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OFFICE POLICIES AND INFORMED CONSENT FOR TREATMENT

Welcome to my practice! This document contains important information about my professional services and business policies. **When you sign this document, it will represent an agreement between us.**

QUALIFICATIONS

I obtained my masters degree in social work from George Fox University in 2020. I began providing psychotherapy as a trainee in 2020, and I completed my training in rehabilitation facilities, community mental health agencies, and hospice. I also provide mental health consultation to high school students and staff. I am licensed in the state of Oregon (A12077) as a clinical social work associate, and I currently receive supervision under Ariana Lloyd (L60603). I am passionate about ensuring anti-racist mental health resources are accessible, and use an anti-oppressive approach to therapy. Along with this I draw upon a broad range of techniques, including culturally-focused trauma treatment, cognitive-behavioral, narrative, and body-based interventions; I prefer to work from an integrative perspective, as no one single theory can account for the diverse human experience. In our work we will discuss liberation, power, privilege and the history of the United States and how it relates to the present. I will also regularly acknowledge the privilege and power I hold as a therapist, and regularly engage in power-sharing in our sessions to ensure a more equal environment and better outcomes. I report to the board of licensed social workers ethics board.

TREATMENT

The purpose of psychotherapy is to alleviate mental duress and increase life satisfaction and mastery. Goals may include increasing awareness of physiological signs of distress and identifying effective coping skills.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, and often brings up unpleasant memories, you may experience

uncomfortable feelings like sadness, anger, frustration, disappointment, guilt, worry, and helplessness. Sometimes people end up feeling worse before they feel better, and that can be difficult to tolerate at times. However, therapy has also been shown to have substantial benefits, and often leads to better relationships, productive problem-solving, and significant reductions in feelings of distress. There is no way to guarantee what your experience will be like, and much of your outcome will depend on your current motivation and commitment for this work.

Sometimes working on the issues that brought you into therapy can bring about changes that were not originally intended. You may experience immediate relief, but you might also experience this process as gradual and frustratingly slow. Your path will be a highly individualized one. I will always ask for your feedback and your views on our progress, and we will continue to monitor together whether our plan is the best one for you right now.

EVALUATION AND THE PROCESS OF THERAPY

In our first meetings, I will conduct an assessment where I gather history, we discuss current symptoms motivating you to seek therapy, and collaborate to create goals that feel meaningful to you. This assessment may result in a diagnosis. I may also use anxiety, depression, or trauma screenings. Therapy involves a large commitment of time, money, and energy, so it is important to be very careful about the therapist you select. If you have questions or concerns about my process, I encourage you to discuss them with me whenever they arise. You can, at any time, refuse services or modality changes, and I will advise you of pros and cons of your therapeutic options. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS, CANCELLATIONS, AND NO-SHOWS

I normally schedule one 50-minute session per week at a mutually agreeable time, although the frequency may vary depending on need and current circumstances. (Note: I strongly recommend weekly sessions during the initial phase of work on your presenting concerns; bi-weekly or monthly sessions may be more appropriate during maintenance and termination phases of therapy.)

I use a platform called SimplePractice, that (with your consent) will send you a confirmation of your appointment date and time, as well as a reminder 24 hours before your appointment. I ask that you please read these emails and ensure that we have the correct time booked, and that you will be able to attend this appointment.

I am very aware that life is complicated and can often get in the way of our best intentions to access support. Please provide 24 hours (one day) advance notice of cancellation. If it is possible, I will try to find another time to reschedule our appointment, but please know that my ability to do this is limited. You will be expected to pay for any sessions canceled less than 24 hours before our appointment time. Please initial here to indicate your understanding of this policy .

Please notify me as soon as possible of any travel time that will prevent you from attending sessions so that I may accommodate others in my schedule. If you will be away for 4 or more weeks, I will not be able to hold your regular time, but will work to find a spot for you in my schedule when you return.

No-shows: If you do not show or call to your session, I will reach out to you via your preferred contact method to check on your general well-being (and may follow up with any safety procedures as is appropriate). In non-crisis situations, I will assume you are not interested in pursuing additional treatment with me after two no-show/no-call sessions. No-shows are charged at full fee.

You will not be charged for any sessions I cancel. I will do my best to notify you well in advance about upcoming vacation weeks, or any need to change or cancel an appointment.

PROFESSIONAL FEES

My hourly fee is \$150. You will be expected to pay for each session **before or at the time of service**. I revisit my fee structure annually, and I will give clients notification 2-3 months if a change occurs. If your circumstances change and include unusual financial hardship, we may negotiate a fee adjustment or payment installment plan.

In addition to weekly appointments, I charge my hourly fee for other professional services you may need on a prorated basis. These may include report writing, telephone conversations lasting longer than ten minutes, attendance at meetings you have authorized with other professionals, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party.

I accept payment by debit or credit card before or at the time of service.

If you are using a credit card, my preferred method of accepting payments is via [IvyPay](#), as it is a more secure and confidential service designed for therapists. This service may send receipts or records on bank or credit card statements which include my business name. If any of these receipts are viewed by an unauthorized party, your privacy may be at risk. Please consider who has access to these records. Please provide your initials to indicate permission to charge your credit card on your behalf .

I am unable to let clients carry a balance of more than two sessions; if you are unable to pay this balance, we will discuss strategies to avoid building up more debt, and whether it makes sense to pause your treatment. Please inform me if problems arise during our treatment that might impact your ability to make timely payments.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to obtain legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is the client's name, the nature of services provided, last known address, and the amount due. If the cost of therapy becomes prohibitive to receiving services, please let me know and I will provide you with reasonable alternatives.

INSURANCE REIMBURSEMENT

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 benefits policy or insurance plan, it will normally provide some coverage for mental health treatment.

I do not currently participate in any insurance networks. If your plan covers out-of-network mental health services, I can provide you with a monthly billing statement (often known as a "superbill") to submit for reimbursement to your insurance company. Please note that your insurance may decline reimbursing you for services. Payment must be provided to me directly at the time of service.

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, it is very important that you find out exactly what mental health services your insurance policy covers. 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. You may also see the [Out of Network Benefits Information](#) document on my website for more guidance.

Please also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. 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 report I submit, if you request it. I also will discuss my diagnosis with you before I create your first invoice to submit to your insurance plan, so that you may have informed consent about what will be on your health record.

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. You always have the right to pay for my services yourself to avoid the problems described above.

If you choose to use a health savings account or flexible savings account, your payment may be approved initially, but could later be denied. Please know that you are responsible for full payment in this situation.

RESPONSE TIME

For small administrative matters, such as confirming or changing appointment times, you can contact me via ataylor@becomingtherapyservices.net or the Simplepractice portal. I check my email messages each day, and I generally receive and return messages within 24 hours, **with the exceptions of weekends and holidays**. If I am planning on being out of the office, I will inform you in advance, and give you the contact information of the therapist covering my practice.

Urgent phone consultations of ten minutes or less are normally free. However, if we spend more than ten minutes a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than ten minutes reading and responding to emails, I will bill you on a prorated basis for that time.

EMERGENCY CONTACT

For acute emergencies in which you need to talk to someone right away, please access 24-hour psychiatric services by dialing 911, going to the nearest emergency room, or calling Multnomah County Crisis line at 503-988-4888. Please initial here to indicate your understanding of this policy _____.

TECHNOLOGY

In order to ensure privacy and security, I will utilize encryption, firewalls and secure passwords in all forms of communication and record storage. We will only meet via telehealth with your permission (both verbal, in our initial consultation, and written, as signed below). When meeting via video, I will confirm your location and identity with each session. Please note that technology failures may occur, including lapse in sound or poor video quality. We will address these as they arise.

As mentioned, your records will be stored electronically. There are some inherent limitations to confidentiality when using electronic records and transmissions. In the off chance that there is unauthorized access or a security breach of your confidential information, I will immediately perform a risk analysis, inform you if it is likely your information was disclosed, inform you as to the nature of the disclosure, and make an appropriate report to authorities. I will perform a risk analysis and risk management assessment and follow up with you as needed in regards to results and any remediations that will be made.

You may receive and read encrypted messages from me with passphrase access; if you want to send protected messages, please install [FlowCrypt](#), a simple extension for your email.

Although email and text messaging are immediate and convenient communication methods, they are unfortunately not completely secure or confidential. Unencrypted emails and texts are vulnerable due to the fact that servers or communication companies may have unlimited and direct access to the messages traveling through them.

Additionally, people with access to your computer, phone, and/or other devices may also have access to your email and/or text messages. *Please take a moment to contemplate the risks involved if any of these people were to read the messages we exchange with each other.*

[Secure messaging through the Simplepractice platform is](#) the most private and secure way for us to communicate, which may be especially important if we are discussing issues related to your treatment that go beyond scheduling and logistics. If you choose to communicate

with me by email, be aware that any emails I receive from you and any responses that I send to you become a part of your health record.

I take privacy and confidentiality very seriously, and am ethically bound to protect your medical information. However, I also recognize that clients do have the right to request unencrypted emails and texts. Please let me know if you would like to request this.

Our sessions will be held via Simplepractice secure online video platform.

You can send digital documents via Simplepractice secure software.

Social Media: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend requests or direct messages from current or former clients on any social networking site (Facebook, Twitter, Instagram, 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. You may benefit from following my professional social media accounts as I aim to share information helpful to all my clients. Please feel free to follow my professional accounts.

Search Engines: I will not look up your information on any search engines.

Any technology we use has third-party members who are supporting the software needed to run various programs (engineers, technicians, administrators and more who maintain the software). This means there is always a risk of a third-party person accessing our information. In particular, if you use your work phone or computer, or any sort of shared phone or computer, for communication with me, your work can then access that information.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. Your records will be stored in a "cloud" through Simplepractice. I have signed a HIPAA Business Associate Agreement with this company, and they are obligated by federal law to protect these records from unauthorized use or disclosure. I also follow strict security procedures in maintaining your security and privacy, including utilizing firewalls, malware software, complex passwords and disk encryption on any devices upon which your information is stored. Even with all this in place, security cannot be guaranteed.

You are entitled to receive a copy of these records at any time. If I believe that seeing your records would be harmful to you in some way, I will be happy to send them to a mental health professional of your choice should you need me to coordinate your care, or if you begin services with a different therapist. With any disclosure, I aim to disclose the least amount of information possible to achieve the desired purpose.

You must make the request in writing; I will respond to you within 5 working days, and will provide copies of your records within 15 days. You will be charged an appropriate fee for any time spent in preparing information requests, and if you request copies of your file, I will charge you not more than \$.25 for each page.

Typically, a copy of your records will be provided, or, if it is deemed more appropriate, a summary of your records can be prepared for you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

By law, your records will be kept for **7 years** following termination of therapy. After 7 years, they will be destroyed in a manner that preserves your confidentiality.

TERMINATION

Therapy may be terminated by you at any time. It is generally more constructive and useful when at least one week's notice (or more) is given, so that a final session can be scheduled to explore the reasons for ending and to summarize our treatment together, as well as to provide referrals to any other appropriate services.

COMPLAINTS

If you have a concern or complaint about your treatment, **please talk to me about it**, preferably in person. I want to encourage you to advocate for yourself at all times, even if this means you disagree with me. I take your opinion very seriously, and I will address your complaint with respect. Please initial here to indicate your understanding of this policy .

If you believe I have been unwilling to listen and respond, or that I have behaved unethically or illegally, you may contact the Board of social workers, which oversees licensing, and they will review the services I have provided:

Attention: Compliance Department

3218 Pringle Road SE, Suite #240

Salem, OR 97302-6310

CONFIDENTIALITY

The privacy of all communications between a client and a therapist/socialworker/counselor is protected by law. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed *Notice of Privacy Practices*.

Families, Couples and Group work: when more than one person is the client, we will seek agreement among parties regarding each individual's right to confidentiality within and outside of sessions.

When Disclosure Is Mandated by Law: I am legally and ethically required to disclose information to local protective service agencies and/or law enforcement when there is a reasonable suspicion of child, dependent, or elder abuse or neglect. Additionally, if you present a danger to self and/or others, or are gravely disabled, I may have to make an involuntary referral to a hospital and/or contact others to protect both you and those around you. In these cases, I will attempt to obtain written, informed consent from you first. I will only disclose information that is deemed necessary for these situations, and when feasible, inform you before disclosure is made. Please initial here to indicate your understanding of this policy .

When Disclosure is Court-Ordered: Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony via court order. I will protect your confidentiality during legal proceedings to the extent permitted by law. When legally ordered, if it could cause harm to you or others, I will request the court withdraw or limit the order of records requested. In these cases, I will again attempt to obtain written, informed consent from you before disclosing information.

Emergencies: If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about your access to psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided as an emergency contact on your intake form.

Health Insurance and Confidentiality of Records: Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you in writing, psychotherapy notes will not be disclosed to your insurance carrier. As mentioned earlier, while insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Consultation: I consult regularly with other professionals regarding treatment of my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. The consultant is also legally bound to keep the information confidential. I generally will not discuss these consultations unless I feel that it is important to our work together.

Guardian of records: In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague (and one back-up) who is a licensed therapist as my professional executor/guardian of records. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

Release of Information: Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person or agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that

conclusion, I will explain the reason for denying your request.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will gladly provide you with relevant portions or summaries of the state laws regarding these issues.

MUTUAL EXPECTATIONS

Your rights include freedom from discrimination, safety, a collaborative relationship, the right to discontinue work at any time, confidentiality, the right to submit complaints to my governing board and gladly provide you with relevant portions or summaries of the state laws regarding these issues. Expectations of you include fully participating in treatment, discussing discontinuation prior to it happening, keeping appointments and canceling 24 hours in advance of appointments, inform me of any changes in contact information or finances that affect therapy, inform me if seeing another therapist, and inform me of any medication change, substance abuse, high risk behaviors or suicidality.

My rights and responsibilities are to uphold all policies and disclosures as outlined in this letter. I will also adhere to my ethical code of conduct and provide you with the highest quality of therapy services possible.

I have read this signature and am informed of the risks, pros and cons, and limitations of the information and policies provided. I also understand I may terminate this authorization and consent at any time. I consent to using the technology as outlined above. I also consent to pay the fee of _____ per session, and understand late cancellation and no-show fees. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with _____. I have had the opportunity to ask questions, and agree to abide by its terms during our professional relationship.

_____ Client
Client Signature

Date _____

