

## COUNSELING - DESCRIPTION OF SERVICES – JULIE RUSSELL FAMILY COUNSELING

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We welcome you to Julie Russell Family Counseling Services and hope that your visit will be worthwhile. Julie Russell assists individuals experiencing social/emotional challenges to find solutions within a social framework. We believe each client is capable of making personal changes and enhancing their self-reliance in order to find happiness and fulfillment in life. The following information is important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of counseling.

### **Benefits, Risks and Outcomes**

Generally, counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, and/or behaviors. Most people experience improvement or resolution to the concerns that brought them to counseling, but there are some risks. For example, counseling could open up new levels of awareness that may cause discomfort. Although we cannot guarantee the outcome of therapy, your commitment to this process will greatly influence the nature and amount of change you make.

### **Length of Therapy**

Julie Russell offers a short-term counseling approach. This usually means ten to twelve sessions. If it appears your situation requires more than twelve sessions, we will discuss options to accommodate your needs.

### **Confidentiality**

You have received the *Notice of Privacy Practices and Informed Consent for Psychotherapy* which describes your rights and our obligations regarding the use and disclosure of confidential information. We understand that the information you share in counseling can be very personal. All clients will be presented with an *Authorization for Release of Confidential Information*. We will only disclose your confidential information to those whom you identify on that form, unless such release is otherwise authorized or required by law. For example, the law may require us to disclose confidential information if there is reason to believe that a child has been abused or neglected, or that you may be in danger of harming yourself or others.

### **Requests for copies of case notes**

Oregon revised statute (ORS) 192.563 sets the amounts charged for copies of case notes. \$30 for copying 10 or fewer pages of written material, no more than 50 cents per page for pages 11 through 50 and no more than 25 cents for each additional page. \$125 per hour with a minimum of \$250 for the actual costs of preparing an explanation or summary of protected health information, if requested by an individual or a personal representative of the individual.

### **Cancellation of Appointment**

If you need to change or cancel an appointment, as a courtesy to your counselor and the office, please notify us at least **24 hours** in advance. You will be personally charged the current session fee for late cancellations or not showing for an appointment, except in emergency situations.

### **Complaints/Grievances**

In the event you are concerned about any aspect of the services you are receiving, please talk to your counselor about it. You have the right to file a formal written grievance with the office. It should include details of your concerns and be signed and dated with appropriate contact information to help us resolve your concerns. There will be no retaliation for filing a grievance.

### **Mediation**

All claims, disputes, and controversies arising out of or in relation to the performance, interpretation, application, or enforcement of this agreement, including but not limited to breach thereof, shall be referred to

mediation before, and as a condition precedent to, the initiation of any adjudicative action or proceeding, including arbitration.

**Please arrange for children to remain at home unless specifically asked to bring them as part of family therapy. Children may not be left unattended in the waiting area.**

I have read the above information, and understand that I am encouraged to ask questions, and give input regarding the counseling process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification. I also acknowledge receipt of the *Notice of Privacy Practices and Informed Consent for Psychotherapy*. I agree to pay for counseling services for the amounts indicated below.

**Payment for Services**

The fee for an initial session, which includes the assessment is \$175. The fee for a 60-minute session after the intake is \$166. The fee for a 45-minute counseling session is \$125. Additional time will be charged in fifteen minute increments of \$42.

Clients are responsible for payment of services. Payments are made at the beginning of each visit. For your convenience, Visa and MasterCard (debit or credit), Discover, and American Express for payment are accepted. Payments may also be made by check or cash. A statement will be mailed to you for any unpaid balance. Balances are due upon receipt. An outstanding balance may result in our not scheduling additional appointments. An unpaid balance of more than 30 days may result in being sent to a collection agency.

I am in network with the following insurance panels: Cigna, Blue Cross Blue Shield, Regence BCBS, Aetna, United Healthcare, Providence, and Optum.

We can also bill your bishop if he has authorized payment from fast offerings. If you indicate that a bishop will be paying for any portion of your bill, an *Authorization for Release of Confidential Information* must be signed to allow contact with the bishop. If your bishop changes during the course of treatment, and you want the new bishop to continue payment for services, you must discuss this with the bishop, notify Julie Russell Family Counseling, and sign a new *Authorization for Release of Confidential Information*.

Regardless of source of payments, clients remain responsible for payment of services. Clients must pay charges 24 hours in advance of the appointment or at time of service.

*It is my understanding that the payment arrangements are as follows:*

CLIENT: \$ \_\_\_\_\_ INSURANCE: \$ \_\_\_\_\_ OTHER/BISHOP: \$ \_\_\_\_\_

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

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Signature

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Date

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Print name