

# Informed Consent for Treatment and Practice Policies

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*This document is intended to inform you about my background, the services I provide, and your rights as a client. It is important that you read this carefully. The information provided introduces you to my practice and may help to answer questions you may have. If there are any parts you do not understand, please feel free to ask me about them at any time.*

## **My Approach to Therapy:**

I strive for my therapeutic work to be trauma informed and client centered. I will utilize a variety of tools from different therapy modalities depending on your individual goals. More information on my therapeutic approach and background is also summarized in my Professional Disclosure Statement (PDS), which will be provided for you to keep for your own records.

## **The Therapeutic Process:**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. I am hoping this consent will provide a clear framework for our work together.

## **Initial Assessment:**

The first few sessions will allow us to get to know each other and to determine whether my therapeutic approach is suitable for your therapy needs. Either one of us may determine that this is not a good fit and can decide not to move forward with therapy. In that case, I will provide you with resources that might better suit your needs. Please note that my assessment of your therapeutic needs is not intended for legal purposes. It is only used to inform your treatment options.

## **Potential Benefits:**

Psychotherapy has been demonstrated through research to have benefits for most people. Your first few sessions will involve an evaluation of your needs. By the end of that evaluation, I will be able to offer you some impressions of what the work will include and the plan to work toward your goals. You should consider my impression and approach to your treatment in determining whether to continue working with me in therapy. If you have questions about my methods or approach, you are welcome to discuss them whenever they arise. If your needs, goals, or preferences for treatment are beyond the scope of what I am able to offer, I will provide you with appropriate referrals.

## **Potential Risks:**

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

**Confidentiality:**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

- If a client threatens to harm themselves or others.
- If the therapist has a reasonable suspicion of abuse of a protected person (child, elder or developmentally disabled person).
- If a court of law issues a legitimate court order or subpoena for my file.
- If you file a complaint against me, or threaten me or my staff, I may use your file to defend myself.

**Professional Consultation:**

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other identifying information.

**Meeting outside the office:**

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Insurance:

I am currently in-network with the following insurance companies:

- Aetna (commercial)
- BCBS/Regence (commercial)
- First Choice Health/FCH (commercial) - until 12/31/2025.
- PacificSource (commercial)
- Providence (commercial)

\*If there are changes to this list and it concerns your insurance I will notify you accordingly.

**You are responsible for all fees:**

It is important to understand that you are ultimately responsible for the payment of any and all fees not reimbursed by your insurance plan. If your insurance provider denies coverage or does not pay for services, you are responsible for the full payment of the fees. Any issues related to coverage or payment discrepancies with your insurance provider should be addressed directly with them.

It is your responsibility to understand the specifics of your insurance coverage. This includes knowing the extent of your coverage, any limitations, co-pays, and deductibles. Please contact your insurance provider to verify your benefits, coverage for mental health services, and whether services through my practice are covered by your plan.

Co-pays will be charged by the end of day with the credit or debit card you have on file. Deductibles and co-insurance amounts will be billed to you according to your insurance policy. Failure to pay co-pays or outstanding balances may result in pausing or the termination of services until the balance is settled. *It is your responsibility to notify me of any changes in your insurance coverage as soon as they occur. If you switch insurance plans, please inform me immediately so I can update my records and verify your new coverage.*

If I am out of network with your insurance, I can provide a superbill upon request. You will be responsible for submitting your superbills for reimbursement. Please be aware that insurance companies typically require proof of medical necessity in order to process reimbursement for services. It is recommended that you contact your insurance provider directly to understand their specific requirements and timelines for submitting superbills.

By signing this document, you acknowledge that you understand and accept your financial responsibility for all services rendered, regardless of insurance coverage. By signing this form, you authorize the release of any information including diagnosis, prognosis, treatment information, and even session notes needed to process insurance claims, for billing purposes, to gain approval for additional sessions, to verify the medical necessity of the sessions, or to satisfy the insurance plan's administrative audits or clinical reviews. By signing below, the client authorizes insurance payments to be made to the therapist. If you have any questions or concerns about fees, billing, or insurance coverage, please discuss this with me before your first session or at any time during your treatment.

**Fees and Payment:**

My fee for CPT codes 90837 (53 minutes minimum) is \$165 and 90834 (39 minutes minimum) \$150 per session. 90791 (Diagnostic evaluation) is \$175. Sessions typically last from 45-60 minutes. Appointments that are more than 60 minutes are not typical, but if we agree upon a longer scheduled session that goes up to 90 minutes the fee increases to \$175.00. If you are utilizing your insurance, your fee will be dependent on your deductible and/or co-pay that is specific to your policy.

In addition to weekly appointments, I will charge \$165.00 for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. This can include and is not limited to, letter writing, case management, records requests (following ORS 192.521 guidelines), etc. Professional service fees also cover instances where I am subpoenaed or court-ordered to testify on your behalf or for the opposing party. I will provide notice beforehand if there are any changes to my rates. If I am out of network with your insurer, full payment will be charged at the end of day with your credit card or debit card I have on file. If you are unable to pay, please let me know in advance and we can discuss your options.

I accept credit or debit cards for payment. I require that you keep a card on file through the secure client portal. By providing your credit or debit card information, you are authorizing your card to be charged for any outstanding balances. Please note that I am unable to waive co-pays and co-insurance amounts that are determined by your insurance. If your account has a balance due, I may pause or terminate treatment. If the balance remains unpaid or no payment plan has been agreed to, you agree that I may send your account to collections.

**Employment Assistance Program (EAP):**

If you are attending services through your EAP (employee assistance program), the appointment cost will be covered for the approved number of sessions. However, if you do not show up to your appointment or cancel less than 24 hours in advance you will be charged my cancellation fee which is \$60. If you no-call/no-show your appointment, the fee is \$75. Your EAP program will not cover the fees for late cancellations or no-shows. See more details below under the Cancellation section.

**Appointments and Cancellations:**

Please let me know if you plan to travel or at the time of the session are traveling outside of the state. If you will be outside of Oregon at the time of our scheduled session, we may have to reschedule.

The time set for our sessions belongs to you and will not be given to another client without your permission or unless you fail to show. This is necessary because a time commitment is made to you and is held exclusively for you. If you are under ten minutes late for a session, you will lose some of that session time. If you are 15 minutes or more late, I can consider the session canceled or a DNS and the fee may be applied. This fee does not apply to those using OHP insurance. If I have a preauthorization with your insurance plan for a specific CPT code, the 15 minutes may not apply and the window of time may be shorter.

If you are running late for an appointment, please send me a text message, email, or leave a voicemail.

Please remember to cancel or reschedule 24 hours in advance.

You will be responsible for the fee of **\$60 if cancellation is less than 24 hours**. You will be responsible for the **\$75 fee if you do not show for your scheduled session without any attempt to contact me**.

As a courtesy, you can opt in to receiving automatic appointment reminders 48 hours in advance via text and/or email through SimplePractice. However, I recommend using additional methods to track your appointments in case of any technical failures, as you are ultimately responsible to track your appointments.

**Three No-Show or Late Cancellations:**

Should you fail to schedule an appointment, no show, or cancel for three consecutive appointments, unless other arrangements have been made in advance, for legal and ethical reasons, I have the right to consider the professional relationship discontinued. Additionally, should you no call/no-show for two consecutive appointments, unless other arrangements have been made in advance, for legal and ethical reasons, I have the right to consider the professional relationship discontinued. Should fees not be collected after non-payment for two consecutive services or fees, I have the right to pause services or provide notification of terminated services and attempt collection of fees.

If there are frequent cancellations that do not fall into the scenarios listed above, I will attempt to collaborate with you on frequency of sessions and determine if changes need to be made, or if services should be terminated and provide alternative referrals. Lastly, if I have not seen you for 30 days, I have the right to consider our work complete and discharge you from my caseload. You may contact me at any time to see if I have availability if you wish to return.

**Accessibility Outside of Sessions:**

If you need to contact me between sessions, please contact me via the client portal or email. I am often not immediately available; however, I will attempt to return your message, email, or voicemail within 1-2 business days. If you reach out over the weekend, I will do my best to get back to you on Monday unless I am out on a holiday.

While I check messages regularly during business hours, I am not a crisis counselor and do not provide 24 hour telephone coverage or 24 hour crisis coverage. If you are experiencing a mental health crisis or require emergency assistance, please do not wait for my response and call 911 or go to your nearest

emergency room. If you experience frequent mental health crises, I may review recommendations for a different provider or a higher level of care to better meet your therapeutic needs.

Agencies that you can contact if you are in crisis:

9-1-1/Going to your nearest Emergency Department

9-8-8 National Help and Crisis Line

National Sexual Assault Hotline: 800-656-4673

National Domestic Violence Hotline: 800-799-7233

Oregon Warmline (peer run program) 800-698-2392

**Minors:**

If you are a minor, please understand that your parents may have the right to access your files. If you are a parent of a minor, please note that anything you send me may be placed in the client's file and the other parent may be able to access all that information.

**Email and text messages:**

These are not confidential means of communication. Please carefully consider this when sending me an email or text message. I encourage clients to only include information about scheduling in their email and only utilize text communications to let me know that you are running late for an appointment. I do not provide therapy through these forms of communication. *Please note, texting me will not result in a quicker response time than other communication methods.*

**Social Media and Telecommunication:**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**Electronic Communication:**

For the highest degree of confidentiality, you can message me through your personal and confidential portal through SimplePractice. I cannot ensure the confidentiality of any form of communication through electronic media. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

**Telehealth sessions:**

Please see consent for telehealth therapy forms for more information.

**Animals:**

Animals are a welcome part of your telehealth session unless they become distracting and detract from the therapeutic work.

If you are interested in obtaining an Emotional Support Animal (ESA) letter, please be aware that I do not provide these letters.

**Unexpected Therapist Absence:**

In the event of my death or incapacity I maintain a detailed Professional Will with instructions for the executor(s) to inform you of my status and ensure to support care coordination and appropriate referrals in accordance with your needs. By reviewing this and signing, you authorize the executor(s) Scott McFee, PsyD and/or Mathew Orbell, PhD to access your treatment and financial records and to make contact in order to fulfill these obligations and support your access to care should you choose to continue with another provider.

**Termination:**

If you encounter difficulties in therapy, please feel free to discuss them with me. Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. Termination may also be reviewed depending on medical necessity of care. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. The exception to this is that I have the right to immediately terminate the therapeutic relationship if you threaten my safety. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

By signing below I am agreeing that I have read, understood, and agree with the terms of this consent. By signing I consent to treatment according to these terms.