



FORTE COUNSELING GROUP

Informed Consent

Welcome to Forte Counseling Group. This agreement contains important information about services and business policies. This document also represents our professional agreement. As you read through this please let us know if you have any questions or concerns.

Appointments: In most cases, sessions are weekly for about 50 minutes. Please let your therapist know if you are going to be late. If you are late, your appointment will generally still end at the scheduled time as your therapist may have another appointment after yours.

Cancellations: A minimum of 24 hours notice is required for cancelling an appointment. This includes cancelling due to illness. If you cancel (or don't show) with less than 24 hours notice, you will be charged the full fee for the session. If more than one session is missed without adequate notification, services may be terminated. _____ *Initial here.*

Payments: Counseling fees are payable by cash, check, or credit/debit card at the beginning of each session. Checks should be made out to Forte Counseling Group. An additional \$30 charge will be charged on all returned checks. Counseling fees are subject to increase periodically. If that occurs you will be given a 4 week notice in advance of the change. You may have out-of-network insurance benefits. If you use out-of-network benefits you will still have to pay up front, however please let us know ASAP so that we can help you get any reimbursement your insurance company will provide.

Litigation Limitation: Due to the nature and confidentiality of the therapeutic process, it is agreed that should there be any legal proceedings (such as, but not limited to divorce, custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf, will call on your therapist to testify in your case or at any other proceeding. Additionally, therapy records will not be released without prior agreement between your therapist and you.

Benefits and Risks: Most people find counseling to be emotionally liberating and helpful. However, it is important to note that with all therapies, there are possible risks and side effects. For example, therapy is often emotionally draining; things may appear to get worse before they get better; you may experience anxiety as a result of facing your past or addressing emotional issues; relationships may change as you make changes in yourself; and there are no guaranties. You are likely to gain the most benefit from counseling if you are committed to the process and attend regularly. You have the right to discuss your goals, treatment process, request changes, refuse services, or end treatment at any time. Feel free to discuss any of these issues at any time with your counselor. Sometimes it becomes apparent that your counselor is not a good fit for you. That is ok, it happens sometimes. If that is the case we would like to assist you in finding another counselor who may be a better fit.

Communication and Your Privacy: Please know that despite security efforts, all electronic communication, including email, voice mail, cell phone, texting, etc., carry an inherent risk of being accessed by unauthorized people, which can compromise your privacy. Even communication about scheduling carries a risk to your confidentiality because it conveys the fact that you are in counseling. **Please read and initial the items below** to indicate your understanding and consent regarding our communication.

~ If I convey sensitive personal information by phone or email, my counselor (or staff at Forte Counseling Group) can assume that I am making an informed decision to accept the privacy risk and I am comfortable with my counselor (or staff at Forte Counseling Group) responding to me in the same manner. **Initial Here (or state NO)** _____

~I consent to using email and text messaging for scheduling and other administrative (non-clinical) purposes. **Initial here (or state NO)** _____

~I consent to receiving appointment reminder emails. **Initial her (or state no)** _____

~I consent to receiving email receipts for credit card payments. **Initial her (or state NO)** _____

Social Media and Social Contact: It is our policy not to connect with clients through social media such as Facebook, LinkedIn, and Twitter in order to protect your confidentiality and the professionalism of the therapeutic relationship. If we receive a request to connect, please expect that we will not respond. Please do not use these methods to communicate because we are not prepared to watch for communication in this manner. The Code of Ethics for Counselors adopted by the Oregon Board stipulates that the relationship between counselor and client should be limited to professional interactions of the counseling process. Consequently, if your therapist encounters you in public or in a social context expect them to respect your privacy by avoiding acknowledging you, unless you initiate contact with them first.

Telephone and Emergency Procedures: If you need to contact your therapist between sessions, please contact them through email at dave@fortecounselinggroup.com, or leave them a message on the number that they give you during your first session.

If you find yourself in an emergency situation contact one of the 24 hour crisis lines (Multnomah County 503-988-4888, Clackamas County 503-655-8724, Portland Women's Crisis Line 503-235-5333. In the event of a life threatening situation call 911 or go to the nearest hospital emergency room. Please do not use email or text messaging for emergencies.

Couples and Confidentiality: There are a few things that are important for couples to be aware of in regards to confidentiality.

~ Your counselor will not disclose information to anyone without both of your written permission.

~ Your therapist will not divulge any information without **both** of your signed permission.

~ Although your therapist is bound by confidentiality, we have no control over what your partner might reveal to others outside of the session. Therefore, we strongly encourage that you make a commitment to respect each other's confidentiality so that you can each participate freely and sincerely in the counseling process.

~ After working with couples for a long time we have found secrets to be harmful to relationships and the therapeutic process and therefore want to let you know that we will not hold secrets. That does not necessarily mean we will disclose that information, but the goal would be to help you to be able to be open and honest and talk about it with your partner. After all, generally the goal of couples counseling is to have the best relationship with your partner as possible and secrets are counter-productive to achieving that goal.

Consent to Treatment

Your signature below indicates that you have read, understand, and agree to services under the conditions above, and that you have received a copy of this document.

Client 1 Printed name

Client 1 Signature

Date

Client 2 Printed name

Client 2 Signature

Date