Teresa Heesacker Counseling

Teresa Heesacker, MA, CSD, LPC, LMFT, RPT
1308 E. First Street, Newberg, OR 97132
503-610-3499
teresa@heesackercounseling.com
www.heesackercounseling.com

Client's Rights, Responsibilities and Informed Consent

General Information:
Welcome to my counseling practice. This form contains important information about my professional services and business policies. Please read it carefully and write down any questions you have so we can discuss them at our next meeting. When you sign this form, it will represent an informed agreement between us.

The Therapeutic Process:
Psychotherapy can have both benefits and risks. Since therapy often involves discussing challenging or unpleasant parts of ones life, people can experience uncomfortable feelings. Some of these feelings might include: sadness, anger, guilt, frustration, loneliness or helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who engage in the process. Therapy often leads to a better understanding of self, better relationships, realization of choices, solutions to specific problems and significant reduction in feelings of distress. There is no way to guarantee a specific result or experience. I do commit to support you and do my best to understand you, to notice repeating patterns, and help you clarify what it is that you want for yourself.

Our first few sessions will involve exploring your needs. After identifying your goals and exploring your needs, I will be able to offer you some first impressions of what our work in therapy will entail. A treatment plan will follow if you decide to continue with therapy. Please evaluate the information I give you as well as evaluate your comfort in working with me. Therapy involves a commitment of time, energy and money, thus making your careful choice of a therapist very important. If you have any questions about my practice, please bring them up at any time so we can discuss them. If you would like to seek therapy with a different provider, know I am happy to help by providing referrals.

Evaluations:
I do not provide evaluations, but can provide referrals to psychologists who can provide these.

Sessions:
I typically like to schedule first sessions for 80 minutes as there is more content to share. Regular sessions are generally scheduled for 50 minutes or 80 minutes. These sessions may be weekly, every other week, or monthly depending on client needs and therapist availability. Once a session time is set aside for you, you are expected to pay for it unless you provide 24 hours advanced notice of cancellation.

Tele-mental Health Session:
Due to circumstances such as the pandemic, illness in the family, being out of town or moving out of town or out of state or country, tele-mental health, confidential video calls, may be considered as a method for therapy. This form of therapy will be discussed with the client to ensure clients safety. A separate consent form will be utilized for this.

Termination:
Clients have the right to terminate services at any time. If problems arise in therapy, I ask that you discuss your concerns with me before terminating. I may suggest termination when it is reasonably clear that you no longer needs services, you are no longer benefitting or are being harmed by continuing services. If you have not engaged in therapeutic services in 60 days, I will close the case. Upon termination, clients are welcome to ask for additional referrals for their journey moving forward. You can also reach out at any point in the future to reestablish services.

Fee's:
Fee amount is reflected on the Payment Agreement you will sign at the beginning of services. I will charge the agreed upon session rate for other services you many need, such as: report writing, telephone conversations longer than 10 minutes, attendance at meetings with other professionals, preparation of records or treatment summaries and the time spent performing any other professional services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my time, even if I am called to testify by another party.

Billing, Payment and Insurance:
You are expected to pay (cash, check or card) for each session the date it is held, unless we agree otherwise. I will postpone future sessions if there is an unpaid balance on your account, unless we agree otherwise. I do not bill insurance; however, will provide full-paying clients with a superbill they can submit to their insurance for reimbursement or for application to their deductible. I do not negotiate trades or barter's. Payment schedules for other professional services will be agreed upon when they are requested. I have an allotted amount of sliding scale spots. Please let me know if you are in need of a discounted rate and I will see if sliding scale spots are currently available.

Contact outside the office:
I am not immediately available by phone, text or e-mail. While I am usually in my office from 7:00 a.m. to 6:00 p.m. Tuesday and Wednesday, I am often with clients. I will make an effort to return texts, e-mail and phone messages with in 24 hours, with the exception of evenings, weekends and holidays. If we are having trouble connecting, please provide me with some specific times you will be available for a return call and I will do my best to accommodate. If you are unable to reach me and need support, please reach out to your family physician, call the nearest emergency room and ask to speak with the psychologist on call, or call 911.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it is appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Social Media:
I do not follow clients on social media platforms and will ignore friend requests. Teresa Heesacker Counseling does have a professional blog on the web site and an instagram and facebook page that clients are welcome to subscribe to or follow.

Electronic Communication:
E-mail, texts and phone calls are often utilized for communication or relay of information. This communication is considered part of the client record. Often client intake documents, follow up resources and superbills are e-mailed, appointment reminders are e-mailed and/or texted, and logistical exchanges sent by text. While my devices are encrypted, not all electronic communication can be guaranteed secure and confidential. If you prefer to NOT have certain documents or information e-mailed or texted, please indicate that in writing to Teresa Heesacker Counseling.

Professional Records:
The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Confidentiality:
The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.

2. If a client threatens grave bodily harm or death to another person.

3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.

4. Suspicions as stated above in the case of an elderly person or animals who may be subjected to these abuses.

5. Suspected neglect of children under the age of 18, elderly persons or animals.

6. If a court of law issues a legitimate subpoena for information stated on the subpoena.

7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Minors:
If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records.

Parents, Divorced Parents and Custody:
Parents have a right to access information regarding their child's therapeutic care. In the event of a separation or divorce, please provide me with a current copy of any divorce decree or parenting time agreement so I can assess who has the legal right to authorize treatment for your minor children. Please keep in mind any communication you send to me may be able to be accessed by the non-custodial parent.

Parents, Divorced Parents and Custody (continued):

At the beginning of treatment, I will reach out to both parents regarding concerns about their child. Non-custodial parents have equal access to information about their child's therapeutic process as well as consultation with the therapist unless there is proof of termination of parental rights. In the event that Child Welfare or Department of Human Services is involved, I will not release records, as releasing records is not in the best interest of the safety of the child.

Couples and Family:
In working with Couples and Families, the Relationship becomes the client -- meaning all people involved are equal clients. All clients have confidentiality rights and I will require a signed authorization from all adult clients in order to release my records. I do not mediate private conversations or secrets, as I believe if information is worthy of being shared with the therapist, it is worthy of being heard in the family system. Exceptions to this is where harm is involved. I require signatures on paperwork from all adults involved. I am careful to not engage in dual-relationships between clients and family members outside those in the family therapy setting.

Consultation:
I regularly engage in continuing education and case consultation so that I am bringing clients reliable support for their goals. Consultants are equally bound to keep all information confidential. Unless you object, I will not discuss these consultations with you unless I feel it is important to our work together. I do not release any protected health information or identifiers during consultation.

Your signature below indicates you have read the information in this document and agree to abide by its terms during our professional relationship.

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Client/ Legal Guardian Signature Date