



Jason A Johnson, Psy.D.

Clinical Psychologist

1020 SW Taylor St., Suite 245
Portland, OR 97205

503-853-4998
jasonajohnsonpsyd@gmail.com
www.jasonajohnsonpsyd.com

Informed Consent to Treatment

This document is intended to provide you information about me, the services I provide, my business policies, and your rights as a client. Please read it carefully and ask any questions you may have about this information. With the signing of this document you enter into an agreement between us and mark the beginning of our therapeutic relationship.

About Me and My Approach:

I am a licensed clinical psychologist (#3055) in Oregon registered with the Oregon Board of Psychologist.

I earned my doctorate in clinical psychology from Pacific University in August 2013, after completing an internship at Fresno City College Psychological Services Center. Prior to that I received my masters in counseling psychology from Pacific University (2009), and a bachelors in psychology from California State Polytechnic University, Pomona (2004). My previous training has focused on college counseling centers and adult community and inpatient mental health treatment. My primary focus has been and continues to be on culturally diverse populations and on providing affirmative therapy to sexual and gender minority youth and adults.

I seek to build a collaborative relationship with my clients to more effectively understand the issues they may be dealing with and to help find ways to resolve them. I focus on the full aspects of the human condition, exploring motivations within you, the underlying causes to limit movement in life, and past issues that hinder further development of your full potential. In general I approach treatment from a humanistic perspective, exploring those things that drive you in life, while helping you reach your full and actualized potential. As an adjunct to this approach I use an integration of techniques from multiple disciplines in psychology. My general approach to treatment is to develop a new therapy for each individual I work with and find the best techniques that work for your life. I consider your culture to be a central part of who you are as a person and needs to be taken into account in the therapy relationship to help me understand your life issues, as well as learning how culture and community supports may aid or hinder our efforts. I encourage continued feedback from you on your experience in therapy and the aspects of the relationship that are working or do not working for you.

What is Psychotherapy?

Psychotherapy is unlike other health care relationships focusing on the relationship as an important aspect of treatment. Treatment may vary depending on characteristics of the client, therapist, issues being worked on, or all of the above. Psychotherapy requires you to be an actively engaged in the process, including working on the things we talk about, both in-session and in your everyday life. My view is that psychotherapy is a tool used to evaluate your weekly progress, to gain insight, and new tools to aid in making lasting change in your daily life.

Psychotherapy can have benefits as well as risks. Our work will likely involve talking about unpleasant aspects of your past and current life. You may experience unpleasant emotions like loneliness, sadness, guilt, grief, anger, disappointment, and frustration; to name a few. Despite these risks and challenges, research has shown that psychotherapy is usually more effective than doing nothing and that most people benefit from therapy. As we work together, we will establish goals that will guide our work together. Benefits of psychotherapy include greater happiness or contentment; increased self-knowledge and self-awareness; more satisfying relationships; and empowerment to find solutions to specific problems. Keep in mind that each therapy experience is unique and there are no guarantees of what you will experience. If I determine at any time that we are not a good fit or that you need other services that I cannot provide; I will provide you with a referral. If you have questions about my approach feel free to ask me at any time.

Fees:

The fees for my services are as follows:

Initial 30-minute consult:	No charge
Intake Session (60/90 minutes):	\$ 180/220
Individual Session (50 minutes):	\$ 180
Couples:	
50 minutes:	\$ 180
90 minutes:	\$ 220
Group sessions (90 minutes):	\$ 45/ participant
Psychological Assessment:	Priced individually based on assessment needs
Phone calls longer than 5 minutes:	Hourly rate (prorated)

The designated fee will be charged for additional services provided at your request or for your benefit, prorated to reflect actual time spent. This includes phone calls after treatment is established, that are over 5 minutes long. Examples: conversations between sessions, consultations with other health care providers, report writing, psychological test scoring, hospital visits, or preparing written treatment summaries.

If you become engaged in legal proceedings and request or require my participation, please understand that this detracts from my regular work and other clients. As a result of any participation in legal matters my legal fee of \$180 per hour applies to any time spent on the entire court process, including but not limited to consultation with attorneys, travel time, waiting to testify, preparing written briefs, and actual testimony.

On a limited basis, we may agree on a reduced fee if your financial status warrants it. The reduced fee will be within an established “sliding scale” of payment and is limited to a certain number of clients at a time. Payment agreements outside the normal fee structure will be documented, kept on file, and reviewed quarterly to determine continued eligibility.

Insurance:

Payment of our agreed fee or copay is due at the time of service. I currently am not an in-network provider for any insurance provider. I cannot bill insurance as an “out-of-network” provider for all insurance companies. If at anytime I become an in-network provider for your insurance company I am happy to bill them directly. It is important that you contact your insurance company to inquire about mental health benefits before we begin working together and understand how much of my fees your insurance will reimburse to you. Remember that your insurance policy is an agreement between you and your insurance company, and that you are ultimately responsible for paying the fees we have agreed upon.

Payments:

I prefer payments via credit card, cash, or check.

In the event that your account becomes past-due by more than 60 days and we have not agreed on a payment plan, I have the option to use legal means to secure payment, including hiring a collection agency or using small claims court; the cost of pursuing such options will be included in the claim. Generally, the only health information that I will release is your name, the nature of the services provided, and the amount due.

You will be charged the following as it applies.

- \$15 for any check submitted for payment of any sum for which you are obligated and which the check is dishonored.

Scheduling and Cancellation Policy:

Sessions are made by appointment only and typically last 45-50 minutes. I work with most clients weekly, but we will collaboratively agree on how often we meet based on factors particular to your situation. Remember that session hours are scheduled for you, and exclusively you. If you do not keep your appointment, no one else will be able to use the time. Once you have scheduled an appointment,

you are expected to pay for it in full. If you are late, I will still need to end our session on time to maintain my schedule for other clients.

Missed or Cancelled Sessions:

I do not have a 24-hour cancelation policy, and I charge my full fee for missed/cancelled sessions, regardless of the reason for your absence. I make exceptions to this policy when (a) you are able to reschedule for a different time during the same week as the missed/cancelled appointment; (b) you notify me of extended vacation plans; or (c) we discuss and agree on the circumstances of the missed/cancelled appointment. Please note that insurance will neither pay nor reimburse this fee.

Appointment Reminders

I do not call clients to remind them of upcoming appointments. It is your responsibility to keep track of your appointment and to ensure you arrive to your appointment in a timely manner.

Contacting Me

It is my policy to not answer the phone when I am with a client, so I am often not immediately available. When I am not available, my phone will be answered by voice mail. Please leave a message and I will return your call as soon as possible. You may contact me via e-mail, however electronic communications are not a confidential method of communication and face-to-face communication is preferred. Similar to phone messages, I will return any electronic communications in a timely manner. **Please do not include confidential information in your voice message or e-mail.** Please leave in your message your name, preferred number to reach you at, and the best time to reach you.

Emergencies:

In case of emergency, you may reach me between appointments by leaving a message on my voicemail. I will call you back as soon as possible. If you need support immediately and cannot wait for me to return your message, please call the **Multnomah County Crisis Line at 503-988-4888**. If you believe you may be at risk to the safety of yourself or others, please call **911** or go to the nearest emergency room or hospital. **E-mail and text messages are not appropriate methods for contacting me in an emergency.**

Professional Records, Diagnoses, Assessment, and Written Reports:

The laws and standards of my profession require that I keep treatment records, including diagnoses, treatment plans, and progress notes. Your health records are maintained in office in a secure, HIPAA compliant manner. You have the right to receive a copy of your records at any time, or I can provide you with a treatment summary if you prefer. I recommend you review your records in my presence so that we can discuss the contents, as this will help avoid any misinterpretation, confusion, and unnecessary distress. Please note, I charge an appropriate fee for any professional time spent in responding to information requests.

You have the right to know what treatment techniques and methods are used and why. You have the right to fully understand your treatment plan and to ongoing review of your treatment plan. We will collaboratively generate initial goals for therapy and I will periodically review the plan both independently and with you.

Your records, including diagnoses, testing, or reports are strictly confidential and cannot be released without your direct written approval unless they are circumstances related to limitations listed below.

If you are under the age of 18-years-old, please be aware that the law may provide your parents the right to examine your treatment records.

Confidentiality Rights and Limitations:

Information that you share during treatment is held in the strictest confidence possible under law, however there are some limitations to address at the time of consent. If at any time during treatment you disclose the following your confidence may be broken under legal statutes.

Abuse of Children, Elderly Persons, Mentally Ill Adults, Developmentally Disabled Adults, or Animals. If I have reasonable cause to believe that a child or elderly person has been abused (by yourself or another party), I may be required to immediately report the abuse to the proper authorities.

Domestic Violence: If I have reasonable cause to believe you are the victim or perpetrator of domestic/partner violence that is impacting children, I may have an ethical obligation to disclose your protected health information (PHI) to prevent harm to you or others.

Serious Threat to Health or Safety: I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must release only the confidential information to those persons and only the content which would be consistent with the standard of the profession in addressing such problems.

Judicial or Administrative Proceedings: if you become involved in a lawsuit, and your mental or emotional condition is an element of your claim, or a court orders your confidential information to be released, or orders your mental evaluation.

Health Oversight: The Oregon State Board of Psychologist may subpoena relevant records from me should I become the subject of a complaint.

Even in these cases I will preserve your private information to the best of my abilities. Any third-party request to release your information will need to be reviewed and approved by you. You have the right to review, request, and understand information shared, with whom it is shared, and for what reason it is shared.

If you are using health insurance to pay for therapy, your insurance company may ask for information about your symptoms, your diagnosis, and my treatment methods. If they do, I will inform you of the information they are requesting. I will provide only as much information as needed to the insurance company requires to grant your benefits. I have no control over how these records are handled at the insurance company.

This written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any concerns you may have about limitations to confidentiality, and have an ongoing discussion as concerns arise.

Email and Text Message Communications:

Email and text messaging are not secure methods of communication. You should consider anything sent via email or text message is not private. It is my policy to only discuss matters pertaining to your treatment either in person or via telephone. I typically do not respond to emails outside of business hours. I do not accept text messages from clients, nor do I respond to them.

Access to Records:

You have the right to review your records at any point during treatment or thereafter. You have the right to understand what is kept in your records and the right to fully understand plans for treatment. You also have the right to an ongoing review of your treatment plan.

HIPPA Notice of Policies and Practices:

I am committed to preserve the privacy of your personal health information. Additionally, as required by Federal Law (Health Insurance Portability and Accountability Act, known as HIPAA) and by State Law to protect the privacy of your personal information and to give you a Notice that describes (a) how clinical information about you may be used and disclosed and (b) how you may get access to this information. A copy of the HIPAA Notice of Policies and Practices will be provided to you.

Client Rights:

If at any time you feel that this psychotherapy relationship is not beneficial, you have the right to seek other services to best help with your needs. I will provide resources should you need them. You have the right to be fully informed before you begin a psychotherapy relationship. Any questions or concerns are welcomed and encouraged.

As a client of a Professional Psychotherapy Intern/Psychologist Associate Resident registered by the Oregon Board of Licensed Professional Counselors and Therapists/Oregon Board of Psychologist, you have the following rights:

- To expect that a Registered Intern/Registered Psychologist Resident 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.
- 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 those services.
- To be assured of privacy and confidentiality as defined by rule and law, with the following exceptions:
 - Reporting suspected abuse of child, elder or animal
 - Reporting an imminent danger to self or others.
 - Reporting information required in court proceedings, by an insurance company or other relevant agencies.
 - Providing information concerning case consultation or supervision.
 - Defending claims brought by client against Registered Intern.
- To be free from discrimination on the basis of race, religion, gender or other unlawful category.

You may contact the Oregon Board of Psychologist Examiners at:

3218 Pringle Rd. SE, Suite #130, Salem, Oregon 97302-6309
(503) 378-4154

Consent to Treat:

Your signature below indicates that you have read and understand this document, that you have received and reviewed a copy of the Notice of Privacy Practices, and that any questions you may have were answered to your satisfaction. Further, your signature indicates your agreement with the terms of this document and your desire to enter into therapy with me.

Client's Signature

Date

Client's Printed Name

Jason A. Johnson, PsyD
Clinical Psychologist

Date