

PASTORAL COUNSELING ASSOCIATES OF PORTLAND, P.C.  
ROD LANDES, PH.D.

THERAPY INFORMATION AND CONSENT

The Counseling Process

Initially, Dr. Landes will seek to gather information about you and the concerns you bring to therapy. Often, this takes a couple of sessions. From this information, Dr. Landes will make a diagnosis and together you will develop a plan for treatment containing specific goals and a general timeline to meet them. (Please note that insurance companies do not reimburse for all diagnoses. If you have concerns about this, please discuss this with Dr. Landes.) Dr. Landes will discuss with you the potential risks of counseling as well as other options. Treatment goals may be discussed, and possibly adjusted, at any time. It is preferable to conclude therapy with the same care that it began, by evaluating the progress toward your goals.

Confidentiality

All issues discussed in the course of therapy are confidential. Information concerning evaluation or treatment may be released only with the written consent of the person treated or such person's parent or guardian. However, the law may require the release of information in these situations:

- suspected abuse of a child, elderly, mentally ill or developmentally disabled person,
- potential suicidal behavior,
- threatened harm to another or self,
- court subpoena.

Other circumstances that may require confidential information to be shared are:

- the use of a third party payer,
- professional consultation or supervision,
- seriously delinquent accounts handled by a collection agency,
- medical emergency.

Client Rights

You have all the rights established by the State of Oregon governing clinical practices. These include the rights of consent to treatment, of seeking disclosure from Dr. Landes about his or her qualifications, of requesting a different therapist, of ending treatment at any time, of accessing the client grievance procedures, and of having the records of your treatment kept in confidence.

Appointments

Appointments are generally scheduled for 45 minutes. Your appointment is reserved exclusively for you. Absences and cancellations will be charged unless the office is notified at least twenty-four (24) hours in advance. Cancellations cannot be billed to insurance companies, and you will be responsible for full payment.

Contacting Dr. Landes and Handling Emergencies

You may leave a message with Dr. Landes at any time by calling voice mail. Voice mail is checked throughout the day on weekdays and periodically on weekends. If you believe your situation constitutes an emergency and Dr. Landes cannot be reached, call 911, or go to your nearest hospital emergency room, or you may call the mental health crisis line for your area.

Fees

Initial session .....	\$220.00
Fee for sessions, including non or late cancellation .....	\$185.00
Returned Check Fee .....	\$ 25.00

If the fee is prohibitive to you, talk to Dr. Landes to see if another arrangement is possible. Fees and co-pays are due at the time of the session.

Acknowledgment of Understanding, Consent to Treatment and Fee

I hereby certify that I understand this information and that I have received the Notice of Privacy Practices. The treatment I am about to undertake has been explained to me along with options available and the uncertainties involved. I agree to be responsible for the Session Fees, Non-Canceled and Late Cancellation Fees, and any Returned Check Fees.

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Client's Signature(s)

\_\_\_\_\_  
Date