



## Health and Wellness Treatment Agreement Policy and Consent

**Benefits of Treatment:** Working together in treatment is a shared effort towards the goals that matter most to you. Many people find that it helps them reduce stress, improve relationships, understand themselves better, and navigate life's challenges with more confidence. While we cannot guarantee a specific outcome, we'll check in during our appointments to make sure that treatment feels helpful and aligned with your needs.

**Making the Most of our Time Together:** Healing takes time. It is not a quick fix but a step-by-step journey. Progress may come slowly at times, and that's OK. You'll likely be asked to reflect on your process, progress and goals, or to try making small changes between sessions. The effort you put in to treatment can really shape the outcomes you achieve.

**Services:** Our work together is likely to include medication management, which could involve off-label use of medications, or integrative treatment options when appropriate. You will be informed of risks, benefits, side effects and possible adverse reactions. We will talk through any questions or concerns along the way.

**Appointments and Cancellations:** You are responsible for attending each appointment and agree to adhere to the following policy: ***If you cannot keep the scheduled appointment, you MUST notify our office to cancel or reschedule the appointment within 48 hours of the scheduled appointment time, or you will be charged a cancellation fee.*** If you cancel or reschedule more than once, we may re-evaluate your needs, desires, and motivations for treatment at this time. The clinician reserves the right to terminate the treatment relationship if more than 3 sessions are missed without proper notification.

**Fees & Insurance:** We are in network. We work with Carelon Behavioral Health, Quest Behavioral Health, Aetna, Regence BlueCross BlueShield of Oregon, Horizon Blue Cross and Blue Shield of New Jersey, Independence Blue Cross Pennsylvania, Cigna and MODA. We are currently in the process of becoming credentialed with additional insurance companies. We recommend contacting your insurance provider directly to verify your coverage and eligibility. This practice does not accept community and state plans, including Medicare or Medicaid. If you're utilizing your insurance, our partners will send you paperwork to fill out. This **must** be filled out correctly **before** our first session. Please note, **we do NOT accept Medicaid, Medicare, or other State / Community insurance plans.**

If you are paying out of pocket, you will be charged the day of your session **before** your session time. The acceptable form of payment is a credit/debit card on file. In the event that a scheduled appointment time is missed or canceled less than **48 hours**, please refer to the "Appointments and Cancellations" policy above.

For out-of-network insurance benefits, we can provide you with an itemized receipt/superbill that may allow you to get reimbursement from your insurance company, usually between 60-80% after your deductible is met.

The clinician may charge an hourly rate in quarter hours for phone calls over 15 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care.

**Copies of Medical Records:** Should you request a copy of your medical records, we are happy to help. There may be a small cost associated with the preparation of your records (please see our Practice Fee Schedule). If required, payment for your medical records will be due prior to receipt. We kindly ask that you allow at least 2 weeks to prepare medical records.

**Contacts & Emergencies:** Office hours are flexible from Sunday, Monday, and Tuesday 9am - 5pm. If you need to contact the clinician for any reason, please text or call (503) 966-3135, leave a voicemail, and a return call will be made as soon as possible. If we leave a message we will try to return your call - usually within a business day. We encourage you to reach out if you're struggling or needed to schedule a follow-up. However, we are **NOT** an emergency / crisis service, and we cannot guarantee response outside of our office hours. If you're in a crisis or need urgent help, please don't wait.

#### **24/7 Emergency Resources:**

- Call or Text 988 to reach the Suicide & Crisis Lifeline
- Text HOME to 741741 for free, confidential support from the Crisis Text Line
- Call 911 or go to your nearest emergency room

**Confidentiality:** Anything said in health and wellness treatment is confidential and may not be revealed to a third party without written authorization, **except** for the following limitations:

- **Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child-on-child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, we are required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse:** Vulnerable adult abuse or neglect. If information is revealed about a vulnerable adult or elder abuse, we are required by law to report this to the appropriate authority.
- **Self-Harm:** Threats, plans, or attempts to harm oneself. We are permitted to take steps to protect the client's safety, which may include the disclosure of confidential information.
- **Harm to Others:** Threats regarding harm to another person. If you threaten bodily harm or death to another person, we are required by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas:** If we receive a subpoena for your records, we will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. We will contact you twice by phone. If we cannot get in touch with you by phone, we will send you written correspondence. If a court of law issues a legitimate court order, we are required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, we are required to comply with a court order.
- **Law Enforcement and Public health:** A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or action; limited information (such as name, address DOB, dates of treatment, etc.) to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or

missing person; and information that your clinician believes in good faith establishes that a crime has been committed on the premises.

- **Governmental Oversight Activities:** To an appropriate agency, information directly relating to the receipt of health care, claim for public benefits related to health, or qualification for, or receipt of, public benefits or services when your health is integral to the claim for benefits or services or specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- **Victim of a Crime:** Limited information, in response to a law enforcement official's request for information about you if you are suspected to be a victim of a crime; however, except in limited circumstances, we will attempt to get your permission to release information first.

- **Court-Ordered Therapy:** If treatment is court-ordered, the court may request records or documentation of participation in services. We will discuss the information and/or documentation with you in session prior to sending it to the court.

- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual "psychotherapy/process notes", except if the third party is part of the medical team. If health and wellness sessions involve more than one person, each person over the age of 18 MUST sign the release of information before the information is released.

- **Fee Disputes:** In the case of a credit card dispute, we reserve the right to provide the necessary documentation (i.e. your signature on the "Credit Card on File" that covers the cancellation policy to your bank or credit card company should a dispute of a charge occur. If there is a financial balance on the account, a bill will be sent to the home address on the intake form unless otherwise noted.

- **Couples Counseling & "No Secret" Policy:** When working with couples, all laws of confidentiality exist. We request that neither partner attempt to triangulate me into keeping a "secret" that is detrimental to the couple's therapy goal. If one partner requests that we keep a "secret" in confidence, we may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals then become counter-productive. However, if one party requests a copy of couples or family therapy records in which they participated, authorization from each participant (or their representatives and/or guardians) in the sessions before the records can be released.

- **Social Media:** In a digital modern world we use our professional social media platforms to advocate for health and wellness while providing educational information. Social media should not replace health and wellness treatment. No friend requests on our **personal** social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) if you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. We cannot be held liable if someone identifies you as a client. Please do not contact us through any social media site or platform. They are not confidential and may become part of a medical record.

- **Electronic Communication:** Any electronic means of communication bears the risk of being intercepted. Our office does not communicate via email because it becomes harder and harder to keep emails secure and confidential. Furthermore, if you send an email from a work computer, your employer has the legal right to read it. Emails sent to our office may be made a part of your medical record.

Please contact our office through the [Spruce app](#) if you would like to reach your provider by electronic means. You MUST text inside of the application for it to remain confidential. Please be aware that these texts are screened by our office staff and are often resolved without the provider being contacted directly. If you are experiencing issues that need to be addressed by your provider, and they are not life-threatening emergencies, please schedule an appointment to discuss these matters further. Text

messages can not replace therapy sessions or missed appointments. **Do not email, text, or leave a voicemail if you are experiencing a life-threatening event.**

- Call 911, or go to your nearest emergency room.
- Call or text 988 for the Suicide & Crisis Lifeline (24/7 help)
- Text HOME to 741741 for free support from the Crisis Text Line

### Provider Location & Technology Use

The client understands that the provider may, at times, be located outside of the United States. Regardless of the provider's location, HIPAA-compliant technology will be used to ensure the privacy and security of the client's health information.

### SMS Text Messaging Terms of Service

By opting-in, you allow \_\_\_\_\_ to send SMS for various communication needs, including billing and care reminders. You opt into receiving these messages. Standard rates may apply. Text STOP to unsubscribe or HELP for assistance. Messages may originate from our office numbers. Other agreements may also apply, which you confirm reviewing.

1. I have read and understand the information contained in the Health and Wellness Agreement, Policy, and Consent. I have discussed any questions that I have regarding this information with my \_\_\_\_\_ clinician. My signature below indicates that I am voluntarily giving my informed consent to receive Health and Wellness services and agree to abide by the agreement and policies listed in this consent. I authorize my \_\_\_\_\_ clinician to provide counseling services that are considered necessary and advisable.

2. If a "super bill" is requested I authorize the release of treatment and diagnosis information necessary to process "super bills" for services to my insurance company, I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand, in the event that fees are not covered by insurance, \_\_\_\_\_ may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

*Your signature signifies that you have received a copy of the "Health and Wellness Treatment Agreement, Policies and Consent" for your records.*

Updated: 4/1/2025

Client's Printed Name: \_\_\_\_\_

Client's Legal Representatives Name: \_\_\_\_\_

*If client is a minor / has a guardian:*

Parent / Guardian Printed Name: \_\_\_\_\_

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

\_\_\_\_\_  
Client / Clients LEGAL Representative / Parent or  
Guardian Signature

\_\_\_\_\_  
Date