



Integrative
Trauma Treatment Center

Integrative Trauma Treatment Center - 2130 SW Jefferson st. Suite 200 - Portland, Oregon 97201
P: 971-266-6910 E: scheduling@ittc.hush F: 888-972-3623

Informed Consent for Services Rendered through ITTC

Please read through the following informed consent agreement. What follows is a basic understanding between client and agency. In general, what are listed below are the responsibilities and obligations of your treatment team and also some expectations of you as the client. This document also contains important information about our professional services and business policies. Do not sign the informed consent unless you completely understand and agree to all aspects. If you have any questions, please bring this form back to your next session, so you and your clinician can go through this document in as much detail as is needed. When you sign this document, it will represent your agreement with each policy listed.

Services Offered:

Integrative Trauma Treatment Center offers individual, couples, and family therapy, group therapy, medication management, bodywork, and naturopathic work. While services are offered to all ITTC clientele, only some services are covered by insurance. More information about your particular insurance coverage can be obtained through officemanager@ittc.hush.com.

Voluntary Participation:

All clients voluntarily agree to treatment. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the treatment team you select. In the first couple of sessions, you should be deciding whether your clinicians are right for you. If you feel it is not a good match with any clinician on your treatment team, we will be happy to assist you in finding a new clinician.

Client Involvement:

All clients are expected to show up to appointments on time, be prepared to focus on and discuss mental health goals and issues, and not attend while under the influence of mood-altering chemicals. All clients are expected to be open and honest so your treatment team can assist you with your goals. Counseling is not like a medical doctor visit. Instead, it calls for an active effort on your part. In order for therapy to be most successful, you are encouraged to work on things talked about both during your sessions and at home. Inconsistent attendance can negatively affect your therapy progress and can potentially lead to termination. Nonattendance will lead to termination. **If you arrive more than 15 minutes to your scheduled appointment time, you MAY not be seen. If you arrive more than 30 minutes late your scheduled appointment, you will NOT be seen.**

HIPAA Notice of Privacy Practices and Protected Health Information (PHI):

Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to use and disclosure of your Protected Health Information

(PHI). HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosures involving treatment, payment, and health care operations. The notice, which is included in your folder (and is viewable in the front lobby at ITTC), explains these disclosures and your rights to information in detail.

Confidentiality and Privilege:

The information and content shared in therapy (oral and written) will remain confidential, except in certain circumstances. Your information will not be shared with anyone outside of ITTC without your written consent. Your information is also privileged, which means that your treatment team is free from the duty to speak in court about your counseling unless you waive that right, or a judge orders it. Some examples of special circumstances in which we may release your PHI are as follows:

Public health risks, Health oversight activities (to monitor government programs), lawsuits and similar proceedings, law enforcement, deceased patients, organ and tissue donation, research, serious threats to health and safety, military, National Guard, inmates, workers compensation

Therapists and are also mandated reporters, required to report ongoing domestic violence, abuse or neglect of children, the elderly or people with disabilities

Regarding your protected health information, you have the right to: confidential communications, to request restrictions, inspection and copies (excluding mental health notes) with therapist and/or nurse practitioner approval when review would not be harmful. You have the right to request to amend records, an Accounting of Disclosures, to file a complaint, as well as to provide an authorization for other uses and disclosures.

Additionally, your therapist will at times consult with other therapists and/ or nurse practitioners contracted or employed by ITTC, through supervision and/or consultation. All staff working with ITTC sign a confidentiality agreement on a yearly basis and diligently adhere to all HIPAA policies and procedures.

Minors and Confidentiality:

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Payment of Services:

All payment arrangements are made through our billing department. We accept payment directly from insurance companies we contract with. To obtain information regarding therapy costs please call ITTC at 971-266-6910. Telephone conversations, site visits, report writing, consultation with other professionals, reading records, longer sessions, and travel time may also be charged for services received.

If you are utilizing a third-party payor other than insurance, the payor must sign an agreement that states they are responsible for all accrued expenses by the client.

Payment of services is the client's personal responsibility. This includes all co-payments, deductibles, and non-covered services, as dictated by insurance coverage, plus any collection costs for amounts personally owed. ITTC reserves the right to seek remuneration by any legal means. You (the client) are responsible for any fees associated with returned checks. In addition, a **\$50.00 fee will be charged by ITTC for any returned checks.**

Process, Risk and Benefits, and Guarantees:

When entering into trauma treatment it is important to establish safety, containment and boundaries before beginning to process traumatic memories and/or events. This timeline looks different for each client. You and your treatment team will establish a timeline that is clinically appropriate for your care.

There are risks to any form of treatment. In most cases the benefits outweigh the risks. Just as medications sometimes cause unexpected side effects, counseling can sometimes have unanticipated or adverse consequences. Treatment may increase symptoms and stimulate painful memories and uncomfortable feelings. Some benefits of therapy can include: a higher level of function, improved coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, symptomatic relief, improved self-esteem, and an improved quality of life.

Although many people do get better in therapy or with medication management, this is not guaranteed. Accordingly, your therapist or nurse practitioner makes no guarantee of results.

Bill of Rights (Code of Ethics):

The following client rights have been established by the Oregon State Board of Licensed professional Counselors and Therapists (OAR 833-060-0004(h)). Consumers of counseling or therapy services offered by Oregon Licensees & Registered Interns have the right: (A) To expect that a licensee has met the minimal qualifications of training and experience required by state law; (B) To examine public records maintained by the Board and to have the Board confirm credentials of a licensee; (C) To obtain a copy of the Code of Ethics; (D) To report complaints to the Board; (E) To be informed of the cost of professional services before receiving the services; (F) To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: (i) Reporting suspected child abuse; (ii) Reporting imminent danger to client or others; (iii) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; (iv) Providing information concerning licensee case consultation or supervision; and (v) Defending claims brought by client against licensee. (G) To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services. You may contact the Board at the following address and phone number: Board of Counselors and Therapists, 3218 Pringle Rd SE #240, Salem, OR 97302- 6312. Phone (503) 378-5499

Termination of Therapy:

Any clinician on your treatment team reserves the right to terminate services at their discretion. Reasons for termination may include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, dual relationships, failure to participate in therapy, or if your needs fall outside of the scope of competence or practice. Termination with one clinician does not automatically mean termination of care or with the rest of your treatment team. Upon the decision to terminate services, your clinician may recommend that you participate in at least one termination session. This session is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. **This session is not mandatory.** Your clinician will also attempt to ensure a smooth transition to another clinician by offering referrals to you.

Mediation and Arbitration:

All disputes or complaints arising out of, or in relation to services received shall be referred to mediation before, and as a pre-condition to the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of your therapist and you, the client. The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved

controversy according to this agreement, will be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed.

Frequency of Services:

Clients receive services based on their clinical level of need. After an initial assessment and level of care is determined by one of our clinicians, your treatment plan will be created with your clinician. Frequency of individual visits will be based upon your level of need, with the average being **once every other week**. However, all clients, regardless of level of need, have access to **group therapies**. If you feel there is a group you would like to see us offer, please let us know and we will do our best to add it. If you have any questions about how our services are offered, please feel free to contact the office manager or speak directly with your clinician.

Group Therapy:

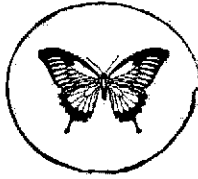
Clients who engage in group therapy agree to follow ITTC Group Policies as well as the guidelines established by the facilitator.

Emergency Contact:

We request that you provide emergency contact information on your registration form. Providing us with this emergency contact, you are giving us consent to notify them in case of a mental health or medical emergency.

Acknowledgement:

By signing the intake agreement page, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with your clinician and have had any questions answered to your satisfaction. You agree to the terms and conditions (policies) of this Agreement and consent to participate in mental health services with your treatment team understanding your rights and responsibilities as well as the risks and benefits.



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Informed Consent for Teletherapy

This document is intended to inform you about aspects of teletherapy services. Teletherapy is defined as providing therapy through phone conversations. **Generally teletherapy is used only when absolutely necessary in instances such as transportation difficulties and/or lack of resources.** In some instances, such as snow days, we may offer phone sessions. Some therapists may use email and/or text to communicate regarding upcoming appointments.

Possible Misunderstandings:

Misunderstandings are possible with telephone and text based modalities (such as email and text messaging) because non-verbal cues are lacking and also because of potential connection issues, such poor sound quality. Counselors gather important information through body language, vocal inflection, eye contact, and other verbal-cues. Therefore we ask you to be patient if your counselor asks for periodic clarification through the process of teletherapy.

Turnaround Time:

With communication such as email or voicemail there is generally a "lag" in response time. The counselor or the office manager will make every effort to respond to messages as soon as possible, however there might not always be a hastily turnaround time, especially in regard to email. If you are in a state of crisis or in an emergency situation please call the Multnomah Country Crisis Line (800-716-9769), Lines for Life (800.273.8255), or call 911.

Privacy of Counselor:

Although the internet provides a possible appearance of anonymity, privacy is more of an issue online or over the phone than in person. The counselor has the right to privacy and may wish to restrict the use of any copies or recordings of their communications. Clients must seek written permission of the counselor before recording any portion of the session and/or posting any portion of the session on the internet.

Fees:

Teletherapy sessions are not covered by commercial insurance plans. All private pay and clients utilizing commercial insurance will be charged the full amount of a session regardless of the length of time.

Potential Benefits and Risks:

The potential benefits of receiving mental health services through teletherapy include the convenience for clients to potentially receive counseling remotely. Text-based chat has the advantage of providing time to compose a response, and being able to refer back to the message for reference.

There are potential risks involved with teletherapy related to the technology used and issues related to timeliness. For instance the potential risks involved with email may include messages not being received, confidentiality breached through unencrypted email, lack of password protection or leaving information on a computer that may be shared with others. Also visibility of the computer screen is an important consideration.

Safeguards:

All e-mails sent from ITTC will be sent using an encrypted e-mail server and will require a password to be opened. It is up to the client to keep their password secret. Text messages between ITTC and clients will be in reference to scheduling only. Please discuss any concerns you have with your counselor.

Disruption:

If there is ever a disruption of services, please call the main line at the Integrative Trauma Treatment Center to discuss how to proceed with the session. The counselor will attempt to re-connect with the client as soon as possible. If you are in a state of crisis or in an emergency situation please call the Multnomah County Crisis Line (800-716-9769), Lines for Life (800.273.8255), or call 911.

Acknowledgement:

By signing the intake agreement page, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with your therapist and have had any questions answered to your satisfaction. You agree to the terms and conditions (policies) of this Agreement and consent to participate in psychotherapy with your therapist understanding your rights and responsibilities as well as the risks and benefits.