

AMANDA P. ORTON, LMFT
LICESNSED MARRIAGE AND FAMILY THERAPIST
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OFFICE & FEE POLICIES & GENERAL INFORMATION updated(7/18/16)

AGREEMENT FOR THERAPY SERVICES

This form provides you (patient) with information in addition to the Notice of Privacy Practices.

PROFESSIONAL INFORMATION, ETHICS AND STANDARDS: Amanda P. Orton holds a Masters degree in Counseling Psychology from National University and a Bachelors degree in Psychology from California State University, Fresno. As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, Amanda P. Orton abides by the Code of Ethics. As a client of an Oregon licensee you have the following rights: To expect that a licensee has met the minimal qualifications of training and experience required by the state law. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee. To obtain a copy of the Code of ethics. To be informed of the cost of professional services before receiving the services. To be assured of privacy and confidentiality while receiving services as defined by rule and law including the following exceptions:1) Reporting suspected child abuse 2) Reporting imminent danger to client or others 3) Reporting information required in court proceedings or by client's insurance company 4) Providing information concerning licensee case consultation or supervision 5) Defending claims brought by client against licensee . To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services. To maintain her license Amanda P. Orton is required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. She may substitute professional supervision as part of this requirement. While no guarantee of results is possible, it is her intention to provide the highest possible quality of service to those who seek her out. She encourages you to ask any questions you may have about her professional training, credentials, experience and services.

CONFIDENTIALITY: All information disclosed in sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required or permitted by law. Most required or permitted disclosures are described in the Notice of Privacy Practices. When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: when there is a **reasonable suspicion of child, dependent or elder abuse or neglect; and when a client presents a danger to self, to others, to property, or is gravely disabled** (for more details see also Notice of Privacy Practices form). When Disclosure May Be Required: Disclosure may be required as the result of a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the therapy records and/or testimony from Amanda P. Orton, LMFT, In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Amanda P. Orton, LMFT will use her clinical judgment when revealing such information. Amanda P. Orton, LMFT will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

Disclosure in Emergencies: If there is an emergency during our work together, or in the future after termination, where Amanda P. Orton, LMFT becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided as your emergency contact person.

HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/EAP in order to process the claims. If you so instruct Amanda P. Orton, LMFT, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the therapy notes will not be disclosed to your insurance carrier. Amanda P. Orton, LMFT has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. Amanda Orton uses Office Ally™ a full service, HIPAA compliant web-based clearinghouse submitting to bill insurance payers.

Confidentiality of E-mail, Voicemail, Answering Machine, Cell Phone and Faxes:

It is important to be aware that e-mail, voicemail, answering machines and cell phone communications can sometimes be accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Other people may listen to voicemail or answering machine messages left by Amanda P. Orton's office for you. Please notify Amanda P. Orton, LMFT at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devices. **Please do not use e-mail, texts or faxes for emergencies.**

LITIGATION LIMITATION: Due to the nature of the therapeutic process that often involves a full disclosure of confidential matters, it is agreed that if there are legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Amanda P. Orton, LMFT to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested. Although it is desirable to avoid releasing information in legal proceedings, sometimes they are unavoidable. Court appearances, travel to court, waiting and scheduled and/or actual testimony time, consultation with attorneys, preparation for court, etc. are charged at an hourly rate of \$300 per hour. A minimum deposit of \$500 must be made at least two weeks in advance of any court-related work by Amanda P. Orton. As my client, you are responsible for the fees related to any legal matters requiring my participation, regardless of whether your attorney or an opposing attorney requires my participation.

CONSULTATION: Amanda P. Orton, LMFT consults regularly with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned unless the client has specifically permitted it. The client's identity remains completely anonymous, and confidentiality is fully maintained.

****Considering all of the above exclusions, if it is still appropriate, upon your request, Amanda P. Orton, LMFT will release information to any agency/person you specify unless Amanda P. Orton, LMFT concludes that releasing such information might be harmful in some way.**

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Amanda P. Orton, LMFT between sessions, please leave a message on her voicemail **(541-393-9008)** and your call will be returned as soon as possible. Amanda P. Orton, LMFT checks her messages multiple times a day. Every effort will be made to return your call on the same day. If you are difficult to reach, please leave times when you might be available. Always leave your phone numbers on the voicemail message when you call. Be sure to say that it is an emergency. I am not always immediately available. If you cannot wait an hour or two for me to return your call, you may call the **Community Outreach Crisis Line (541-758-3000)**. In extreme emergencies you should go to a hospital **Emergency Room for treatment or dial 911**. My voicemail is available 24 hours per day. Emergency telephone calls will be charged on a pro-rated basis of the usual hourly rate. (This does not apply to calls concerning appointment changes, billing inquiries or similar business.)

PAYMENTS & INSURANCE REIMBURSEMENT: You are expected to pay the standard **fee of \$100 for individual sessions, conjoint or family sessions** at the time of service, unless other arrangements have been made. Telephone conversations, report writing and reading, consultation with other professionals, release of information, reading record, longer sessions, travel time, etc. will be charged at the same rate. Please notify Amanda P. Orton, LMFT if any problem arises during the course of therapy regarding your ability to make timely payments. **YOU'RE EXPECTED TO KEEP YOUR ACCOUNT CURRENT.**

Amanda P. Orton, LMFT's office will bill your insurance company if you carry insurance. However regardless of coverage, you are ultimately responsible for your bill with this office. As was indicated in the section, Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment.

It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet which describes mental health services. If you have questions, you should call your plan and inquire. Of course, Amanda P. Orton, LMFT will provide you with whatever information she can based on her experience and will be happy to try to assist you in deciphering the information you receive from your insurance company. Under some circumstances, she may be able to call the carrier on your behalf. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available to you and what will happen if the insurance benefits run out before you feel ready to end our sessions.

You are responsible for obtaining the appropriate authorization for service which may be required by your insurance company. If your insurance company requires you to contact them prior to seeing me, you are responsible for doing so. If you are denied coverage because you did not contact them for authorization, (or because you failed to provide Amanda P. Orton, LMFT with the information when required to contact them), you will be responsible for your charges with this office.

The rising cost of health care has resulted in an increasing level of complexity about insurance benefits which can make it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs sometimes require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented towards a short term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. While quite a lot can be accomplished in short term therapy, many clients feel that more services are necessary after insurance benefits expire. Some Employee Assistance plans (EAPs) will not allow Amanda P. Orton to provide services to you once your benefits are no longer available. (If this is the case, she will do her best to find you another provider who will help you continue your psychotherapy.) Otherwise, sessions will be on a fee-for-service basis. Regardless of insurance coverage, it is your responsibility to settle your account with this office in a timely manner. This office will make every effort to aid you in obtaining insurance reimbursement to which you are entitled, including directly billing the insurance company. However, it is your final responsibility, and not your insurance companies, to arrange for full payment of the fee. It is important to remember that you always have the right to pay for these services yourself and avoid the complexities which are described above. Amanda P. Orton, LMFT is a member of insurance provider groups including Samaritan Choice, LifeWise, PacificSource, First Choice etc. Other insurance groups may cover her services, but you should ask directly if Amanda P. Orton, LMFT is accepting referrals from other insurance groups at this time. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your insurance company requires you to contact them for pre-authorization, you are responsible for making those arrangements. **Cash paying clients are expected to pay at the time of their appointment unless otherwise agreed upon.**

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide therapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Amanda P. Orton and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Benton County, Oregon in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Amanda P. Orton, LMFT can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a many benefits to you including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Therapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Amanda P. Orton, LMFT will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Amanda P. Orton may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations. Sometimes you may feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Therapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but sometimes it will be slow and even frustrating. There is no guarantee that therapy will yield positive or hoped-for results. During the course of therapy, Amanda P. Orton, LMFT is likely to draw on various psychological approaches depending on the problem that is being treated and her assessment of what will best benefit you. These approaches include cognitive-behavioral, psychodynamic, family systems or psycho-educational.

You should know that a Licensed Marriage and Family Therapist is not a physician and cannot prescribe or provide you with any drugs or medication or perform any medical procedures. If medical treatment is indicated, you can choose to see a physician or Amanda P. Orton, LMFT can recommend physicians for you. You do not need Amanda P. Orton's recommendation in order to seek medical treatment.

DISCUSSION OF TREATMENT PLAN: Within a reasonable period of time after the initiation of treatment (usually at the conclusion of the first session), Amanda P. Orton will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Amanda P. Orton's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits

TERMINATION: As set forth above, Amanda P. Orton, LMFT will assess if she can be of benefit to you. Amanda P. Orton, LMFT does not accept clients who, in her opinion, she cannot help. In such a case, she will give you numbers of referrals that you can contact. If at any point during therapy, Amanda P. Orton, LMFT assesses that she is not effective in helping you reach the therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you numbers of referrals that may be of help to you. *If you request it and authorize it in writing*, Amanda P. Orton, LMFT will talk to the therapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Amanda P. Orton, LMFT will assist you in finding someone qualified, and, if she has your written consent, she will provide that therapist with the essential information needed. You have the right to terminate therapy at any time.

DUAL RELATIONSHIPS: Therapy never includes any dual relationship that impairs Amanda P. Orton, LMFT's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Amanda P. Orton, LMFT will assess carefully before entering into any business relationship with a client outside of the therapy relationship. Corvallis is a small community and many clients know each other and Amanda P. Orton from the community. Consequently you may run into someone you know in the waiting room or you may see Amanda P. Orton out in the community. She will never acknowledge working therapeutically with anyone without his/her permission. It is your responsibility to communicate to her if the therapeutic relationship becomes uncomfortable for you in anyway. Amanda P. Orton, LMFT will listen carefully and respond accordingly to your feedback.

SOCIAL NETWORKING: I do not accept friend requests from clients on any social networking site, such as Facebook. I believe that adding clients as friends on these sites can compromise your confidentiality and our respective privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites or texting.

OFFICE HOURS & CANCELLATION: Office hours are by appointment only. Appointments are usually 50 minutes in length. If you fail to show up at the scheduled time or cancel with less than 24 hours advance notice, you will be expected to pay \$40. (Insurance will not pay for missed appointments.) The 24-hour voicemail **(541) 393-9008** should be used for your cancellation message. Please be sure to leave a clear message about whether you wish to be called back to reschedule, or that you plan to call back yourself. Always leave your phone number(s).

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ACKNOWLEDGEMENT & AGREEMENT TO OFFICE AND FEE POLICIES,
GENERAL INFORMATION AND PSYCHOTHERAPY SERVICES

I have received, read and understand the Office and Fee Policies and General Information, agreement for therapy Services handout, dated July 18, 2016.

I have received the Office and Fee Policies form.

Client Name (print) _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____