Julie Berman, MA, LPC

1007 NE Broadway Street Suite 220

Portland, OR 97232

917-370-2358

**INFORMED CONSENT (TREATMENT CONTRACT)**

**Rights:**

You may discontinue treatment at anytime. There is nothing in this contract that requires you to start or to continue in therapy.

**Confidentiality:**

The information you share with me in treatment is confidential. This means I am legally and ethically bound to maintain your privacy and confidentiality. The following are legal exceptions to your legal right to confidentiality. I will inform you of any time when I think I will have to put one of these into effect.

1. If I have good reason to believe that a patient of mine will harm another person, I must attempt to inform the intended victim; I must also contact the police and ask them to protect the intended

victim.

2. If I have good reason to believe that a patient of mine is abusing or neglecting a child or

vulnerable adult, or if I have good reason to believe that a child in treatment has been abused, I

must contact Child and/or Adult Protective Services within 48 hours.

3. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality and call the police. I would explore all other options with you before I took this step.

4. If we have some individual sessions as a part of couples or family therapy, what is said in those individual sessions can and probably will be discussed in the following couples or family

sessions. Do not tell me anything you wish kept secret from other family members who are in

treatment with me.

5. I may have to release your records when ordered to do so by court subpoena. I will discuss this

with you beforehand.

6. I may have to release certain clinical information regarding you to insurance carriers as required for payment or review of your claim. Risks and benefits. You have the right to know the potential risks and benefits of the treatment you are receiving. Treatment has both benefits and risks. It requires an investment of your time and energy in order to make the process of treatment most successful. We will begin with a discussion or your needs and concerns and what it is you would like to accomplish by coming for treatment. Next, we will a treatment plan in accordance with your goals and aims. Frequently, individuals go through periods in treatment which result in emotional discomfort, changes in their relationships, or temporary worsening of their symptoms. This should subside as the work progresses. Remember, you always retain the right to request changes in treatment or refuse/decline treatment at anytime. Treatment works best if you are knowledgeable about your problems and diagnosis. You have the right to ask me questions about anything that happens in treatment. I am always willing to discuss how and why I have made my decisions as well as my diagnosis and understanding of your problems.

Treatment works best if we can work as a team. We will work together to establish the goals and

duration of therapy, and you will have the right to discuss and change these at any time. Most

insurance plans will provide payment for services which are determined to be “medically

necessary,” and I will inform you of the medical necessity of your treatment. You have a right to

participate in the discussion regarding the ending of our work together.

Emergencies: I am available by phone for emergencies by calling my regular number which is

917-370-2358. I will return the phone call as soon as possible. However, at times I cannot be

reached for an emergency, you may call the Multnomah County Mental Health Crisis Line at

503-988-4888. If the emergency is life threatening, call 911. If I am not able to help you with my services, you have the right to a referral to another treatment provider who may be better able to meet your needs.

**Responsibilities**

Attendance:

1. You are responsible for coming to your sessions at your scheduled time. If you are

unable to keep an appointment, please notify me immediately. If an appointment is

missed with less than a twenty-four hour notice, you will be billed for the session.

Exceptions to this rule will be extremely rare.

2. You are responsible for telling me when you wish to conclude treatment.

Payment Method: cash, check, and debit/credit card, via PayPal (with small surcharge).

The client or their guardian is considered responsible for payment of professional fees.

$125/individual session (50 minutes)

$140/couples or family session (50 minutes)

Defaulted accounts may be sent to collection, and you may be responsible for payment of

the cost of collection. By signing this treatment contract, the client and/or other responsible party agree to allow me to provide to their insurance carrier (if insurance is being used), any information necessary for the collection of fees from the insurance carrier. The client is responsible for fees at the time of service and I will provide a receipt to present to insurance carriers.

By signing this treatment contract, the client and/or other responsible party agree that they have

read it carefully, have understood its content, have been offered a copy, and agree to its terms.

The client also agrees that they have read and understood my “Notice of Privacy Practices” and

agree to participate in treatment under the terms set forth.

Signatures:

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Client 1/Date

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Client 2/Date