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**Clients Rights and Responsibilities**

Prior to beginning treatment, it is important for you to familiarize yourself with my approach to treatment, your rights and responsibilities, and my office policies. The following document discusses each of these topics. Although reviewing this kind of information may seem unnecessary and unrelated to your care, please take time to review this document and to ask questions about it. Sign the final page after all of your questions and concerns have been answered.

**Assessment and Treatment Planning**

To provide you with the best care possible, it is important that I have a clear understanding of what brings you to treatment. During our initial meetings I will ask you detailed questions about your past and current functioning, including information about past mental health problems, previous treatment and alcohol and drug use. Although some of this information may seem unrelated to the concerns you have, it is important for me to know this information. I will also ask you to describe the concerns that bring you into treatment. I may also ask you to complete questionnaires or psychological tests to supplement information we discuss.

Following this, we will jointly develop a treatment plan with specific treatment goals to address the concerns you have. The treatment plan will be tailored to your concerns and will outline what we will work on, as well as an estimate of how long we will work together. Typically it takes 1-2 sessions to develop a treatment plan

It is critical that you actively participate in treatment planning and candidly discuss your treatment needs. If at any time you feel misunderstood or feel the treatment is misguided, I encourage you to speak up and bring this to my attention. This kind of open communication and feedback needs to go on throughout treatment and I will periodically ask for your input, even if we have been working together for several months. I also encourage you to ask questions of me (for example, information about my qualifications and approach to treatment.) The more you know about what to expect, the better able you will be to take advantage of treatment.

To accomplish our treatment goals, you will be asked to try out a variety of new behaviors and activities, both during and in-between sessions. Depending on your treatment goals, I may ask you to practice a communication skill, read a book or try a new stress management exercise. If these activities do not work for you or are not feasible, please tell me.

**Risks of Treatment**

It is important for you to know there are risks involved in treatment. For example, some people experience an increase in stress, particularly during the early stages of treatment. Some problems also seem to get worse before they get better. In some cases (e.g., with a couple or family), discussing long-standing, unresolved problems can seem to aggravate rather than help with a problem. These are natural occurrences, but you should be aware of them. Other risks may occur as well, depending on your unique situation. Please ask me about what risks you can expect and I will also discuss others as I identify them.

**Treatment Alternatives**

Not all clients are well-suited to my treatment approach, nor am I able to treat all problems confronting my clients. As a result, I cannot guarantee successful treatment. If I determine that I cannot adequately treat you, I will inform you at the earliest opportunity and assist you to find more appropriate services. This could include referral to another mental health provider on an outpatient basis, or it could be another sort of referral such as to a chemical dependency program. If at any time you have doubts about the appropriateness or effectiveness of your treatment with me, please discuss these doubts with me as soon as possible.

**Rights to Privacy and Exceptions to Privacy**

The work that we do here is CONFIDENTIAL. The things that you choose to discuss with me are strictly private and protected by Oregon State laws. I may discuss the content of our sessions with a professional therapist who consults with me to help improve the quality of my work, but if so, that professional therapist will also be required to keep what is heard confidential. Other than for consultation with professional therapists, I will not, except under unusual circumstances, discussed below, share anything we talk about with others unless I have your written permission to do so.

Occasionally it will be helpful for me to exchange some information with others, such as your physician, school or work personnel, or other family members. I will explain the need to do so and discuss the sort of information to be shared. If that is acceptable, I will ask for your permission in writing and ask you to complete a "Release of Information" form. Similarly, I will not seek or receive information from others who know you without first receiving your permission. If there is specific information you believe would be helpful for me to know about, particularly previous mental health treatment, please bring this to my attention as soon as possible.

It is very important for you to know that some things, by law, CANNOT BE KEPT PRIVATE. Here are the exceptions to your rights to privacy:

1. If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information.
2. If I learn that harm has been done to a child, elderly person or disabled person, I will make a report to the authorities. This includes those with a mental health diagnosis!
3. If I learn of a client's specific intent to bring harm to himself, herself, or to another person, or to commit and act of violence, if is my responsibility to protect you and others. Under these circumstances I reserve the right to inform other family members, intended victims or authorities as appropriate.
4. A non-custodial parent who wants to learn about their child's treatment may have the right to review their child's treatment record and to discuss their child's care with me.

Although these exceptions seldom occur, it is important that you be aware of them. I encourage you to discuss any concerns about privacy with me at our first meeting and at any other time privacy becomes a concern for you.

Privacy is also an important issue when children, spouses, or other family members are involved in treatment. When children and adolescents are referred for treatment, it is important to respect the need for some privacy, while also identifying issues to be addressed by the entire family. Similarly, when both members of a couple are involved in treatment, it is important to balance the need for individual privacy with the need for open communication. If you know that your spouse or other family members will be involved in treatment, or may be in the future, please discuss these issues with me as soon as possible.

If you **prefer not** to communicate via *text messaging* on your cell phone to make appointment times, please advise and initial here:

NO TEXT MESSAGES\_\_\_\_\_\_\_\_\_\_\_

**Legal Proceedings/Court Involvement**

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. In the event you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to assist you to find a provider that offers this service.

It is also important for you to know that I will not be a party to any legal proceedings against current or former clients. My goal is to support my clients to achieve therapy goals - not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing to not involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives.

In the event you require my testimony or involvement in non-adversarial aspects of legal/court proceedings I will do so only with your consent. I will be unable to disclose any information pertaining to other family members or parties involved in treatment without their specific consent to disclose this information.

**Appointments and Cancellations**

Sessions are scheduled by appointment and are usually 45-50 minutes long. Please call immediately if you need to cancel or reschedule an appointment. If I am unavailable an answering machine will take your message 24 hours a day. The phone number is 541-729-8385. In all cases other than those involving emergencies or illness, any cancellations or rescheduling should occur at least 24 hours prior to the appointment, or the session will be payable by you.

**Emergencies**

In the event of an emergency related to your treatment with me, you may call me at 541-729-8385. If you call during my normal work hours, Monday through Friday 9 AM to 5 PM, I will normally call back within a few hours at the most. Please identify in your message that your call is an emergency. On nights, on weekends, or if for some other reason I am not able to promptly return your call, you may call the White Bird Crisis Line at 342-8255.

**Payment and Billing**

If no insurance or other third party payment is involved, then you are asked to pay your fee at each office visit. If insurance is involved, you will be requested to pay any co-pays at each office visit. If your insurance company for some reason refuses to pay its portion of the fee, you will be responsible for any unpaid fees.

In addition to charges for office visits, you may also be charged for my consultation with other professionals involved in your care, meetings with your family or significant others, court testimony, preparation of reports and letters, and any travel to and from meetings I attend on your behalf. All of these services are charged at the same hourly rate. Failure to pay fees may result in discontinuation of treatment.

**Agreement: Consent to Treatment**

I have read, or have had read to me, the above information and have had an opportunity to ask questions about it. I understand my rights to privacy, the exceptions to my rights to privacy, and that there are risks associated with treatment. In the event children are to be involved in treatment, I hereby give my consent for their treatment and affirm that I am a legal guardian with the authority to authorize mental health services. I also agree to abide by the payment and billing policy outlined above and accept full responsibility for any and all fees incurred in my care or for the care of my children.

Client or Legal Guardians:

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Print Name Signature Date

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Print Name Signature Date

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Print Name Signature Date

Witness:

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Laura Stockford LCSW Date