

Lori Elderkin,LPC, CADCI

708 Columbia Street

Hood River, OR 97031

Phone: 541-806-4546 Email: lori@lorielderkincounseling.com

INFORMED CONSENT FOR TREATMENT/CONFIDENTIALITY

As a client you have rights and responsibilities when you seek my consultation, including:

- **THE RIGHT OF CLIENTS TO REFUSE TREATMENT.** You have the right to request a change of therapy, be referred to another therapist, or discontinue therapy at any time. If you are unhappy with therapy or have questions about the treatment, please speak with me about these concerns. If my services are not meeting your needs, I will be happy to refer you to another practitioner.
- **THE RESPONSIBILITY OF THE CLIENT FOR CHOOSING THE PROVIDER AND TREATMENT MODALITY WHICH BEST SUITS HER/HIS NEEDS.** I will make an assessment and suggested possible treatment modes that maybe helpful to you. However, the choice of treatment mode remains with you. If at any time you feel dissatisfied with the therapy, your questions and concerns must be addressed before we can continue.
- **THE EXTENT OF CONFIDENTIALITY PROVIDED BY THE LAW.** Under Oregon state law therapists have an obligation to honor client confidentiality. Nothing you tell me can be told to anyone else without your permission. **HOWEVER, THERE ARE EXEPTIONS. SOME OF WHICH ARE:**
 - **CHILD ABUSE-** I am required to report any known or suspected child abuse to the Department of Human Services.
 - **HARM TO ANOTHER-** If I believe a client is about to harm another person, I have a duty to warn and, insofar as possible, to protect the intended victim.
 - **SUICIDE-** If I believe someone is immediately likely to harm her/him self , I will try to protect the person by notifying a family member, the police, or the Mental Health Department.
 - **REPORTING-** I will have to report certain information if requested by a court of law, if insurance agencies are being utilized for services, or other relevant agencies.
 - **SUPERVISION-** I receive routine supervision to ensure best practices are being met with the clients I work with, and at times information will be shared with the licensed supervisor who is also held under the same confidentiality laws.
 - **DEFENSE-** I will have to use information from a client's case if any claims are filed.

Client's Initials _____

FEES: My fees are based on the amount of professional time spent or reserved. A fee of \$120.00 is charged for all sessions that are not cancelled with a 24-hour notice. You may pay by check, cash, or credit card at the time of your session, otherwise you will be billed on a monthly basis. There will be a \$25.00 service fee for any returned checks.:

- Evaluation and Intake: \$150.00
- Individual Therapy: \$120.00 per session
- Couples Therapy: \$135.00 per session
- Drug and Alcohol Evaluations: \$200.00
- Group Sessions: \$50.00 per session

ADMINISTRATION SERVICES: There will be certain occasions that I will be utilizing administration services for certain tasks including billing and invoicing. In these instances the individuals working will have signed a confidentiality agreement and will be held to the same laws and regulations as the therapist.

MISSED APPOINTMENTS: The time scheduled for you is reserved exclusively for you. If you do not keep the appointment, no one else will be able to use this time. Therefore, I ask that you give 24 hours notice if you need to cancel an appointment. You will be charged the full session fee if you are unable to cancel before this time. My voice mail is accessible at all times.

EMERGENCIES: Should you find yourself in need of emergency assistance during hours when the office is closed, call my office phone and I will receive this message. If I am not available, you may call the **Crisis Line at Center For Living at 541-386-2620** 24 hours a day or your local emergency room.

I, _____, HAVE READ AND UNDERSTOOD ALL THE FOREGOING AND AGREE TO BE BOUND TO ALL OF THE PROVISIONS REGARDING CONSENT, CONFIDENTIALITY, AND FEES.

CLIENT SIGNATURE OR LEGAL GUARDIAN

DATE

LORI ELDERKIN, LPC, CADCI

DATE