

Sam Stevens, LMFT

3325 NE Wasco St.

Portland, OR 97232

Phone: 503-957-8797

Client Consent and Disclosure Form

SamStevensMFT@comcast.net

www.SamStevensMFT.com

As a Licensed Marriage and Family Therapist in the State of Oregon (License #T0605), I am providing the following disclosure of information, policies, and procedures so you are fully informed about me and the process of treatment. Please read all the information in this document carefully. During our first meeting, I will review this information and answer any questions you may have. At that time, we will both sign this document and it will become part of your file.

Philosophy and Approach. I believe all people are entitled to a life in which they can have positive healthy relationships and a sense of self worth. I help people gain clarity, self-awareness, comfort with themselves, and a greater sense of satisfaction in their relationships. Oftentimes, people come into therapy with their own solutions without knowing it. With an outside perspective I can help identify what those solutions are. I approach each individual, couple, and family as being part of a system in which all parts are interconnected, and focus on increasing and/or repairing connections with one another and themselves, restoring balance.

Formal Education and Training. I hold a Masters Degree in Marriage and Family therapy from Auburn University, and a Bachelors Degree in Psychology from the University of Oregon. I have received specialized graduate and post graduate training in individual, couple and family dynamics, child and human development, and trauma recovery. As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license I am required to participate in annual continuing education. This training allows me to further my knowledge and better serve your needs. For my own professional growth and development and to ensure quality service to you, I participate in small consultation groups with other therapists. I may discuss your situation but will do so without revealing your name or other identifying information to maintain confidentiality.

Confidentiality. All information you disclose in treatment is confidential unless you specifically request a release of this information in writing. It is important however, that you are aware that the law provides certain exclusions from confidentiality including, but not limited to: suspected child, elder and dependent adult abuse or neglect; when a client is a danger to him/herself or the person or property of another; when there is a court order; or when information is required by a client's insurance company, or other relevant agencies. If necessary as part of treatment, I may distribute limited required information as part of billing and/or insurance reimbursement (see below re: insurance) Please be aware that e-mail correspondence is not confidential; I only correspond with clients via e-mail for scheduling purposes.

Fees and cancellation policy. Fees must be paid at the time of service. My standard fee is \$140 for a 50-minute therapy session for individuals, couples and families. Longer sessions are available at a prorated fee. My intake/initial session fee is \$210. The fee for group therapy is \$100/month for two 90-minute groups per month. Telephone calls less than 10 minutes are free; anything over 10 minutes is charged (by quarter hour) at the hourly rate. A sliding scale fee is available for a limited number of clients.

I require a 24-hour notice if you must cancel or reschedule any appointment. To cancel, please send me an email or leave a message on my voicemail. The full fee is charged for any missed appointments or ones that are cancelled without 24-hour notice.

Insurance Reimbursement. If you have a health insurance policy, it will often offer some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, and not your insurance company, are responsible for full payment of my fees. You should be aware that *submitting claims to your insurance company requires a mental health diagnosis* and carries a certain amount of risk to confidentiality, privacy, and future capability to obtain health or life insurance. This risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank.

Follow-up and Quality Assurance

After then end of therapy I may contact you via email using inviting response to a follow up survey. The results from the survey, through the service Survey Monkey, are collected anonymously as part of quality control. If you do not wish to be contacted please inform me.

As a client of an Oregon licensee you have the following rights:

- *To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- *To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- *To obtain a copy of the Code of Ethics;
- *To report complaints to the Board;
- *To be informed of the cost of professional services before receiving the services;
- *To be assured of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client’s insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee;
- *To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

If you have any questions or wish to complain about any improper conduct you may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499

Emergencies. I attempt to respond to my messages within 24 hours. If you need help immediately or if there is a life-threatening emergency, call the Multnomah County Crisis Line (503) 988 - 4888, call 911, or go to the nearest hospital emergency room.

Consent. I have read and understand all the information provided in this disclosure statement. In the case of divorced or separated parents, each parent must consent to treatment (exception being with absent parents or when one parent has full legal custody). I hereby give my consent for treatment. I have been provided a copy of this Client Consent and Disclosure Form, and Notice of Privacy Practices.

Client’s Signature	Client’s Printed Name	Date
--------------------	-----------------------	------

Client’s Signature	Client’s Printed Name	Date
--------------------	-----------------------	------

If a client is under 14 years of age:	Date of Birth: _____
---------------------------------------	----------------------

Parent/Legal Guardian’s Signature	Parent/Legal Guardian’s Printed Name	Date
-----------------------------------	--------------------------------------	------

Parent/Legal Guardian’s Signature	Parent/Legal Guardian’s Printed Name	Date
-----------------------------------	--------------------------------------	------

Sam Stevens, LMFT	Date
-------------------	------