**OFFICE POLICIES and GENERAL INFORMATION for**

**INFORMED CONSENT for PSYCHOTHERAPY SERVICES**

**Please keep this form and email the signature page of this form to: susan@susanodellphd.com**

**Susan L. O’Dell, Ph.D.**

**Cell: (773) 405-4637**

**Website: www.susanodellphd.com**

**I’m pleased to have the opportunity to work with you. I want to provide you with some information about the nature of psychotherapy, confidentiality and other rights you have, as well as my credentials, billing and fees.**

**This form provides you with information that is additional to that detailed in the Notice of Privacy Practices and is subject to HIPPA requirements.**

**PHILOSOPHY AND APPROACH TO PSYCHOTHERAPY:** Through her work with individuals, couples, and families, Dr. O’Dell knows therapy can be a transformational experience. This is a courageous process that she and her clients create together to help her clients achieve the goals that brought them to therapy. Dr. O’Dell works with her clients at their own pace to help them identify and reconnect with the things most important to them, while also supporting them in letting go of whatever may be getting in their way of feeling better.

**CLIENT RIGHTS:** As a client of Dr. O’Dell’s you have the right to:

\*\*Freedom from discrimination on the basis of race, color, religion, gender, gender identity, national origin, disability, or other unlawful category while seeking and receiving services.

\*\*A safe, healing environment in which to feel clearly seen, known, and compassionately supported.

\*\*A collaborative relationship with Dr. O’Dell in which you are recognized as the primary expert about your life and one in which you actively participate in and are fully informed about our work together.

\*\*Freely discuss any questions, discomforts, or concerns you have during our sessions.

\*\*Discontinue our work together at any time and for any reason, although this decision is most productive if we discuss it and plan together.

\*\*To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child or elder abuse; 2) Reporting imminent danger to yourself or others or an intent to commit a crime; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning my case consultation or supervision; 5) Defending claims brought by you against me.

\*\*Understand my credentials and methods as outlined in the document.

\*\*Submit complaints to the Oregon Board of Licensed Social Workers at [www.oregon.blsw@state.or.us](http://www.oregon.blsw@state.or.us) or 503-378-5735.

As a Licensee of the Oregon Board of Licensed Social Workers, I will abide by its Code of Ethics. To maintain my license, I am required to participate in annual continuing education by taking classes relevant to this profession.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions is confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect, where a client presents a danger to self, to others, to property, or is gravely disabled, or when a client’s family members communicate with Dr. O’Dell that the client presents a danger to others. Disclosure may also be required pursuant to legal proceedings by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of Dr. O’Dell. During

couple or family therapy, or when different family members are seen individually, even

over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. O’Dell will use her clinical judgment when revealing such information. Dr. O’Dell will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency during therapy, or in the future after terminations where Dr. O’Dell becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:**  Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. If you so instruct Dr. O’Dell only the minimum necessary information will be communicated to the carrier. Dr. O’Dell has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement by a third party carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into corporate insurance companies’ computers or to the National Medical Data Bank database and is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies which also puts you in a vulnerable position.

**LITIGATION:** Occasionally, clients become involved in litigation while they are in therapy or after therapy has been completed. When clients (or the opposing attorney, in a legal case) want the records disclosed to the legal system, they should know that very serious consequences can result. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients’ records are generally confidential and private in nature. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting Dr. O’Dell’s disclosure of the records, Dr. O’Dell will do her best to discuss with you the risks and benefits of doing so. As noted in this document, you have the right to review your own psychotherapy records at any time. (See also the relevant section above: *When Disclosure Is Required Or May Be Required By Law)*

**CONSULTATION:** Dr. O’Dell consults regularly with other professionals regarding her clients. However, each client’s identity remains completely anonymous and confidentiality is fully maintained.

**EMAILS, CELL PHONES, COMPUTERS, AND FAXES:**  It is very important to be aware that computers and unencrypted email, texts, and e-fax communications (which are part of the clinical records) can be relatively easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on Dr. O’Dell’s laptop is encrypted, emails, texts, and e-fax are not. It is always a possibility that e-faxes, texts, and emails can be sent erroneously to the wrong address and computers. Dr. O’Dell’s laptop is equipped with a firewall, a virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto an encrypted hard-drive. Please notify Dr. O’Dell if you decide to avoid or limit, in any way, the use of email, texts, cell phone calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted emails, texts, or via phone messages, Dr. O’Dell will assume that you have made an informed decision, and will view this decision as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use texts, emails, voicemails, or faxes for emergencies.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of Dr. O’Dell’s profession require that she keep treatment records for 7 years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Dr. O’Dell retains clinical records only as long as is mandated by Oregon law. If you have concerns regarding the treatment records, please discuss them with Dr. O’Dell. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. O’Dell assesses that releasing such information may be harmful in any way. In such a case, Dr. O’Dell will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon request, Dr. O’Dell will release information to any agency or person you specify unless Dr. O’Dell assesses that releasing such information may be harmful in any way. When more than one client is involved in treatment, such as in the case of couple and family therapy, Dr. O’Dell will release records only with signed authorizations from all adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE AND EMERGENCY PROCEDURES:** During these times of Covid-19,if you need to contact Dr. O’Dell between sessions from 8 am to 7pm, please leave a message on her cell phone at 773-405-4637 and your call will be returned as soon as possible. At other times, you can text Dr. O’Dell at 773-405-4637. Texting is only to be used to schedule/reschedule an appointment or to let Dr. O’Dell know you would like to speak with her. Do not text confidential information. She will phone you back if a conversation is requested. Dr. O’Dell checks her messages a few times a day, unless she is out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk with someone right away call: The Multnomah County Mental Health Crisis Intervention Line at: 503-988-4888. This service is free and is available 24 hours 7 days a week. Or, call the Police at 911. Please do not use email, texts, or faxes for emergencies as these ways may not be responded to immediately by Dr. O’Dell.

**PAYMENTS AND INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of $175 per 50 minute session at the end of each session or at the end of the month unless other arrangements have been made. Telephone conversations, site visits, writing and reading reports, consultation with other professionals, release of information, reading records, longer sessions, travel time etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Cash, personal checks or credit cards (Discover, Mastercard, VISA) are acceptable forms of payment. Please notify Dr. O’Dell if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. If you are using out-of-network insurance benefits, Dr. O’Dell will provide a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you choose to do so. As is indicated in the section, *Health Insurance and Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement, carries a certain amount of risk. Not all issues, conditions, and problems which are dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account with Dr. O’Dell is unpaid, and there is no written agreement on a payment plan, Dr. O’Dell can use legal or other means (courts, or a collection agency) to obtain payments.

**THE PROCESS OF THERAPY, EVALUATION AND SCOPE OF PRACTICE:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationship and the resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on you part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and behavior. Dr. O’Dell will ask you for your feedback and views on therapy, its progress, and other aspects of therapy and will expect you to respond openly and honestly. Sometimes more than one approach can

be helpful in dealing with certain situations. During the evaluation process of therapy,

remembering and talking about unpleasant events, feelings, and thoughts, can result in you experiencing anxiety, depression, insomnia etc. Dr. O’Dell may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance abuse, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. O’Dell is likely to draw on various psychological approaches according, in part, to the problem that is being addressed and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral; attachment; acceptance and commitment; cognitive-behavioral; EMDR (Eye Movement Desensitization and Reprocessing); psychodynamic; existential; systems and family; developmental (child, adult, family); humanistic, and psycho-educational. Dr. O’Dell does not provide custody evaluation recommendation nor does she prescribe medication or provide legal advice. These professional activities do not fall within her scope of practice.

**TREATMENT PLANS:** Within a reasonable period of time after the initiation of treatment, Dr. O’Dell will discuss with you her working understanding of the issues that bring you to therapy, a treatment plan, therapeutic goals and possible ways to reach these goals, as well as her view of the possible outcomes of treatment. Therapeutic success depends, in part, on the degree you feel safe, accurately seen and that the work is collaborative. This discussion gives you an opportunity to clarify what is working and what is not, and it gives Dr. O’Dell an opportunity to understand your needs better and to adjust her therapeutic approach, if needed. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. O’Dell’s expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your issues and their risks and benefits.

**TERMINATION:** Some of Dr. O’Dell’s clients benefit most from a brief involvement in therapy, whereas others will find an extended length of time most valuable. Dr. O’Dell is committed to working with her clients as long as the therapeutic process is productive and healthy. The process of ending therapy may be equally as significant as the work Dr. O’Dell’s clients accomplish during the course of their therapy. The ending of therapy has most impact when it evolves from a partnership between Dr. O’Dell and her clients.

Dr. O’Dell is committed to facilitating safe and respectful ways to determine when and

how to discontinue the therapeutic relationship. During the early stages of therapy, Dr.

O’Dell attempts to reach her clients if they are late or fail to attend a session. In this situation, Dr. O’Dell will assume that her client forgot their scheduled appointment or have encountered an emergency. If her clients consistently miss appointments, Dr. O’Dell will initiate discussions to evaluate whether the therapy is working or if some obstacles are preventing regular attendance. The goal, in this situation, is to correct those matters to allow her clients to continue, if they so desire.However, if requested and appropriate, Dr. O’Dell will give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Dr. O’Dell will talk to the psychotherapist of your choice in order to help with this transition. If at any time you want another professional’s opinion or wish to consult with another therapist, Dr. O’Dell will give you a couple of referrals that you may contact, and if she has your written consent, she will provide them with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Dr. O’Dell will provide you with names of other qualified professionals whose services you might prefer. If you encounter any concerns or difficulties working with Dr. O’Dell that may contribute to considerations of ending therapy prematurely, you are encouraged to discuss those matters directly with Dr. O’Dell. These matters may include concerns about your degree of progress, disagreements or negative reactions to something that may have occurred between you

and Dr. O’Dell, financial hardship, interference from personal or work circumstances etc. Dr. O’Dell encourages open conversations about any concerns that may seem to be impediments to continuing in therapy before you are authentically ready to stop. Dr. O’Dell is available at any time during the therapy process to discuss concerns you may have regarding the ending of your therapy. It is most productive if you can address the ending of your therapy over the course of several closure sessions. It is understood that this is sometimes not possible or may be unadvisable. If Dr. O’Dell does not have contact or communication from you for a period of 30 consecutive days, she will assume that you no longer intend to remain active in this therapy relationship and your case will be closed.

**DUAL RELATIONSHIPS, SOCIAL NETWORKING AND INTERNET SEARCHES:** Although sessions with Dr. O’Dell may be very intimate emotionally or psychologically, it is important for her clients to realize that this relationship is professional and not personal. Contact with Dr. O’Dell will be limited to paid sessions, as well as phone contact and texting contact for scheduling appointments. In nearly all instances, it is unethical for any other relationship to exist between Dr. O’Dell and her clients. Dr. O’Dell will not jeopardize the care of her clients by conducting another relationship besides that of client and therapist.

At times, Dr. O’Dell may conduct a web search on her clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with Dr. O’Dell. Dr. O’Dell does not accept Friend requests from current or former clients on social networking sites, such as FaceBook. Dr. O’Dell believes that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, Dr. O’Dell requests that clients not communicate with her via any interactive or social networking web sites.

**AUDIO OR VIDEO RECORDING:** Unless otherwise agreed to by all parties

beforehand, there shall be no audio or video recording of therapy sessions, phone call, or any other services provided by Dr. O’Dell.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or cancelling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for a missed session.

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**I have read the above Office Policies and General Information, Agreement and Informed Consent for Psychotherapy (a total of 7 pages). I understand them and agree to comply with them.**

**Client’s Name(print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s Name(print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Susan O’Dell, PhD**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**