING

Your Therapist is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity.

MINORS

Oregon

Under Oregon law, a minor who is 14 years or older may access outpatient mental health treatment without parental consent; however, therapists are expected to involve parents by the end of the minor's mental health treatment unless there are clear clinical indications to the contrary, the parent refuses involvement, there is identified sexual abuse, or the minor has been emancipated and/or separated from the parent for at least 90 days.

Your Therapist is most effective in providing therapy to minors who agree to active participation by their parent/guardian(s) if warranted and whose parent(s)/guardian(s) is/are able and willing to be regularly involved in treatment. It is your Therapist's policy to have informed consents reviewed and signed by the minor and parent/guardian, both parents if there is joint custody. Your Therapist will make efforts to protect your confidentiality; however, there are certain limits to confidentiality that will be discussed collaboratively with you and your parent(s)/guardian(s) at the beginning of treatment. It is important to know that parents have a right to access a minor's record, unless parental rights have been revoked up until the child turns 18 years of age.

Washington

Under Washington law, a minor who is 13 years or older may access outpatient mental health treatment without parental consent. The authorized adult will only be notified if you consent.

Your Therapist is most effective in providing therapy to minors who agree to active participation by their parent/guardian(s) if warranted and whose parent(s)/guardian(s) is/are

able and willing to be regularly involved in treatment. It is your Therapist's policy to have informed consents reviewed and signed by the minor and their parent/guardian, both parents if there is joint custody. Your Therapist will make efforts to protect your confidentiality; however, there are certain limits to confidentiality that will be discussed collaboratively with you and your parent(s)/guardian(s) at the beginning of treatment.

EMOTIONAL SUPPORT ANIMAL LETTERS

Your Therapist does not write Emotional Support Animal Letters due to legal ambiguity, lack of clearly defined qualifying mental health conditions, and professional liability reasons.

COMPLAINTS

If you feel your Therapist has engaged in improper or unethical behavior, you can talk to her, or you may contact the licensing board that issued your Therapist's license, your insurance company (if applicable), or the US Department of Health and Human Services.

Oregon State Board of Licensed Social Workers
3218 Pringle Road SE, Suite #240
Salem, OR 97302
Phone: (503) 378-5735
E-mail: oregon.bls@state.or.us

The Washington State Department of Health
P.O. Box 47869
Olympia, WA 98504
Phone: (360) 236-4902
Email: hsqacomplaintintake@doh.wa.gov

Client Acknowledgment of Informed Consent and Services Agreement

By signing, I (the "Client") certify the following to be true:

- I have read or had this form read to me and/or had this form explained to me.
- I have been given ample time to review the contents of this form.
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- I agree to abide by the policies contained in this document.
- I agree to receive mental health therapy services under the conditions outlined in this document.

Client Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date