



Counseling Services of Portland

New Client Information & Policies

Welcome to counseling. Your investment can lead to a more rich and rewarding life. It may help you chart a new course toward “True North.” Here are the guidelines to our work together along with some biographical information. If you have any questions regarding any aspect of your counseling experience, please feel free to ask. It is important that you understand the nature of the services you are receiving.

Professional Background

I subscribe to the [National Association of Social Workers Code of Ethics](#). I believe that all people have the capacity to grow and change and that counseling can make profound and lasting changes in your life. **Together we create a safe and supportive environment to help you achieve your goals.**

I received my master's degree in Social Work from Portland State University and have had a wide range of training in many schools of therapy including motivational interviewing, narrative therapy, solution focused therapy, transpersonal psychotherapy, body centered psychotherapy and am certified meditation teacher. I receive 20 or more hours of additional training each year. I also work at Providence St. Vincent Out Patient Behavioral Health. **I use traditional as well as holistic methods that are tailored to your individual needs, each session.**

Appointments

You can schedule appointments by calling **503-224-3318** for a 50-minute clinical hour. I hold your appointment for the weeks you have requested my services and without 24 hour notice I have no way of filling appointments you have reserved. Once you reserve them they are yours and like a ticket for the opera, are not refundable without 24 hour notice. **I will expect you to pay for missed appointments in full since your insurance companies will not reimburse.** Consistent work together helps to re-wire your brain, and to sustain the important changes you are making to create a more rewarding life.

Messages

When I am not available to take calls, you may leave messages with my voice mail. Serious emergencies should be directed to the **Multnomah County crisis Line at 503-988-4888**. When I am away for an extended period of time, a colleague will cover for me. I will notify you in advance about the dates I will be away and the name and phone number of my backup.

Treatment

I see counseling as a cooperative effort geared to resolving problems or issues that you present. Your active participation with your thoughts, feelings and actions help to create success. **Therapy is simply a means to an end and most beneficial when guided by your goals.** We will regularly review your goals as well as your thoughts and feelings expressed regarding the therapy process.

I like to begin by getting to know you and hearing about your concerns, what you have tried so far, what has not helped and what has improved your situation. Then we usually discuss what successful completion of therapy would look like for you. And then we set a course to achieve your goals. Using this plan we know two things:

1. What you are achieving
2. When you are done

Therapy can be as short as one session, or as long as a few years. But most people achieve their goals within a few months. **Research shows that 50% of patients improved noticeably after 8 sessions. And 75% of individuals in therapy improved by the end of 6 months.**

Your Rights

Remember that you may question and/or refuse treatment at any time. You have the right to seek a second opinion from another clinician. Your right to confidentiality is protected by both professional and ethical standards as well as by Oregon State law. **There are circumstances when confidentiality does not apply however. These exceptions include:**

1. The law requires that I notify relevant others if a **client represents a danger to him/herself or others.**
2. I must report **any incidence of suspected child abuse, neglect or molestation.**
3. I must report **any incidence of abuse to the elderly.**
4. In legal cases, I or **my records may be subpoenaed** by court order.
5. In cases where the insurance company is paying the fee, they may require information about diagnosis and/or reports about treatment. **Anytime there is a need to release information from your records, it will be discussed with you. To release any part of your record, you must sign a 'Release of Information' form, even if the release is at your request.** This includes a release to your insurance provider if you would like to have your treatment covered.

Completion of Treatment

You may end treatment any time you feel ready, and I may initiate the conclusion of your therapy as well. Some people find it challenging to discuss ending therapy and can be an important part of the process, so please bring up any feelings you have so that these issues may be explored. At the conclusion of your treatment we will review your goals and the results you have achieved.

Charges

The charges for my services are currently \$120 per 50 minute 'hour.' You will be charged for any necessary consultation with other health care providers that requires more than 15 minutes. Telephone calls longer than 15 minutes will be billed at a prorated hourly rate. Routine or brief calls are not charged.

Please prepare your payment in advance each week so we can devote every minute to you and your concerns. You can pay by check, credit card or cash. **Checks can be made out to Suzie Wolfer LCSW.** Please bring up feelings or issues stimulated by payment. This can be an important part of your work in therapy as well.

Insurance

If you have health insurance, your insurance may reimburse part of the cost of your visits. I will prepare and send in the required insurance forms. **All you need do is pay your co-insurance amount.** At the beginning of your plan year, you may have a new deductible amount. **Health insurance benefits are not a guarantee of payment, but most plans reimburse for mental health diagnoses.**

I'd like to welcome you to this transformative process in psychotherapy. Please feel free to ask any questions. I'll look forward to getting to know you and help you meet your goals!

Suzie

Suzie Wolfer LCSW

Please go to the next page and sign at the bottom.

Agreements for Working Together in Psychotherapy

1. I authorize Counseling Services of Portland to **furnish my insurance company with any/all information** requested or necessary concerning my present claim.
2. I authorize **payment of benefits from my insurance provider** to Counseling Services of Portland.
3. I agree to pay Counseling Services of **Portland \$120 per 50-minute session** unless otherwise noted. I agree to **pay at time of service** for my payment or co-payment
4. I understand that I will be **charged for emergency telephone consultations** exceeding 10 minutes at the hourly office visit rate.
5. I understand that I will be charged at the **prorated hourly rate for extended sessions**.
6. I understand that I will be charged my **full hourly fee for sessions cancelled with less than 24 hour notice** in advance of my session. Exceptions to this policy are cases where sudden illness and legitimate emergencies occur. I authorize my credit card to be charged at the time of the canceled session using credit or debit card #:

Credit or debit card #

3 digit code

expiration date

7. I understand that I am responsible for paying fees incurred from late cancellations and missed appointments. **My insurance will not cover missed appointments.**
8. I understand that I **am responsible for all charges not covered by insurance**. Benefits quoted are no guarantee of payment.
9. I agree to **return any money owed to Counseling Services of Portland received from my insurance company.**
10. I understand that any **money in excess of my bill will be returned to me** from insurance reimbursement.

I have read this policy. My signature indicates that I understand the information and agree to the conditions described. I agree that this statement will become part of my record and will be accessible to my therapist and myself only. No other person will have access to my records without my written permission.

Signed

Date