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INFORMED CONSENT

Psychotherapist/Patient Services Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities and theoretical orientation of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. I am an “eclectic” therapist, and draw on many theories and methods. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will need to work on the things we talk about both during our sessions and at home. We will talk about how to do this in our sessions together. I will recommend that you journal between our sessions, and that will help us progress with the therapy topics.

Psychotherapy can have benefits and challenges. Since therapy often involves discussing unpleasant aspects of your life, it's possible you could

experience some uncomfortable feelings like anxiety, sadness, grief, discouragement, guilt, frustration, or loneliness. Whatever feelings come up indicate the work that needs to be done in therapy. With some effort, psychotherapy also results in many benefits. Therapy often leads to decrease in stress level, anxiety and depression, increased self awareness, changes in self perception, increases in self esteem, better relationships, solutions to specific problems, positive changes in personality, significant reductions in feelings of distress, and an increases in other positive emotions. Please be sure to discuss your thoughts and feelings regarding sessions either during a session or in the following session. Results from therapy vary widely but to a large extent you can know that you will benefit in accord with the effort that we both put into it. Change takes a great deal of effort, and it is important to understand that the therapist alone cannot make change happen.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you will want to be very careful about the therapist you select. If you have questions about how to choose a therapist, please ask me to discuss this with you. If you have questions about my procedures, please bring them up whenever they arise. If for any reason you want to make a change of therapists, I will help to facilitate that process.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. I will usually schedule one 45-50-minute session per week or two sessions per month. Once an appointment hour is scheduled, you will be expected to pay for it at the time of the session if the session is in person, unless you have insurance coverage, or you provide 24 hours advance notice of cancellation.

There will be no fee if we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. I will always try to find another time to reschedule the appointment in the same week so that we will not miss our appointment, but sometimes that is not possible.

PROFESSIONAL FEES

My hourly fee is \$360.00 for the first session and \$290.00 for the following sessions. In addition to our regular appointments, I charge varied amounts for other professional services you may need. Please ask and I can go over any special additional fees for services you may request. Other services include report writing, telephone conversations that address other issues besides setting an appointment, preparation of records or treatment summaries. Most of these other services are not covered by insurance.

ALLOWED AMOUNT If you have health insurance coverage, the fee that is covered may be the above fee or is likely to be a lesser fee which is determined by my insurance contract as the “allowed amount”.

I do not provide services that are considered “forensic psychology”, and if such services are needed I will refer you to a specialist. However, if I provide a report or consultation regarding a legal matter, fees related to legal matters are the same as the psychotherapy fees described above. These fees are not covered by insurance.

If a report is needed for an insurance company, an attorney or court, or for any other reason, a fee will be charged for the time required. Insurance does not cover written reports. Sometimes due to insurance questions, delays, or requests for information, extra time may be spent beyond the usual billing procedures. Processing fees will be charged in these cases. These fees will be your responsibility, and will not be billed to the insurance company.

Communications with your insurance company regarding your insurance coverage, authorization, or claims delays are your responsibility, and our office cannot provide that service beyond a standard reasonable amount of time.

CONTACTING ME

Since I cannot check my voicemail frequently, the fastest and most convenient way to reach me is by text. Feel free to text me during the day or evening. Email may not be a secure method of communication, and I am not able to read extended emails. Also I do not see email every day. I will make every effort to return your text communication the same day you make it, with the exception of when I am out of town. If you are unable to reach me and your situation is urgent, contact your family physician, the County Adult and Family Services, or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact should services be required.

LIMITS TO CONFIDENTIALITY

The law protects the privacy of communications between a patient and a psychologist. In most situations, I can release information about your treatment to others if you sign a written Authorization Form. With your signature, I may disclose information in the following situations:

I may occasionally find it helpful to consult other health or mental health professionals about a case. During a consultation, your identity would not be disclosed unless I have a signed release of information form from you. I have an agreement with Ann LaBray in Portland to be one of the psychologists available if I am out of town. She would also maintain client confidentiality as is standard for psychologists.

EXCEPTIONS TO CONFIDENTIALITY

There are some situations in which I am legally obligated to take actions which I believe are necessary to protect you or others from harm, and

I may have to reveal some information about your treatment. These situations are very unusual in my practice.

If there is a child abuse investigation or elder abuse investigation, reports may be required.

If I believe that a patient presents a clear and substantial risk of *imminent, serious* harm to another person, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If I believe that a patient presents a clear and substantial risk of *imminent, serious* harm to him/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. If such a situation arises, I will make every effort to fully discuss it with you if possible before taking any action.

There are other circumstances that allow for a release from confidentiality. While this written summary of exceptions to confidentiality should prove helpful, it is important that we discuss any questions or concerns that you may have now or in the future.

PROFESSIONAL RECORDS

The laws and standards require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances, you may examine or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances. In my practice I keep minimal clinical records which only include date of service, diagnosis, therapy topics for the day, and some information about our general discussions. In addition to the clinical record I often keep separate psychotherapy notes. These are my own notations for the purpose of treatment planning and reflection.

PATIENT RIGHTS

HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include a right to a copy of your Clinical Record, requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; and the right to a copy of this Agreement, the HIPPA Notice form, and my Fee Agreement form. I am happy to discuss any of these rights with you.

MINORS & PARENTS

I currently do not see children under age 14 in my practice. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, for teens between 14 and 18, it is my policy to request an agreement from parents that they consent to the teen retaining confidentiality. If they agree, during treatment, I will provide them only with general information about the progress of the teen's treatment, and his/her attendance at scheduled sessions. Other additional information would be communicated in a session with the teenager present. I would also provide parents with a summary of the benefits of their teen's treatment at the end of treatment if requested. Any other communication would require the teen's authorization, unless I feel that the teen is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I would discuss the matter with the teen if possible, and do my best to handle any objections he or she may have.

SOCIAL NETWORKS

Because of the widespread use of internet social networking sites, it is also important to mention that I cannot become a "friend" or participant in your personal social networking activities.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage. If you

have insurance, payment of your copay or deductible will be paid at the time of each session. If we are meeting via telehealth, payment should be mailed at least once a month. Payment schedules for other professional services may be arranged when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. If payment is not made in a reasonable period of time, I reserve the right to make a report to the credit bureau.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide coverage for mental health treatment. My office will normally bill insurance for your sessions, and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you, not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what services your insurance policy covers. This is your responsibility to clarify.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to your sessions. Insurance may request information in your clinical record, but as I said, there is limited information available there. In most cases, only a diagnosis is required for insurance billing.

I could be required by the insurance company to provide additional clinical information such as treatment plans or summaries. In such situations, I will make every effort to release only the minimum information that is necessary for the purpose requested. By signing this Agreement, you agree that I can provide requested information to your carrier.

SELF PAY

You are welcome to pay for psychotherapy or consultation sessions off insurance. In that case we will discuss and agree on your fees based on my current professional fees stated above and your financial circumstances. Sometimes I can negotiate a modified fee.

Your signature below indicates that if we are billing insurance, that you authorize the insurance company to send payment for the insurance claim to Dr. Frances Miller, the provider. This is known as assignment and release. Your signature below also indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. You will be signing that you have read this form.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS, AND THAT YOU AUTHORIZE THE INSURANCE COMPANY TO SEND PAYMENT FOR THE INSURANCE CLAIM TO DR. FRANCES MILLER, THE PROVIDER.

Revised 3/4/26

Print Name _____

Signature _____

Date _____