

## **Information for Clients**

Welcome to Gateways Counseling and Consulting Center. We appreciate your giving us the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy.

### **About Therapy**

Our approach to helping people with their problems is both educational and strength-based. It is educational in that in Cognitive Behavioral Therapy, (CBT), we can learn to recognize irrational beliefs, dispute them, and replace them with more rational beliefs. We can, with practice, unlearn irrational belief patterns and become happier persons who function better in the world. Strength-based counseling is focused on identifying your strengths and using those strengths to help you overcome difficulty. We build on your strengths to master current struggles.

We view therapy as a partnership between us. Psychotherapy is not like visiting a medical doctor in that it requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. Most of our clients see us once a week for 3 to 4 months. After that, we may meet less often for several more months. Therapy then usually comes to an end.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. We do not take on clients we do not think we can help. Therefore, we will enter our relationship with optimism about our progress.

### **Consultations**

If you could benefit from a treatment that we cannot provide, we will help you to get it. You have a right to ask us about such other treatments, their risks, and their benefits. Based on what we learn about your problems, we may recommend a medical exam or use of medication. If we do this, we will fully discuss our reasons with you, so that you can decide what is best. If another professional treats you, we will coordinate our services with them and with your own medical doctor.

### **What to Expect from Our Relationship**

As a professional, we will use our best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and we will abide by these. Let me explain these limits, so you will not think they are personal responses to you. First, we are licensed and trained to practice clinical social work—not law, medicine, finance, or any other profession. We are not able to give you good advice from these other professional viewpoints. Second, state laws and the rules of the NASW require us to keep what you tell us confidential (that is, private). You can trust us not to tell anyone else what you tell us, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that we try not to reveal who my clients are. This is part of our effort to maintain your privacy. If we meet on the street or socially, we may not say hello or

talk to you very much. Our behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. Third, in your best interest, and following the NASW's standards, we can only be your therapist. We cannot have any other role in your life. We cannot, now or ever, be a close friend to or socialize with any of our clients. We cannot be a therapist to someone who is already a friend. We can never have a sexual or romantic relationship with any client during, or after, the course of therapy. We cannot have a business relationship with any of our clients, other than the therapy relationship.

### **About Confidentiality**

We will treat with great care all the information you share with us. It is your legal right that our sessions and our records about you are kept private. That is why we ask you to sign a "release-of-records form before we can talk about you or send our records about you to anyone else. In general, we will tell no one what you tell us. We will not even reveal that you are receiving treatment from us. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is ***not*** protected:

1. If you were sent to us by a court or an employer for evaluation or treatment, the court or employer expects a report from us. If this is your situation, please talk with us before you tell us anything you do not want the court or your employer to know. You have a right to tell us only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing us, we may then be ordered to show the court our records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires us to try to protect you or that other person. This usually means telling others about the threat. We cannot promise never to tell others about threats you make.
4. If we believe a child has been or will be abused or neglected, we are legally required to report this to the authorities. We must also report any abuse of persons over 65 years of age.

An insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It may become part of your permanent medical record. Please understand that we have no control over how these records are handled at the insurance company. Our policy is to provide only as much information as the insurance company will need to pay your benefits. You can review your own records in our files at any time. We ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

### **Our Background**

Diana is a Clinical Social Worker.

- Diana Knee has a master's degree in social work from the Our Lady of the Lake University, San Antonio, Texas.
- She is licensed as a Clinical Social Worker in Oregon by the State Board of Clinical Social Workers.
- She is a member of the National Association of Social Workers (NASW).
- She is a member of the Oregon Chapter of NASW.

### **About Our Appointments**

We will reserve a regular appointment time for you into the foreseeable future. We also do this for our other clients. Therefore, we are rarely able to fill a cancelled session unless we have several days' notice. Please let us know as soon as possible if you will not be able to come to your appointment. You will be responsible for letting us know at least 24 hours in advance of any cancellation for a scheduled appointment. There are no fees charged for sessions cancelled 24 hours in advance. However, you will be personally charged \$65 for sessions you do not attend and do not call or text to cancel 24 hours in advance. If your session is being paid by an insurance company or another payer, they will not be billed for such sessions and these fees will be solely your responsibility. On occasion, we may also have to cancel or reschedule sessions. In such cases we will attempt to contact you at least 24 hours in advance whenever possible.

### **Fees, Payments, and Billing**

**Regular therapy services:** we have a session rate and give a discount to non-insured clients or clients who do not want to use their insurance. Our fees are typically \$160 per 50-60 minute session. We accept what your insurance company contracts to pay us and in most cases we are reimbursed at a lower rate, you are not responsible for the difference. However, you are responsible for your insurance copayment or payment of my services if you have not met your deductible.

**Telephone consultations:** We believe that telephone consultations may be suitable or even needed at times in our therapy. If so, we will charge you our regular fee, prorated over the time needed. If you are concerned about all this, please be sure to discuss it with us in advance so we can set a policy that is comfortable for both of us. Of

course, there is no charge for calls about appointments or similar business.

*Reports:* We will not charge you for my time spent making routine reports to your insurance company.

*Other services:* Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service at my regular fee schedule. Some services may require payment in advance.

If you think you may have trouble paying your bills on time, please discuss this with us. We will also raise the matter with you so we can arrive at a solution. If there is any problem with our charges, our billing, your insurance, or any other money-related point, please bring it to our attention. We will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

### **If You Have Traditional (or “Indemnity”) Health Insurance Coverage**

Because we are licensed clinical social workers, many health insurance plans will help you pay for therapy and other services we offer. Because health insurance is written by many different companies, we may not be able to tell you what your plan covers. Please keep two things in mind: 1. We had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, co-payments, and so forth. 2. You—not your insurance company, or any other person or company, are responsible for paying the fees we agree upon.

### **If You Need to Contact Me**

We cannot promise that we will be available at all times, but we will make every effort to return your call as soon as we can. You can always leave a message on our voice mail, and we will return your call as soon as possible. We do our best to return messages daily. In addition, in an emergency you may call your counselor on their cell phones, Diana 541-430-5053.

### **Emergency or crisis**

If you have a behavioral or emotional crisis and cannot reach us by telephone, you or your family members should call one of the following community emergency agencies: the Lane County Mental Health Crisis Center, White Bird Clinic 24 hours a day at 541-687-4000, or the Cottage Grove Community Hospital 24 hour emergency room, 541-942-0511.

### **If We Need to Contact Someone about You**

If there is an emergency during our work together, or we become concerned about your personal safety, we are required by law and by the rules of our profession to contact someone close to you—perhaps a relative, spouse, or close friend. We are also required to contact this person, or the authorities, if we become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **Other Points**

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that we will not provide evaluations or expert testimony in court. You should hire different mental health professional for any evaluations of testimony you require. This position is based on two reasons: (1) Our statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and we must put this relationship first.

### **Statement of Principles**

It is our intention to fully abide by all the rules of the National Association of Social Workers (NASW) and the code of ethics for Social Workers and by those rules of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with us at once. Our work together will be slower and harder if your concerns with us are not worked out. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that we (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell us.

## Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

Relationship to client:

Self  Parent  Legal guardian

Health care custodial parent of a minor (less than 14 years of age)

Other person authorized to act on behalf of the client

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

Copy accepted by client  Copy kept by therapist