

**INFORMED CONSENT FOR COUNSELING AND PSYCHOTHERAPY**  
**ELIZABETH HARTSHORN, LPC, MAC**  
**FULL CIRCLE COUNSELING**

I am licensed as a professional counselor by the Oregon Board of Counselors and Therapists and a Nationally Certified Addictions Counselor (MAC). I have a Master's Degree in Counseling and a Bachelor's Degree in Psychology. I have had a great deal of training and supervision as a counselor. It is important that you understand you are entering into a counseling relationship with me. If we discover that another source of therapy may benefit you, I will discuss this with you and refer you to what may be most helpful.

I prefer to primarily address counseling a person-centered, humanistic, holistic, existential Jungian orientated approach. In certain situations, Cognitive-Behavioral, Dialectical Behavioral, Motivational Interviewing or Rational Emotive therapy may be more helpful. Together, you and I will determine which type of approach would be best. \_\_\_\_\_ initial

The goal of counseling is to reduce internal distress and problems in one's life. Some individuals may experience an exacerbation of problems or different problems in the course of counseling. These problems can increase anxiety, depression, sadness, sleep disturbance, intrusive thoughts, flashbacks, self-destructive or angry impulses, suicidal tendencies and problems in family relationships. In some situations, hospital care may be necessary. \_\_\_\_\_ initial

Persons who are in counseling/therapy benefit from having a support system. Expressive activities such as exercise, art, writing and music are helpful in one's healing. Other treatment modalities such as family therapy, group counseling, 12 step groups and support groups, medication, natural and alternative healing modalities may be helpful. Referrals can be provided to help develop a support system at your request. \_\_\_\_\_ initial

**Medical Concerns**

I cannot recognize or diagnose medical conditions. It is recommended that you obtain a medical examination to determine any medical origins for your psychological problems, neurological disorders, endocrinological disorders, side effects of medication etc. Not being a medical doctor, I cannot prescribe medication but will refer you for psychiatric consultation if this appears to be indicated. \_\_\_\_\_ initial

**Assessment**

Counselors and therapists must conduct both an initial and ongoing assessment to understand your psychological needs. It is essential that you cooperate by completing all forms requested. Please be completely open and honest about your symptoms. I can only help you with your problems to the extent of the information you provide. \_\_\_\_\_ initial

**Confidential Therapy**

The content of your sessions will be held confidential. I cannot release any information or confirm or deny that you are in counseling without your written consent.

**Confidentiality from Third Parties**

Counseling and therapy is confidential from parties with important exceptions:

1) Information may be released to designated parties by written authorization of clients or legal guardians.

2) When you seek reimbursement for therapy/counseling from insurance companies or other third parties, information, including psychological diagnosis, and in many cases, explanations of symptoms and treatment plans, and in rare cases, entire client records, must be provided to the third party. If health coverage is provided, employers could possibly have access to such information. Insurance companies usually claim to keep psychological diagnosis confidential, but may enter this information into national information data banks where it may be accessed by employers, other insurance companies etc. It may limit your future access to disability insurance, life insurance, jobs, etc. I can provide you with copies of reports submitted to insurance companies at your request. They are required by law to adhere to HIPAA regulations of confidentiality. \_\_\_\_\_ initial

3) I am required to release information obtained from collateral sources, other individuals involved in your counseling/therapy to which such disclosure may help to advert danger to any psychotherapy client or others. This can include imminent risk of suicide, homicide, abuse of a child or a disabled or elderly person, and destruction of property that could endanger others. Counselors and therapists are required to report when you are at imminent risk of a life threatening danger. This includes suicidal or homicidal intent or action, suspected past or present abuse or neglect of children, adults and elders, and children being exposed to domestic violence. I am required to report to the authorities including DHS and law enforcement based on information provided by you and/or collateral sources. \_\_\_\_\_ initial

If you are required to undergo counseling as a result of a court order or mandate from DHS or probation departments, I may be required to provide all notes of your therapy and contact with collateral sources in response to a court order or legitimate subpoena. I do not provide any recommendations for child custody, settlement cases or other legal issues. \_\_\_\_\_ initial

As a counselor and counselor educator, I often consult with other professionals on cases and teach about the psychotherapy process. I disguise identifying information when doing so. Please indicate if you wish to place restrictions on consultation or teaching related to your case. \_\_\_\_\_ initial

Cell phone, texts, faxes, written letters and email communications can be intercepted by third parties. I cannot guarantee complete confidentiality when communicating with you or your insurance companies via these forms of communication. We can discuss how you want to communicate. I am required to make a record of each client contact. Emails are printed in full and become a part of your file. \_\_\_\_\_ initial

**Professional Records**

The Oregon Board of Counselor and Therapists requires that I keep treatment records. I am required to keep your records for 7 years. At the completion of 7 years, I have your records destroyed via a

confidential recycling facility. Your documents are shredded. I am present and witness this event. Currently, I use a confidential shredding service. Additionally, I keep an electronic file with an electronic filing company called CAREPATHS. I have notified the Oregon Board of Counselors of my contact person in the event of my death or an illness that prevents me from managing my affairs.

Professional records can be misinterpreted and/or upsetting to untrained readers. You are entitled to receive a copy of your records. I charge copying costs of \$2.00 per sheet for professional time spent responding to information requests. Your records will be provided within 30 days of your documented request. Your record includes a copy of the signed informed consent form, acknowledgment of receipt of privacy policies and practice, progress notes, and any release of protected health information and copies of your bill. Paper records are kept in a locked file cabinet in a locked office. \_\_\_\_\_ initial

### **Alternative Treatments**

Other treatment approaches are sometimes used when I counsel or provide therapy. I will also discuss these approaches beforehand with you and ask for your consent to proceed. Such techniques may include, breath work, teaching meditation techniques, expressive journaling or art therapy, group counseling, mindfulness techniques referrals to 12-step groups, dream work, and referrals to a variety of practitioners based on your request or interest. Additional alternative treatments can include guided imagery, energy field tapping, cognitive behavioral therapy, and dialectical behavioral therapy. I will explain each of these methods and receive your permission prior to implementing them. \_\_\_\_\_ initial

### **Fees**

Individual counseling and therapy sessions and collateral contacts are \$145.00 per 50 minute session. This includes any time missed by being late or a missed appointment. Your initial session is 50-90 minutes long, and the fee is \$195.00. I accept most insurances. I accept most credit and debit cards, cash, checks, and cashier's checks. I do not accept credit or debit cards as payment for co-payments on insurance. I am willing to enter into payment plans without interest as long as the payments are made on time. I will consider sliding my fees from \$80.00-\$135.00 per session. The fee schedule is a case by case situation. The price for group counseling and therapy sessions varies. Please contact the office for prices. Insurance benefits are never a guarantee of payment. Regardless of what your insurance pays, you are ultimately responsible for the full amount of your sessions. I reserve the right to release financial information to a collection agency, attorney or small claims court if you are delinquent in paying your bill. \_\_\_\_\_ initial

### **Cancellations**

Please understand that your appointment is reserved for you. I cannot put someone in your place if you do not give me enough notice to do so. You agree to call 24 hours in advance if you must cancel a session. If less than 24 hours notice is provided, you will be billed the regular session fee unless a sudden medical emergency has occurred. Two late cancels or no shows within a 3-month period will result in termination of counseling and a referral to another provider, or suspended until the matter that prevents attendance is resolved. Insurance will not pay for missed appointments. \_\_\_\_\_ initial

**Emergencies**

I am on call 24 hours a day and seven days a week. I am not always immediately available by phone. It is imperative that you always leave a message on my voice mail with a phone number I can reach you at. Please call (503) 588-2113. If it is a life or death situation or you or another person is in a severe mental health crisis, CALL 911 or go to the nearest hospital emergency room. Lake Oswego and Clackamas clients may call the Clackamas Crisis Line at 503-655-8585 24 hours a day to speak with a Crisis Counselor. In the event that I am ill, on vacation, or at a location where telephone access is unavailable, I will provide you with backup numbers of alternative counselors or therapist you may call. \_\_\_\_\_initial

**Counseling and Therapy Contract**

I have read the above information, have asked questions as needed and understand the issues related to risks and benefits of therapy and counseling, medical concerns, assessment, confidentiality, collateral contacts with others, professional records, confidentiality form third parties, alternative treatments, lengthy of therapy, fee for therapy emergencies and cancellations. \_\_\_\_\_initial

**Length of Counseling or Therapy**

Some problems can be alleviated in just a few sessions. Other problems require longer treatment. It is often difficult to predict the length of therapy needed. The decision to terminate therapy belongs to you or at the therapist's recommendation. If termination occurs before adequate treatment has been achieved, I will provide you with referrals to other providers upon your request or you may choose to find your own therapist. \_\_\_\_\_initial

**Social Media, Email, Texting**

If you choose to email or text me, you must be aware it can be intercepted by third parties. I will not respond to you unless you have given written authorization to do so on your intake form. It is not a forum for discussing counseling issues. Therefore, you can expect brief responses from me until we can talk on the phone or at your next session. I do allow you to text me, but I will not use texting as a means to discuss counseling issues. Texting should be reserved for appointment issues or minimal communication. You will need to identify on your intake form if I can contact you by email or text and accept and understand the confidentiality limitations in doing so. I do not Friend or add any clients to LinkedIn accounts, Facebook, etc. \_\_\_\_\_initial

**Contact Outside of the Office**

As your counselor, I am obligated to do my best at keeping our relationship professional and confidential. Therefore, I will not accept invitations to weddings, birthdays, etc. Additionally, if we run into each other in the community, I typically will not acknowledge you because of confidentiality reasons. I do not accept gifts from clients as I do not want you to feel obligated in anyway. I appreciate the kindness and generous thoughtfulness, but a verbal or written "thank you" is more than enough and means a great deal to me.

**Termination of Counseling**

You may terminate counseling at anytime. Primarily, termination of therapy is usually a collaborative agreement. As your counselor, I may choose to terminate counseling with you as a result of lack of attendance, or if I have reason to believe you should be referred to another professional, if I am finding that your needs are out of my scope of service or for other ethical reasons set forth by my licensing

board. I will provide you with a list of 3 names or agencies you may contact to transfer care or you may contact your insurance company or find other providers of your own choosing. If you are absent from counseling for over 30 days and wish to return, it may require a new intake assessment.

\_\_\_\_\_initial

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**I agree to treatment based on my informed wish to proceed.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elizabeth Hartshorn, LPC, MAC

\_\_\_\_\_  
Date