RKHS Psychological and Consulting Services

**Kathy Sullivan, LCSW.**

Licensed Clinical Social Worker

Therapy & Consultation

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**Statement of Informed Consent**

This document describes some of the policies and procedures that I have developed as part of my psychotherapy practice. Please read each point carefully, and be sure to ask about anything that may be unclear to you. At the end of the document you are asked to sign to indicate your understanding and agreement with each of these points.

Professional Status

I have a Ph.D. in Clinical Psychology, and am registered with the Board of Psychology in Oregon as a Licensed Psychologist. This means that I have a doctorate degree in clinical psychology, and have passed the State Licensing Exam to practice as a psychologist in the State of Oregon. My license number is 1263.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Confidentiality**

All client information is confidential and cannot be released without your prior written permission. I may be required to report those cases in which a person is believed to be a danger to themselves, a danger to others, or if I have any knowledge or suspect there is a risk of child abuse. Some of the cases which I might have to break confidentiality would include, but are not limited to: if I believed that you were in immediate danger of committing suicide, if you revealed a plan to harm or endanger a specific other person, or if I believed you were a risk for committing child abuse or neglect.

Any other data or assessment material (I may request you complete a psychological instrument) which is gathered, is also confidential. On occasion, I request that a client consent to audio recording. This procedure is also confidential as well as voluntary.

**Appointments and Scheduling**

You will be responsible for letting me know at least 24 hours in advance of a scheduled appointment if you will not be able to attend. There will be no fees charged for sessions that you cancel in advance. However, you will be charged the full agreed upon fee for sessions that you do not attend (no‑show), and for which you have not called at least 24 hours in advance to inform me of the cancellation (your insurance company will not be billed for no‑show appointments, this is the financial responsibility of the client). On occasion, I will have to cancel or re‑schedule an appointment and I will contact you at least 24 hours in advance to do so.

**Emergencies and Telephone Contacts**

On occasion, you may find it necessary to contact me by phone at **(971) 420-9643**. At this time, I have a voice mail system which answers all of my calls. It is important for you to know that I do screen my messages during the week, but rarely screen my messages on the weekend. If you have an emergency you should call 911. You may also consider calling the Multnomah County Crisis Line at (503) 988-4888 or toll-free at (800) 716-9769. This service is available 24 hours a day 7 days a week.

**Social Media**

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook or with on-line services that I cannot guarantee confidentiality such as FaceTime. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

**Websites**

I have a website that you are free to access (RKHSConsulting.com). I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

**Web Searches**

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

**Fees**

For individual clients my fee is $185.00 per 50 minute session, and $200.00 per 60 minute session for couple’s therapy. The initial evaluation session of 1.5 hours has a fee of $225.00 for an individual client and $250.00 for a couples’ evaluation. Fees, including your insurance co‑payments, are due in full at the conclusion of each session, unless we specifically agree to other arrangements. For those utilizing insurance, it is your responsibility to check if your insurance will reimburse your treatment. On occasion, insurance companies will not reimburse for psychotherapy, or if they will only reimburse preferred providers. Any unpaid fees are the responsibility of the client. If you have questions about insurance, please discuss them with me.

**Insurance**

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 usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

I accept insurance payments to cover my fees although you are responsible for any uncovered fees after insurance reimburses for the expenses. I currently am on contract with Moda, Pacific Source and BlueCross BlueShield. I can bill other insurance companies that I am not contracted with as an out-of-network provider. This means that my reimbursement as an out of network provider will be lower than if I were in-network or under contract. 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, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, I am willing to call the insurance company on your behalf to obtain clarification.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, if you request it. ***You*** ***understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by the insurance contract].

Statement of Informed Consent

I have read and understand each of the preceding points. I agree to the conditions and procedures described above, and I agree to participate in psychotherapy treatment with Kathy Sullivan. I further understand that I can withdraw from treatment at any time.

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Client signature date Kathy Sullivan, LCSW

It is often more expedient to make changes in your appointment or to contact me by either text or email. Please remember that neither of these electronic forms of communication are guaranteed to be confidential. If you wish to contact me over text or email, please do so thoughtfully, only to confirm or cancel an appointment, or to leave me a message to call you. Please do not utilize email or texting to share confidential, time sensitive information.

Please initial if you agree:

\_\_\_\_\_\_\_\_I agree that use of texts is an acceptable form of communication with Kathy Sullivan

\_\_\_\_\_\_\_\_I agree that use of email is an acceptable form of some communication