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Specializing with Children, their Families, and Couples

Disclosure Statement

Welcome to my office. This Disclosure Statement outlines important elements for you to consider in coming to see me. As we meet for the first time, we will discuss some of these issues, as well as talk about questions you may have and the concerns which bring you here today.

Appointments:

After your initial appointment, you will have the opportunity to schedule a regular appointment time. Therapy is most effective with regular appointments, as sessions build on one another. Except for unexpected illness and emergencies, you will need to give at least 24 hours notice to avoid the fee for a canceled or missed appointment. Unlike a medical doctors' office, your whole appointment time is reserved for you alone. This makes it very unlikely that a late cancellation can be otherwise utilized. Insurance companies do not reimburse for failed appointment charges, so you will need to be prepared to pay the full fee for failed appointments. When leaving a message regarding a cancellation, it would be helpful if you would then also confirm your next scheduled appointment. You may call my office number 24 hours a day, as well as use text for non-clinical matters if you choose. I will see a text sooner than an e-mail or voice-mail.

Confidentiality:

Confidentiality is a *key element* to therapy, and effects your ability to feel safe in disclosing personal information. Except in specific circumstances, the information you disclose in therapy is confidential, and cannot be released to others. If you desire for information to be released to someone else, or if you want me to obtain information about you from another confidential source, you will need to first sign an authorization to disclose the confidential information. If you are requesting your insurance company to provide reimbursements, they often require information regarding diagnosis, treatment planning and progress.

Exceptions to confidentiality, according to Oregon law, include those circumstances where an individual is considered to be a danger to self or others. Child and elder abuse are considered such, and may need to be reported. In these cases, your consent is not necessary for information to be disclosed. In addition, your therapy records can be ordered by a judge to be disclosed to the court if your mental health is considered a factor in a court proceeding. Non-custodial parents can gain access to their children's therapy records. Finally, your confidentiality cannot be fully insured if your account becomes seriously delinquent (60 days past due), as seriously delinquent accounts with no provision for payment may be turned over for collections.

Children under fourteen do not have the right of confidentiality, but parents will be asked to allow their child in therapy to have a confidential relationship with me as the therapist. This is not to keep you as a parent from knowing about your child's mental health, nor of the therapy work itself. Rather, for the therapeutic relationship to be effective, it is necessary for children to feel comfortable to share whatever they feel, without feeling as though it is all being reported back to their parents. With children under fourteen years of age, I ask that you allow me to limit what I share with you to those things that seem necessary or helpful to your child's well-being. When the client is the child, I believe in supporting the parents or caretakers, and want to keep you involved. If you are bringing your child in for therapy, we will be clarifying this issue together. Of course, if you have concerns at any time about the confidentiality of the therapy relationship, you are encouraged to discuss them with me.

Initial here: _____

(over)



Emergencies and Messages:

If you should have an emergency between sessions that cannot wait until your next appointment, please call my office. I check my messages periodically throughout my office hours. Unfortunately, I cannot offer immediate 24-hour availability. I will return your call as soon as I receive your message whenever possible. If, however, you need assistance prior to my return call, you will need to contact the *Washington Co. Crisis Line (291-9111)*, call your physician, or go to the nearest hospital emergency room.

Office Sharing:

Although this practice shares the waiting room with another psychologist, we maintain separate businesses and do not have access to each other’s records. We wish to respect and support our clients’ need to be able to come into a quiet, calm and welcoming waiting room to prepare for therapy. This is why our waiting room is a **Phone-free and Eating-free zone**. The Atrium is always available if needed. The restrooms are in the SE corner of the Atrium, and the code to each is “4900”.

Financial Policies:

A regular appointment is approximately 45 to 55 minutes a session, and is charged based on that amount of professional time either spent or reserved for you. All sessions are charged at the usual rates listed on the *Schedule of Fees* sheet, unless other specific arrangements have been previously made. Group therapy, psychological testing, reports, letters and extended telephone consultations are also listed on the *Schedule of Fees* sheet.

Fees are to be paid in full at the time of service. If you arrange for my office to bill and collect insurance benefits, it may be possible for you to only pay your co-payment at the time of each session. If for some reason insurance benefits are denied or delayed, you will be responsible for the entire balance and will need to make a payment agreement for any remaining balance. A \$15 rebilling fee is assessed if the payment agreement is not met on any given month. Ultimately, if you do not make payments as agreed, your account may be turned over to a collection agency and/or attorney. If this is necessary, the person who has agreed to be responsible for the account will be held responsible for any legal or collection costs incurred. Statements are only sent out upon request and as needed by this office. Questions regarding billing may be directed to me.

Court Testimony:

Prior to a court appearance, a deposit of \$700 must be paid. All meetings, preparations, and court appearances (including travel, waiting and scheduled and/or actual testimony time) are charged (see *Schedule of Fees* sheet). Further, should someone else subpoena me to appear in court relating to my treatment with you, you are responsible for any time I must spend in court related to my treatment with you.

Supervision of Children:

An adult must remain in the waiting room during a child’s session, and children may not be left alone in the waiting room at any time. Any exceptions will need to be discussed.

Rights & Responsibilities Regarding Treatment:

Psychotherapy has benefits and risks. To be successful, it requires your focused time and energy. I will begin with an assessment of needs, and then we will discuss an appropriate plan. Occasionally, individuals may experience periods of emotional discomfort, changes in relationships, or temporary worsening of symptoms during therapy. This can be a normal part of the growth process, and usually subsides with continued therapy. You have the right to request changes in the course of therapy, request a referral, or discontinue therapy at any time. It is appropriate for you to ask information about the qualifications and philosophy of any therapist. It is your responsibility to choose a therapist and modality which best suites your needs. If you have any questions or concerns about these or any other issues, please feel free to discuss them with me at any time.

Your signature below indicates that you have read and understand these Disclosure Statement policies, and that you accept them as a condition of therapy services. initials

Signature of client and/or person financially responsible

Date

Therapist or other witness

Date