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CLIENT SERVICE CONTRACT

Welcome to my practice of psychotherapy. This document contains important information about my professional services, my background, and business policies. Please read it carefully and feel free to discuss any questions or concerns you may have. Once you sign this, it will constitute a binding agreement between us.

Psychotherapy is not easily described in general statements. Treatment varies, depending on the personalities of the therapist and the client as well as the nature of the particular problems/issues the client brings.

By enlisting my services, we become partners in the treatment process -the goal being to help facilitate and support you in the process of self-discovery and healing. Through a combination of my knowledge and experience, and your willingness and commitment to growth and healing, we create a therapeutic alliance that allows us to embark on this journey as a team focused on accomplishing mutually agreed upon goals.

There are benefits as well as risks.

Risks include the awareness of negative feelings and situations (i.e. experiencing uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness and /or helplessness). Psychotherapy often requires recalling unpleasant aspects of your history.

Benefits may include your improved abilities in the areas of self-awareness, self-acceptance, evaluation of reasonable life options, and taking action that will ultimately bring you greater life satisfaction.

PROFESSIONAL BACKGROUND

In 1981 I was awarded a Bachelor of Arts Degree from the University of Massachusetts in Amherst. In 1987 I received a Masters in Clinical Social Work from Simmons College in Boston, Massachusetts. I worked as a Clinical social worker in community mental health, medical hospitals, and therapeutic schools. In 1989 I moved to Santa Fe, New Mexico where I ran a family treatment incest program, served as a Social Work supervisor for the State of New Mexico, was the clinical director of the Santa Fe rape crisis center and an adjunct Professor for the Social work program at Highlands University in New Mexico. In 1992 I started a private practice in Santa Fe. In 1997 I moved to Bend Oregon with my family and started a private practice in this community.

I am a Licensed Clinical Social Worker in the State of Oregon (License #2553) and a member of the Academy of Certified Social Workers since 1989. I have completed both levels of EMDR (Eye Movement Desensitization Reprocessing) and have received extensive training in Equine Facilitated Mental Health and Education.

MEETINGS

My normal practice is to conduct an initial evaluation lasting from one to two sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment objectives. By the end of the evaluation, I will be able to offer you some initial impressions of what our work may include and an initial treatment plan, should you decide to continue. If psychotherapy is initiated, I will usually schedule one fifty-minute session per week at a mutually agreed upon time. If more than one appointment per week (or less frequently) appointment is needed or desired, we can discuss this.

FEES, BILLING AND PAYMENT

My initial evaluation fee is \$200.00 This includes contacting your insurance company, creating a treatment plan and completing any necessary paperwork your insurance plan may request. My hourly rate for regular visits is \$150.00 If you are not using insurance or in circumstances of financial hardship, I may be willing to negotiate a fee adjustment or installment plan. Please always feel free to discuss this with me.

I am willing to bill your insurance company. You are responsible for co-pays and whatever is not covered under your deductible or portion of my fee that is not covered by your insurance. I will take responsibility to submit the necessary paperwork to your insurance, but you must be responsible for keeping accurate records regarding the extent of your personal coverage and for knowing the terms of your policy. I have a form available with the appropriate questions to ask your insurance company when exploring your plan.

Most insurance plans require you to authorize me to provide a clinical diagnosis and, often, additional clinical information with a treatment plan. It is always important that you take part in completing this treatment plan with me.

If your account is more than 60 days in arrears, and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information which I release about a client's treatment would be the client's name, the nature of the service provided, and the amount due.

CANCELLED APPOINTMENTS

If you are unable to keep an appointment, I require **24 hours notification. Otherwise, you will be charged my regular fee.** This charge will be your responsibility, as insurance companies will not pay for a "no show" session. The reason for this policy is twofold:

1. This time has been reserved for you and without adequate notification cannot be scheduled for someone else.

2. Sometimes during the therapeutic process there may be hard and painful work to do; resistance to doing the work may create the temptation to cancel appointments. My policy is designed to keep this from happening.

Naturally, I understand if there is a sudden health emergency that could not have been foreseen. I try to be flexible and ask that you remain in your integrity when making the decision to cancel at the last minute. I am not flexible with work emergencies and I support you in setting clear boundaries with your employer.

CONFIDENTIALITY

The information presented in therapy is personal and confidential. The only circumstances when information could be shared without your written permission are when there is clear intention to do harm to yourself or someone else, when your insurance company asks for routine information, and/or when a court subpoena is issued. I also have legal and ethical responsibility to notify appropriate social agencies of any suspicion of emotional, physical or sexual abuse or neglect of a child, a disabled person, or an elderly person. If you do not want your insurance company to have access to this information, let me know and I will not bill them.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that is important for our work together.

During the times I am away from the office, I have another mental health professional cover my practice in case of emergencies. This individual would have access to whatever records I keep in order to adequately provide to clients who are in treatment with me.

If you are uncomfortable with any of the above conditions, please discuss them with me.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide them with only general information on how your treatment is proceeding unless I feel that there is a high risk that you will seriously harm yourself or another, in which case I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them information, I will discuss the matter with you and will do the best I can to resolve any objections you may have about what I am prepared to discuss.

CONTACTING ME AND EMERGENCIES

I am often not immediately available by telephone; however, my telephone is answered by an automatic answering machine, which I monitor very frequently. If you feel you are in crisis, need to talk to someone about it, and are unable to reach me, go directly to the emergency room at St. Charles Medical Center or call 911. They will be able to assess the seriousness of your situation and make appropriate recommendations to help you deal with your emergency.

Routine calls for the purpose of scheduling or billing information are an expected part of my service; however, the telephone calls that are primarily therapeutic in nature and extend more than ten minutes will be prorated and billed at the usual rate.

AGREEMENTS and SIGNATURES

I have read the materials presented in this disclosure statement. My signature indicates that I understand the information, agree with the conditions of therapy that are either stated or implied here, and I commit myself to compliance with them.

I understand that I have the right not to sign this form and can choose to discuss my concerns with you before formal psychotherapy.

I understand that once therapy begins, I retain the right to withdraw consent to participate in therapy at any time that seems appropriate. I will make every effort to discuss my concerns about the progress of therapy with Laura Forest before I terminate in this manner.

Client's Signature

Date

Laura Forest, L.C.S.W.

Date