

**Strong Integrated Behavioral Health, LLC**  
**Phone: (541)393-5983 Fax: (541)393-5984**

**Informed Consent for Treatment/ Office Policies and Procedures**

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that you can discuss them with your therapist or administrative staff member. When you sign this document, it will represent an agreement between us.

You will be offered a separate document that provides a summary of information about HIPAA, a federal law that provides privacy protections and client rights with regard to use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. This law requires we make this information available to you by the end of the first session.

**Responsibility:** It is the responsibility of the behavioral health therapist to bring the necessary understanding, knowledge, skills and clinical experience to the meetings with you. Your responsibility is to be committed to making choices and changes that will enable you to achieve your treatment goals. You have a right to participate in treatment planning and ask about techniques and procedures. Treatment is voluntary and you have a right to decline or terminate treatment at any time. In addition, you are responsible for arriving to your session on time; if you are late, your appointment will still need to end on time. Please call the office at 541-393-5983 to cancel and reschedule your appointment, if necessary.

**Potential Benefits and Risks:** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. In the process of engaging in behavioral health treatment, unpleasant or painful events may be recalled and you may temporarily feel increased anxiety and/or emotional distress. You are encouraged to talk about these and any other experiences with your therapist. As a result of psychological treatment, you may also find you are better able to cope, feel a reduction in your stress, and develop a greater understanding of yourself and your situation.

**Emergency Contact:** If you call with an emergency, you may reach us at: 541-393-5983. If you call during our office hours, your therapist will return your call as soon as possible and if your emergency cannot wait, please go to your nearest emergency room. If our office is closed, and you have an emergency that cannot wait until your next session call 541-393-5983 and you will be routed to the therapist on call. In an emergency you may also seek assistance at a hospital emergency room 24 hours per day.

**Office Hours and Appointments:** Therapists are available by appointment Monday through Friday 9:00 a.m. and 5:00 p.m., with some appointments earlier or later. The office staff is generally available between 8:30 a.m. and 5:00 p.m. Monday through Friday. Sessions are typically 45-60 minutes in length. Testing appointments typically last 2-3 hours.

If you need to cancel or reschedule an appointment, we ask that you provide us with 24 hours' notice. If you miss a session without canceling or cancel with less than 24 hours' notice, our policy is to not charge for the first occurrence but you will be responsible for paying a \$75 no show/cancellation fee for any and all missed appointments thereafter (unless we both agree that the circumstances were beyond your control). If you have more than 3 late cancellations or no show for appointments, our practice may dismiss you as a client. Health insurance carriers do not cover missed appointments. If it is possible, we will try to find another time to reschedule the appointment.

**Fees and Insurance Coverage:** In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will typically provide some coverage for mental health treatment. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course we will provide you with whatever information we can and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. If that occurs, we will talk with you about other options, including self-pay.

Our office will collect your copay, coinsurance or deductible deposit before each session and bill your insurance carrier(s) \*\*. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay the deductible amount, coinsurance, or any other balance not paid by your insurance. In the case of unpaid accounts, we may pursue legal action. If such legal action is necessary, its costs will be included in the claim.

Our office will also contact your insurance periodically to check your insurance eligibility and estimate your financial responsibility ahead of time of your scheduled appointment. When benefit eligibility and financial responsibility is checked with the insurance, the information provided may not be current, but based on information available at the time. If the amount that is estimated to be your responsibility is incorrect, you are still responsible for the balance.

*\*\*The deductible deposit will be collected until your insurance deductible has been satisfied, to which your coinsurance amount will be determined and collected at the time of each visit instead of the deductible deposit. The deductible deposit amount collected for a new patient appointment is \$150.00. The deductible deposit amount for an established patient visit is \$100. You will be responsible for the balance, if any, after your insurance processes the claim if the deposit does not cover your financial responsibility.*

**Confidentiality/Protected Health Information:** Oregon and Federal laws require that issues discussed in therapy or consultation for the purpose of diagnosis or treatment with a behavioral health therapist remain confidential. Generally, issues you or your family members discuss will not be disclosed to anyone without your permission. However, there are some exceptions. You can waive the psychotherapist-client privilege for specific purposes if you sign a release of information (ROI form) and thus providing written permission to do so. Release of confidential information without your consent may ethically or legally be required in the situations below.

I understand the above and agree that Strong Integrated Behavioral Health, LLC, is not bound to maintain confidentiality regarding the following issues:

- Intent to seriously harm yourself or others
- Disclosure regarding abuse of a protected person (child, elder, developmentally disabled).
- If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.
- I understand that by law, my child's non-custodial parent does have the right to access records regarding my child's assessment and treatment (unless such disclosure would imminently risk harming the child).
- Court mandated disclosures (asserting your mental health in a lawsuit, or pursuant to a subpoena or court order).

Strong Integrated Behavioral Health, LLC, employs administrative and billing staff. In most cases, there is some need to share protected information with these individuals for administrative purposes, such as billing and transcription. All staff employees are bound by the same rules of confidentiality. As part of Strong Integrated Behavioral Health, LLC, our behavioral health therapists may consult with other therapists, and will only divulge non-identifying information for appropriate treatment and consultation.

HIPAA also allows PHI to be released under specific circumstances. Please see Strong Integrated Behavioral Health Notice of Privacy Practices for more information. A copy of this document will be provided along with this form.

**Nondiscrimination Policy:**

Strong Integrated Behavioral Health does not discriminate against the delivery of mental health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability, disability, genetic information or source of payment.

**Group Therapy**

If you choose to participate in one or more of our therapy groups, know that your participation is voluntary. You have a right to share what you are comfortable sharing with other group members. Groups will be facilitated by one or more clinicians who are licensed or being supervised by a licensed clinician. Group facilitators are responsible for bringing relevant knowledge to the group sessions.

Group facilitators will keep the same confidentiality as providers in individual therapy. That is, they will not share what you discuss in group with others outside of our agency, unless there are concerns with safety to yourself or other people. There may be times when a group facilitator will want to discuss something you talk about in group with your ongoing therapist. If you are seeing a provider within Strong IBH, you understand that this can be done without express written consent from you, but we will strive to let you know about any contact we need to have with your ongoing provider. If you are seeing an individual, couple's, or family therapist outside of our agency, we may ask for written permission to consult with them, in order to provide you with the most comprehensive care possible.

With group therapy, there are also additional considerations for confidentiality. While group leaders enter into the above agreement with you, other members of the group are not bound to the same confidentiality rules. Therefore, we ask that everyone who participates in group understands that complete confidentiality cannot be guaranteed, but we ask that all group participants do not discuss what others say in group with friends or family who are not group participants, to protect privacy. If you have questions about this, please ask the group facilitator(s).

**Consent for Communication:** Please indicate which forms of communication you give us permission to use by initialing below. Know that we will share the briefest of information in doing so to protect your privacy.

\_\_\_\_\_ Leaving voicemail on your primary phone number.

List approved phone number here: \_\_\_\_\_

\_\_\_\_\_ Email for scheduling purposes.

List approved email here: \_\_\_\_\_

**Consent for Treatment:** Your signature below indicates that you have read this document and have had an opportunity to ask questions.

I acknowledge that I received a copy of the Strong Integrated Behavioral Health Notice of Privacy Practices. \_\_\_\_\_ (Please initial).

I authorize disclosure of my personal health information at the minimum extent necessary for insurance billing and reimbursement. You should be aware that most insurance companies require you to allow us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information as well.

I hereby assign all medical and/or mental health benefits to which I am entitled, including major medical, private insurance and other health plans, to Strong Integrated Behavioral Health. I understand that I am financially responsible for all charges whether or not paid by said insurance, and I hereby authorize said Strong, IBH to release all information necessary to secure payment. This assignment will remain in effect until revoked by me, in writing. A photocopy of this assignment is to be considered as valid as the original.

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
[please print]

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If client is a minor:**

Responsible Parent or Guardian Name: \_\_\_\_\_