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INFORMED CONSENT STATEMENT

Thank you for considering me as a resource at this time in your life. I trust that you will experience a professional approach within an atmosphere of warmth and sensitive concern.

Before I can begin, however, there are certain details which you will need to know about my professional and business standards. This letter will clarify those standards and ask you to document your agreement to abide by them. Please do not hesitate to ask for clarification on any of these expectations.

Treatment Philosophy. Psychotherapy has both benefits and risks. It also requires an investment of your time and energy in order to make the process of therapy most successful. I will begin with an evaluation of your needs. Next, we will develop and discuss a treatment plan in accordance with your goals and aims. Occasionally individuals may go through periods in therapy which may result in emotional discomfort, changes in their relationships, or temporary worsening of their symptoms. This should subside as the work progresses. Remember, you always retain the right to request changes in treatment or to refuse treatment at any time.

Ethical Guidelines. It is my commitment to conduct my relationship with you according to the highest ethical and professional codes, as specified in the American Psychological Association Code of Ethics. Please be assured that I view the purpose of the therapist-client relationship to exist solely to enhance each client's welfare and achievement of identified therapeutic goals.

Accordingly, boundaries, both physical and emotional, will be respected at all times. Be assured that any contact you have with a professional such as a therapist or physician should be free of sexual contact, dating or sexual pressure. Any violations should be reported to the credentialing agency for that profession.

Health Insurance. If you are using a health insurance benefit as payment for these services, you need to be aware of what this means. Your health plan requires cooperation between client, provider, and insurance company to provide services as efficiently as possible.

Health insurance companies usually limit mental health coverage to:

- Services that are determined to be "medically necessary". Medically necessary may be defined as presentation of a covered DSM IV Axis I diagnosis (these are acute symptoms).
- Conditions that are able to be treated by short-term, problem-focused, goal-oriented approaches whenever possible.

This means your insurance company will cover a limited number of office sessions to work on your problem as intensely as possible with the focus of eliminating acute symptoms. I am contracted with your insurance company to provide my services within these conditions. This practice reviews cases for quality assurance. Your case may be reviewed by a utilization

review-quality assurance group set up by the insurance company.

Office Policies.

- 1) ***Appointments.*** You are responsible to schedule your appointments with the office. Your scheduled time is reserved for you. If you know that you need to reschedule or cancel your appointment, please call (503) 364-6093 and make arrangements to change it or cancel at the earliest possible time, no later than 24 hours in advance. Otherwise, you will be charged the full fee for that appointment if we are unable to reschedule someone else wishing to use that time. Insurance companies do not absorb costs incurred for this reason. Therefore, please keep track of your scheduled appointment.

If you are late to an appointment, you may utilize what is remaining in your scheduled time period with me. If I am late in starting the session for any reason, I will make every effort to spend the entire scheduled time allotment with you. If that is not possible due to your schedule, the fee will be pro-rated.

- 2) ***Fees.*** The initial intake fee is \$215. The subsequent fee is \$165 for a 60 minute session. If I have a contract with your health maintenance organization or insurance company, you may be entitled to a different rate than that specified above. You are ultimately responsible to know the terms of your health plan and what your co-payment is prior to your first session. Sometimes my staff can assist in clarifying these issues. Payment is expected at the conclusion of each appointment.

This rate also applies to diagnostic evaluations, report writing, consultations on your behalf (i.e. school consultations, staffing, evaluations, testing, collaborating with physicians, other therapists, family members, or attorneys), travel time for "out of office" services and telephone calls (which involve more than organizational or housekeeping issues such as making or changing appointments). In other words, you will be billed at the current rate for the time spent with you and on your behalf.

- 3) ***Emergencies.*** Should you have an emergency situation arise after office hours, do not hesitate to call (503) 364-6093. My answering service will attempt to get in touch with me at my home. If they are not able to contact me, the answering service will contact the psychologist on call and request him to return your call. If, for some reason, the above procedure is not satisfactory and you need immediate care, you may call the Psychiatric Crisis Center at (503) 585-4949.

Confidentiality. I abide by the laws, regulations and ethical principles that govern privilege, confidentiality and your privacy consistent with the enclosed Notice of Privacy Policy, Oregon and Federal law.

Release of Information. Please sign below to show that you have read and understand this Informed Consent Statement and that you authorize the release of your clinical record information to your insurance company for the purpose of healthcare credentialing, utilization review and quality assurance review.

Signature

Date

Signature of Parent, Guardian or Legal Representative

Date