

## INFORMED CONSENT AND THERAPY POLICIES

Ann Heyen, Ph.D.  
Clinical Psychologist

***Please read this carefully and let me know if you have any questions or concerns. Sign the last page of this document for my records. You may keep pages 1 & 2 for your records.***

**Professional Credentials and Treatment Approach:** I have a Doctorate Degree in Clinical Psychology and am a Licensed Psychologist in the States of Oregon and Washington. My approach to working with clients is focused on collaborative problem solving; gaining insight and awareness into behaviors and thought patterns that maintain problems.

**Client's Rights and Responsibilities:** Psychotherapy has both benefits and risks. It requires energy and time in order to make the process most successful. Occasionally individuals my experience 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, to end treatment at any time, or to request a referral to another therapist.

### **Services Provided:**

- psychological assessment
- individual therapy/counseling
- group therapy/counseling
- couples and/or family therapy/counseling
- crisis intervention

I do not work with people who are forced to seek treatment by others. I do not provide legal advice or forensic services. I do not provide assessments or recommendations in support of legal actions such as child custody, competency evaluations, law suites, or criminal charges. **Please notify me immediately if you are involved or may become involved in a legal or criminal matter.**

**Office Hours/Appointments:** All office visits are by appointment only and are scheduled by me. Initial visits are 60 minutes and ongoing visits are either 45 or 60 minutes in length. Voice mail is available 24 hours per day/7 days per week. I return messages daily.

**Cancellations:** When you make an appointment, please try to keep it. If you are unable to keep your scheduled appointment, please call and leave a message stating the reason you are canceling. **Please make cancellations 24 hours in advance. I charge \$100. for late cancellations or no shows. Your health insurance will not pay for missed appointments, therefore, you are responsible for payment of the fee.**

**Billing and Fees:** Payments for services rendered are due in full at the time of service, unless we have agreed to other arrangements. Please have payments ready at the beginning of each session so that we can devote time to treatment. My fees are based on services provided, and my standard and customary fees are as follows:

- |   |                   |
|---|-------------------|
| • Initial evaluation/diagnostic interview (60 minutes)                  | 205.00            |
| • Individual/couples/family therapy (60 minutes)                        | 160.00            |
| • Individual therapy (45 minutes)                                       | 110.00            |
| • Group therapy (75 minutes)  | 50.00             |
| • Extended phone conversations (per hour over 10 minutes)               | 160.00 (prorated) |
| • Other services on your behalf - consultations, testifying, (per hour) | 160.00 (prorated) |
| • Psychological testing administration and report writing (per hour)    | 160.00 (prorated) |

Please let me know if you have financial circumstances that prevent you from paying the customary fee. I provide some reduced fee services to a limited number of clients who are experiencing financial hardship.

**Emergencies:** I am generally available by phone and I check my voice mail service several times a day during business hours and weekends. Phone calls are returned as soon as possible, usually within 24 hours. I do not answer the phone when I am with clients, and my immediate availability at other times cannot be guaranteed. You may leave a confidential voice mail for me at any time, but messages left after 9:00 p.m. may not be received until the following morning. Because voice mail technology is not error proof, if you have not heard back from me within 12 hours please feel free to call again since it is likely that I did not receive your original message. When leaving a message please be sure to state if you are calling about an urgent matter.

## INFORMED CONSENT AND THERAPY POLICIES

Ann Heyen, Ph.D.  
Clinical Psychologist

**In the case of an emergency, if you cannot reach me, you should call the Multnomah County Crisis Line (503) 988-4888, dial 9111, or go to the nearest hospital emergency room.**

**Confidentiality:** Discussions occurring in psychotherapy are confidential or privileged communication. It is important to note that it is the client who holds the privilege. I cannot discuss your case with anyone else without your written permission. For your information, I use a cellular phone as my primary business and line and therefore cannot guarantee absolute privacy during phone conversation.

**Electronic Information:** I do respond to text messages or e-mails when clients are inquiring about appointment availability or are requesting a phone call. I cannot guarantee absolute privacy when using technology, therefore, please do not provide confidential information when communicating electronically. To maintain confidentiality and professional relationship I do not "friend" clients on Facebook, LinkedIn, or other social networking programs.

**Legal exceptions to confidentiality include:**

- when a client is a danger to themselves or others;
- when there is reason to believe that a minor, disabled, or elderly person was a victim of a crime, neglect, or sexual/physical abuse;
- when ordered by a judge to release information;
- when necessary to pursue nonpayment of your bill for services rendered;
- when a client initiates legal action or makes a complaint against the therapist.

When the client is a minor, other conditions such as divorce proceedings, lawsuits or other legal matters between the parents may affect confidentiality.

**Communication With Other Professionals:** Please note that I have a contract with a clerical support person who provides billing and bookkeeping services. Limited information will be shared with this person in order to maintain billing and bookkeeping records. This person will be bound by laws and ethics of confidentiality. From time to time I may find it necessary or helpful to consult with other professionals (physicians, attorneys, etc.) about my work with you. I believe in using a team approach when necessary. I will discuss this possibility with you in advance and no communication will be made without your written consent. When communicating with other professionals, they will be bound by the same laws and ethical standards.

**Health Insurance:** If you are using health insurance benefits to pay for services, you need to be aware of what this may mean. Most insurance companies require specific clinical information about you in order to authorize of pay for treatment. Health insurance companies usually limit mental health coverage to:

- Services which are considered "medically necessary." This typically means that there is evidence of a diagnosable condition with acute symptoms.
- Conditions that are treatable by short-term, problem-focused, or goal-oriented approaches whenever possible.

This means your insurance company may only cover a limited number of sessions to address a specific diagnosis or problem. Furthermore, a utilization review/quality assurance group set by the insurance company or a peer consultation group may review your case of file.

**INFORMED CONSENT AND THERAPY POLICIES**

**Ann Heyen, Ph.D.  
Clinical Psychologist**

**I have read the Informed Consent and Therapy Policies and agree to the terms of this document. I was given an opportunity to ask questions. I have full understanding of the document.**

**Client Name (Print):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_