

Informed Consent for Treatment

I am giving you a copy of this letter to answer questions that you may have about starting counseling with me. You can show this letter to other people that you trust or you can keep it for yourself. Feel free to ask me any other questions that you may have. Signing this agreement means that you agree with all points in this letter.

SEE YOUR DOCTOR. I recommend that you get a physical examination from your personal physician as soon as possible. This is to help make sure that the difficulties that you discuss in counseling are not due to a physical health problem. I am not a physician and I cannot diagnose you if you have a physical condition that may affect your personal or family difficulties.

CLIENTS HAVE A RIGHT TO REFUSE TREATMENT. You have a right to refuse to enter or continue treatment at any time. If there is any reason you are unhappy with my services, please feel free to discuss it with me. I will be happy to refer you to another therapist.

CLIENTS HAVE A RIGHT TO CHOOSE WHO PROVIDES THEM TREATMENT AND THE TYPE OF TREATMENT PROVIDED. After our first session I will tell you whether I can help you with the problem you have come to my office to discuss. If I do not believe that counseling with me would benefit you the most, I will suggest another therapist or type of treatment that perhaps could serve you better.

CONFIDENTIALITY. Under Oregon State Law, I have an obligation to honor client confidentiality. I cannot repeat anything you tell me to anyone else. However, there are exceptions:

I will only release your counseling information to an outside agency or person if you have signed a release of authorization.

In some cases I may be required to release information subpoenaed by a court.

I will release counseling information to family members, and others who you and I identify as integral to your treatment if you have signed a release of authorization.

Under the following circumstances, I may reveal confidential information without your permission:

Child abuse, abuse of a senior citizen, or abuse of a mentally disabled adult, either physical or sexual must be reported by state law.

If you tell me that you threaten to kill or harm someone, I am obligated to warn the potential victim, as well as notify the police.

If you are clearly in imminent danger of harming yourself, I am obligated to prevent you from doing so, and may share confidential information.

I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT FOR TREATMENT AND AGREE TO ITS CONDITIONS.

Print Name

Print Name

Client's Signature and Date

Client's Signature and Date

Client Demographics

Date of initial visit : ____/____/____

Client Name: _____

Client's DOB (dd/mm/yy): ____/____/____ Age: _____

Address: _____

Telephone Numbers:

Home: _____ (safe to call? Y/N)

Cell: _____ (safe to call? Y/N)

Work: _____ (safe to call? Y/N)

Email address: _____

Emergency Contact:

Name _____ Relationship _____

Phone Number:

Home _____

Cell _____

#Family Members in Household: _____

#Children in Household: _____

Name: _____ Age: _____ M/F

Name: _____ Age: _____ M/F

Name: _____ Age: _____ M/F

Name: _____ Age: _____ M/F

Employment: Unemployed Self Employed Full Time Part Time Student

Other: _____

Medication(s) currently taking:



Holly Shumway Counseling
Holly Shumway M.A. NCC, LPC
15100 SW Boones Ferry Rd. Suite 850 AB
Lake Oswego, OR 97035

Philosophy and Approach:

I believe that individuals have the inner resources necessary to achieve wellness. Sometimes obstacles get in the way of maintaining the integration needed to balance the needs of the mind, body and spirit to achieve optimal emotional and social health. Therapy provides an opportunity to reconnect to self and to others. I am an effective and compassionate listener who enjoys helping children, adults and families find pathways to achieve wholeness in the systems they interact in whether it be school, work, family, or community.

Formal Education and Training:

I hold a Masters Degree in Counseling Psychology from Lewis & Clark Graduate School of Education and Counseling. Major course work included: developmental, personality and relational psychology, family and group counseling, multicultural and social equity, ecopsychology, and a certification in eating disorders. I am a Nationally Certified Counselor, NCC.

Holly Shumway MA, NCC, LPC

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To obtain my license I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. I may substitute professional supervision for part of this requirement..

Fees: My fees are \$70-100 per hour. My initial assessment is \$125.00. Attached is my sliding scale of fees. I offer a free 30 minute consultation by phone to make sure I can meet your needs and provide you with the services you are looking for. I have a 24 hour cancelation policy. If you cancel your appointment at least a day before the scheduled session you will not be charged the full fee.

As a client of mine you have the following rights:

- * To expect that a licensee has met the minimal qualifications of training and experience required by state law:
- * To examine public records maintained by the Board and to have the Board confirm credentials of a licensee
- * To obtain a copy of the Code of Ethics;
- * To report complaints to the Board;
- * To be informed of the cost of professional services before receiving the services;
- * To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee.
- * To be free from being the object of discrimination on the basis of race, age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status. religion or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499 Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT Custodian of Records: Greg Crosby LPC

Sliding Fee Scale:

Monthly Income: Individual	\$0-1,649	\$70.00
	\$1,650-1,899	\$80.00
	\$1,900-1,999	\$85.00
	\$2,000- 2,499	\$90.00
	\$2, 500-+	\$100.00
	Initial Assessment-	\$125.00