Katherine Calvert, MSW

Licensed Clinical Social Worker

4511 SE Cesar Chavez Blvd. Portland, OR 97202

503.705.2194

PROFESSIONAL SERVICE CONTRACT

INFORMATION AND CONSENT TO TREATMENT

Please read the following carefully and sign on the last page. If there are any items contained within that you wish to discuss, please bring them to the attention of the counselor.

Therapist: _____

Beginning service date: _____

FEES: The standard service charge is **$150.00 per 50-60 minute office appointment and $225.00 per 75-90 minute office appointment. Group sessions will be billed between $55 and $100 depending on Group**. Longer sessions are prorated at the same hourly fee.

Telephone sessions, insurance reports and third party consultations will be billed at the standard rate. Telephone consultations of fewer than fifteen minutes are generally at no cost, unless there is a need for frequent calls. Returned check fee is $20.00. Fee schedules for travel to locations outside of the office are available upon request.

PAYMENT POLICY: Payment is due in full at the time of each session. If we have agreed to bill your insurance company, co-payment is due at the time of service.
Please understand that if your insurance company should for any reason decline your claim, the full responsibility of the amount owed will become that of the client.

CANCELLATIONS: Must be made at least 24 hours in advance by calling and leaving a message on the voice mail (503-705-2194). **Individual appointments canceled with less than 24 hours notice will be charged in full to the client. Clients will be charged full Group fee for all Missed Group sessions.** Please note that insurance companies will not reimburse for missed appointments.

PROFESSIONAL CONSULTATION: To enhance the services we provide, we participate in supervision. Our supervisors are bound by the rules of confidentiality and to further ensure privacy client identities are never disclosed. If you have concerns about the review of your case with a consultant, please share your concerns with your counselor.

Please continue on the back.

EMERGENCIES: You may leave a message on our office voice mail 503-200-5551 Ext 101, 24 hours per day. Monday through Friday calls will be returned during regular business hours, as quickly as possible. On weekends, calls are not returned. In emergencies that threaten life or property call 911 for assistance. In the event of a mental health emergency after hours or any time you cannot reach your counselor, you should call Multnomah Co. Crisis Line 503 988-4888, or go directly to your hospital's emergency room.

CONFIDENTIALITY: The information that you share in therapy is kept in confidence as protected by both federal and state laws. This confidentiality applies to the therapist's work with children, adolescents and adults. If it is necessary to disclose information during the course of therapy or consult with a third party, a written release signed by the client will be obtained prior to the disclosure.

Under certain circumstances the therapist is mandated by law to break confidentiality:

- **If subpoenaed to testify in court, information may be given without your permission.**
- **When statements are made about suicidal or homicidal intentions.**
- **Statements indicating that you have committed or intend to commit acts of child or elder abuse.**
- **Information that would assist in a medical emergency.**

I have read the above statement and understand my rights and responsibilities. I understand that there can be no absolute guarantee of cure in the practice of therapy. I agree to comply with all of the policies and to meet my financial obligations. I understand my rights to confidentiality as well as the limitations. I may receive a copy of this form if I request it.

Client's printed name: _____

Client's signature: _____ Date: _____

Partners Name: _____

Address: _____
Street address

_____
City **State** **Zip**

Phone Numbers: H: _____

W: _____

Emergency Contact Person (only to be used in an emergency, not merely to contact you):

Name: _____

Phone: _____