**NANCY IREY HOLMES, PSY D**
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# PROFESSIONAL SERVICE CONTRACT

## INFORMATION AND CONSENT TO TREATMENT

Please read the following carefully and sign on the last page. If there are any items contained within that you wish to discuss, please bring them to the attention of the counselor.

Therapist:_____

Beginning service date:_____

**FEES:** The standard service charge is $250.00 for an initial consultation, $175.00 for a 55 minute office appointment and $250.00/90 minute office appointment. Longer sessions are prorated at the same hourly fee.

Telephone sessions, insurance reports and third party consultations will be billed at the standard rate. Telephone consultations of fewer than fifteen minutes are generally at no cost, unless there is a need for frequent calls. Returned check fee is $20.00.

**PAYMENT POLICY:** Payment is due in full at the time of each session. If we have agreed to bill your insurance company, co-payment is due at the time of service. **Please understand that if your insurance company should for any reason decline your claim, the full responsibility of the amount owed will become that of the client.**

**CANCELLATIONS:** These must be made at least 48 hours in advance by calling and leaving a message on the voice mail (503) 235-2466 for Portland or (541) 330-4428 for Deschutes County. **Appointments canceled with less than 48 hours notice will be charged in full to client.** Please note that insurance companies will not reimburse for missed appointments.

**PROFESSIONAL CONSULTATION:** In order to enhance the services we provide, we periodically participate in supervision. Our supervisors are bound by rules of confidentiality. To further ensure privacy, client identities are never disclosed. If you have concerns about the review of your case with a consultant, please share your concern with your counselor.

**EMERGENCIES:** You may leave a message on our office voicemail (503) 235-2466 for Portland or (541) 330-4428 for Deschutes County 24 hours per day. Monday through Friday calls will be returned during regular business hours, as quickly as possible. On weekends, calls are not returned. In emergencies that threaten life or property call 911 for assistance. In the event of a mental health emergency after hours or any time you cannot reach your counselor you should call

Portland Crisis Line (503) 988-4888 or Deschutes County Crisis Line (541) 322-7500 or go directly to your hospital's emergency room.

**CONFIDENTIALITY:** The information that you share in therapy is kept in confidence as protected by federal and sate laws. This confidentiality applies to the therapist's work with children, adolescents and adults. If it is necessary to disclose information during the course of therapy or consult with a third party, a written release signed by the client will be obtained prior to the disclosure.

**Under certain circumstances the therapist is mandated by law to break confidentiality:**

- **Information may be given without your permission if subpoenaed to testify in court.**
- **When statements are made about suicidal or homicidal intentions.**
- **Statements indicating that you have committed or intend to commit acts of child or elder abuse.**
- **Statements made by persons under the age of 18 indicating that abuse is occurring or has occurred, including but not limited to emotional and/or physical abuse, neglect and financial exploitation.**
- **Information that would assist in a medical emergency.**

**WRITTEN AGREEMENT & CONTACT INFORMATION:** I have read the above statement and understand my rights and responsibilities. I understand that there can be no absolute guarantee of cure in the practice of therapy. I agree to comply with all of the policies and meet my financial obligations. I understand my rights to confidentiality as well as the limitations. I may receive a copy of this form if I request it. I have read the Agreement and Informed Consent for Treatment and will refer to it for a more complete explanation.

**Clients printed name:** _____

**Client's signature:** _____ **Date:** _____

**Address:** _____
**Street address**

_____
**City** **State** **Zip**

**Phone Numbers: Home:** _____ May we leave a message? ☐yes ☐no

**Cell/Other:** _____ May we leave a message? ☐yes ☐no

**Signature of Parent/Guardian of Minor Child:** _____ **Date:** _____

**Emergency Contact Person (for emergency use <u>only</u>, not merely to contact you):**

**Name:** _____

**Phone:** _____