



North Albany Wellness Center
110 Hickory St NW | Albany, OR 97321
541-760-2197 | 833-224-3845 fax
NorthAlbanyWellnessCenter.com

Informed Consent & Agreement for Psychotherapy Services

Introduction

Hello and welcome to North Albany Wellness Center! This document is intended to provide important information to you regarding your treatment and our services. Please read the entire document carefully and be sure to ask us any questions that you have regarding its contents before signing it.

Information about Your Therapist

Feel free to ask questions about your therapist's qualifications, education or special interests. North Albany Wellness Center is an assumed business name of New Hope Counseling of Albany LLC.

Fees

See our "Fee Agreement Form" for details

Confidentiality

Your counseling sessions are confidential, meaning that your information will not be shared without your permission. There are some exceptions to confidentiality as defined by rule and law: (1) Reporting suspected child abuse; (2) Reporting imminent danger to client or others; (3) Reporting information in court proceedings or by your insurance company or relevant agencies; (4) Providing information concerning licensee case consultation or supervision; (5) Defending claims brought by client against licensee or NAWC (6) and additional, rare instances where disclosure is allowed or required by law. See our "Notice of Privacy Practices" for additional details.

Professional consultation is an important component of a healthy practice. Counselors at NAWC regularly participate in clinical, ethical, and legal consultation with appropriate professionals. Employees of NAWC use an Electronic Health Records (EHR) system to take notes, make appointments, and process payment information and are able to view identifying information about clients served by NAWC.

Our office communicates through our Client Portal, phone, email and text message. You can set your communication preferences through the Secure Client Portal on our website, with reception or with our Intake Coordinator. We recommend all PHI (protected health information) be transmitted through the Secure Client Portal or by phone. We ask that you not email clinical information but rather discuss such content in session.

Regarding Family or Couples Therapy: When multiple people or family members are present for a therapy session, each participant is required to sign an Informed Consent. If records are requested, all adult participants (or guardians for minors) must sign a Release of Information allowing the records to be released. If all participating parties do not agree to release the records, the records will not be released. Also, be sure to discuss our "No Secrets" policy with your therapist.

We do not provide therapy to support a legal case. We will not voluntarily participate in court cases. If we must, our rate for court-related services is \$300 per hour.



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Telehealth

Telehealth can be a great way to receive counseling services. Telehealth uses real-time video conferencing (and sometimes voice call) technology to provide a therapy session. You might use telehealth when roads are icy, your child or you are sick but you still want to meet, or you are out of town (but still within the state). We use Telehealth by SimplePractice, a secure, HIPAA-compliant video platform. Occasionally there can be technical issues, but it works well for most people. You or your counselor can decide if telehealth is working for you. Neither you nor your therapist may record telehealth sessions without additional written permission.

By signing this document, you understand there are potential risks to using this technology, including interruptions, unauthorized access, and technical difficulties. You or your healthcare provider can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

Treatment

Therapy is a collaborative process between the client and therapist. Throughout therapy, your treatment plan and goals for therapy will be discussed, as well as possible treatments and outcomes. Therapy benefits can help reduce stress/anxiety/depression, decrease negative self-talk and self sabotaging behaviors, improve interpersonal behaviors, increase self esteem, and more. Risks of therapy may include discomfort while discussing difficult feelings and traumatic experiences, unintended changes in personal relationships, and a period of time where “it gets worse before it gets better.”

A friend or family member may be able to help you achieve your therapeutic goals. Consider talking with trusted family or friends about how they may support you while in counseling. Some ideas include them coming to an appointment with you, lending a listening ear, helping with tasks, or holding you accountable for changes toward which you are working. Your counselor can discuss this with you.

Your length of treatment will vary depending on your goals and progress. There is no guarantee that therapy will yield all or any of the benefits listed above, however most clients who make a good faith effort see improvements in their lives. If you feel treatment is not working please discuss your concerns with your counselor. You may end treatment at any time, but it is best to make a plan with your therapist.

Therapist Availability for Emergencies

Call 911 if you have a medical emergency or a threat to your safety or the safety of others. For urgent mental health crises call the Linn County Crisis Line at 1-800-304-7468 or Benton County Crisis Line at 1-888-232-7192 or visit the emergency room. While ***we do not provide continuous 24-hour crisis services***, you may leave a message for us at any time on our confidential voicemail at 541-760-2197 or send us a secure message through the Secure Client Portal. Non-urgent phone calls and emails are generally returned within 24-48 hours during weekdays.

Comments/Complaints

If you have any questions or concerns about anything related to your experience at North Albany Wellness Center, please speak with your therapist or contact us by phone or email, and we will work together to address any



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concerns.

Anti-Discrimination Policy

You will not be discriminated against in the delivery of healthcare services based on race, ethnicity, national origin, religion, sex, gender, gender expression, sexual orientation, age, mental or physical disability, medical condition, genetic information, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), or source of payment.

Social Media Policy

NAWC has various social media accounts which allows us to share our practice information with the public, post updates and other helpful information. We will not “friend” current or past clients on social media because this could compromise your confidentiality and could interfere with the boundaries of our therapeutic relationship; we will likewise not “follow” you. You are welcome to “like” or follow NAWC’s social media pages. Be aware that these pages are public and can be viewed by anyone. If you wish to give a testimonial on any of our sites about your experience with us as a client, you are welcome to do so, but we are not able to respond for confidentiality reasons. If you have GPS tracking enabled on your phone and you “check in” at NAWC that could be visible online.

Acknowledgement & Signature

1. I understand and agree to the above stated policies
2. I authorize the release of my medical or other necessary information on my behalf to submit insurance claims for my treatment
3. I understand what Telehealth is and agree to the terms of this agreement if I choose to use Telehealth

Client Name (print)

Client/Guardian signature

Date