

James Reavis, LCSW
1012 SW King #304
Portland, OR 97205
Phone: 503.880-7912

Consent to Treatment/Welcome

OFFICE LOCATION

The address is: 1012 SW King #304, Portland, Oregon 97205. The office is located on the corner of SW King and Salmon. Nearby landmarks are the Multnomah Athletic Club and Lincoln High School. The MAX comes to the area and the stop is Kings Hill.

APPOINTMENTS

Each session is scheduled for 50 minutes. During that time, we will work together to understand the nature of the challenges that have brought you to counseling. We will develop a plan to create the needed changes. Occasionally individuals may go through periods in therapy which result in emotional discomfort, changes in relationships, or temporary worsening of symptoms. This should subside as the treatment progresses.

If you are unable to attend a scheduled session, notification of 24 hours is required. Without this notification, a charge for the full amount of the session will be made. In the event of my scheduling error, you will receive the full session fee.

FEES

The fee for each session is \$150.00 and is due at the time of the appointment. If you have a medical condition covered by health insurance, we can discuss details of payment and billing. Regardless of the amount of insurance coverage, you are responsible for the entire fee of the session. *Payment for missed appointments is due prior to the next scheduled appointment.* Failure to pay fees may result in a discontinuation of services.

Your credit card or debit card can be used for sessions or copay responsibility. All case management time out of the session is charged at a rate of \$2.00 per minute. This includes out-of-session phone consultations. Also included are collateral contacts, reports, and any other activities on your behalf. You will always be notified before any charge is incurred and your authorization will be required. *Phone calls and letters/reports are not billable to insurance.*

PROFESSIONAL QUALIFICATIONS

I received a Bachelor of Arts from the University of California and a Master of Social Work from Portland State University. I have been a Licensed Clinical Social Worker in Oregon since 1982. I am a member of the National Association of Social Workers and the National Academy of Certified Social Workers. As a part of my license requirements, I participate in a wide variety of continuing education and training experiences. As a personal and professional commitment, I counsel only in the areas of my competency from training and/or experience.

OVER

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Effective Date _____

ETHICAL TREATMENT

I subscribe to the Code of Ethics adopted by the National Association of Social Workers. I would be happy to provide a copy of this for you and discuss any issues that arise regarding ethics.

REFERRALS

I welcome and appreciate all referrals.

If I find as I work with you that we come upon a problem outside of my training and/or competence, I will facilitate a referral to another health professional. If you have doubts about the appropriateness or effectiveness of your treatment with me, please discuss this with me as soon as possible. I am happy to provide any referrals whenever the need arises for yourself, your family, or your friends.

EMERGENCIES

In the event of an emergency in which you cannot reach me and need immediate assistance, call the Metro Crisis Line at: 503-988-4888. Another important option to remember is your local hospital emergency room.

COLLATERAL CONTACTS

As a part of my philosophy, I like to include family members when appropriate. It provides an important perspective for understanding the difficulties and gaining support for solutions. Bringing key people at certain times during therapy can be an important part of success.

QUESTIONS

I welcome questions about any aspect of the counseling and therapy process. I encourage an atmosphere of honesty, openness, and collaboration.

EMAIL AND TEXTING

Email and SMS text messaging are not encrypted and therefore, there is no guarantee of confidentiality and security via these methods of communication. As a client, I give my permission for email and text messages. I understand the risks involved. As a client, I understand that email or SMS may be made part of my permanent medical record. I am aware I may withdraw my permission at any time.

By signing below, I agree that I understand the information above. I give my consent to treatment with James Reavis, LCSW.

Name (Client or Legal Guardian)

Date

Spouse (for couples counseling)

Date