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Client Contract and Consent for Treatment

Benefits and Drawbacks of Therapy:

Therapy can be means to improved self-knowledge. It can be a wonderful catalyst for personal growth and can provide the tools for a more satisfying relationship with oneself and with others. Therapy can offer a healing environment through which you as a client can work through difficult and trying life issues with support and safety.

It is important to note, however, that therapy can also be quite challenging and, at times, you may find that you don't always feel "better" after a session. Emotions can surface that can be both exhilarating and challenging. Although therapy can offer possibilities of repairing and healing relationships, it can also result in new insights which can have unexpected outcomes. It is important to be aware of both the benefits and drawbacks of therapy when embarking upon this journey. It is also important to note that the more actively involved you are in your own healing and treatment, the more benefit you will gain.

Client Rights:

All clients within this practice will be treated in a manner that upholds their personal dignity and a manner that treats them equally, without regard to sex, age, race, religion or handicap. Clients have the right to refuse treatment at any time. Any non-compliance with specific treatment recommendations must be discussed thoroughly with the treatment provider. In addition, a written statement of chosen non-compliance with treatment recommendations may be requested. Clients have the right, and are very encouraged, to discuss treatment planning and ongoing treatment progress with their treatment provider.

Fees:

Fees are \$120.00 for each 45-50 minute session and \$150.00 for each 51- 60-minute session. Sessions are to be paid prior to the commencement of the therapy appointment. Checks may be written out to Jennifer R. Fedorov, LMFT. If fees are raised, sufficient notice (4-6 weeks) will be given to the client. If you have health insurance and you wish for me to bill the insurance company, I am happy to do

so. I am currently a contracted provider for PacificSource and Trillium OHP. I am willing to bill other insurance companies. Please be aware, however, that you are responsible for any dues that are not paid by the insurance company. It's helpful to know your insurance coverage prior to the start of sessions. It is your responsibility to check on this information, in order to avoid financial liability.

Cancellation Policy:

A specific time has been reserved only for you. Therefore, a 24-hour notice is REQUIRED for all cancellations. Because I cannot bill the insurance company for missed sessions, failure to give 24-hour cancellation notice will result in a charge of \$100.00. If a client is a "no-show" for more than one consecutive session without notice, the client will be discharged from the practice.

Emergencies:

In case of emergency, I can be reached at (541) 232-6680. If you do not hear back from me, please call 911, your nearest emergency room or the White Bird Clinic at 541-687-4000. You can also contact another of your providers if you have an ongoing relationship with them.

Subpoena:

If, by chance, records are subpoenaed, the client will be billed my customary hourly rate for time spent preparing, copying and mailing therapeutic records.

Confidentiality:

All information disclosed and discussed within the therapeutic setting is confidential.

To ensure that the highest quality of care is delivered, however, case discussion and consultation may be sought with colleagues with only the most minimal disclosure of information. Every effort will be made to ensure that the identity of the client is concealed.

If it is desired to share information with involved individuals outside of this practice, a specific, "Release of Information" (ROI) consent form will be requested in writing.

There are some limits to confidentiality where information is NOT bound under the state guidelines for client confidentiality (IE: I am a mandated reporter). These include:

- Information regarding the abuse and/or neglect of a child, elder or dependent adult.
- Information regarding the intent to harm self or others
- Court subpoena of records and/or treatment staff.

Releases:

Information will not be released to any third party absent the appropriate waivers (Release of Information documents) unless they are subpoenaed or if information falls under the preceding limits to confidentiality.

Open secrets policy:

When treating couples, I may be seeing each person individually as well as together. Individual sessions are confidential, in order to allow space for each person to work through issues. Decisions to reveal information from the individual sessions will be determined collaboratively as therapy progresses.

Consent to treat a minor:

When treating clients under the age of 18, consent of BOTH parents will be required if both parents hold legal custody of the minor. A minor will only be treated without consent if that minor proves a harm to self or others or if gaining consent may place the minor in harms way. This will be determined by the treating therapist.

Insofar as confidentiality in child/adolescent therapy is concerned, the therapist will share general information with the parents but will refrain from sharing private details unless indicated or deemed appropriate.

Termination of Therapy:

Both therapist and client have a mutual right to terminate therapy at any time. It is encouraged, however, to share any feelings about termination that may come up during the course of therapy.

Consent for Evaluation and Treatment:

I hereby certify that I have read and understood the above treatment terms and contract. Consent is therefore given for my evaluation and treatment by Jennifer R. Fedorov, LMFT.

Client Signature:

Date: