

Informed Consent and Consent to Treatment



DR. TEAL BOHRER

*It is the responsibility of the client to understand the information included below.
If you have any questions or clarification is needed, please discuss with your therapist.*

Personal Theory of Counseling: I see counseling as a professional relationship between two people working toward a mutual goal. You make the goals; I try to help you achieve them. We work together as a team. I understand how frightening counseling can be and hope to create a calm and safe environment. I do not ascribe to one specific model of therapy but attempt to pull the best from several. I believe different therapy styles work for different people. I pull from Cognitive Behavioral therapy, Art Therapy, Stages of Change, Solution Focused Therapy, Relapse Prevention and Motivational Interviewing.

Therapist Background: I hold a PhD in Counseling Education, a Master's Degree in Addiction Counseling and a Bachelor's Degree in Psychology. I specialize in addiction treatment and am a Certified Drug and Alcohol Counselor Level III and a Licensed Professional Counselor in the state of Oregon. I have experience working with forensic populations in jails and prisons. I have spent many years working alongside law enforcement providing crisis mental health assessments and interventions in the community. I currently provide consulting and training for various government agencies. I am the clinical supervisor for a non-profit that specializes in first responder wellbeing and am a culturally competent first responder clinician.

Risks and Benefits of Counseling: The counseling process can involve new perspectives, emotional experiences and changes in behavior, and even though the intent is client growth, the process itself can be challenging. An option for no treatment can be an alternative to counseling and might bring its own risks by doing nothing to address the issue or accelerate an opportunity to change.

Alternatives to Treatment: Alternatives to counseling might include a medical evaluation, counseling from a different theoretical perspective, talking with trusted family and friends, participating in self-help groups, utilizing body-based therapies, exercise and nutrition.

Competence and Lack of Coercion: All clients included in the therapeutic dynamic have a right to clearly understand informed consent and be competent to make a decision free from undue coercion to agree to therapy.

Right to Refuse or Discontinue: Any client has the right to refuse or discontinue counseling at any time without penalty. If needed, a referral will be provided.

Confidentiality and Limits to Confidentiality:

The following conditions are defined by Oregon Law:

- Reporting suspected child abuse
- Reporting elder abuse
- Reporting imminent danger to self or others
- Reporting information required in court proceedings

- As requested by client's insurance company
- Providing general information for therapist case consultation or supervision
- Defending claims brought by client against therapist

Privacy of Client Information: All client records and notes have coded identification and are kept in a locked filing cabinet. Client information is minimally represented on a personally owned and password protected computer, which sometimes contains emails between counselor and client. Written client permission is necessary for electronic or verbal transmission which includes a release of information.

Client Referral: If therapy progresses to areas that fall outside the therapist's area of expertise, which cannot be fulfilled through consultation or supervision, it is appropriate for the therapist to discuss with the client the need for a possible referral to a therapist who specializes in that area.

Phone Calls: Please call or text 503-750-8325 and I will respond as soon as I am able. Phone calls are subject to fee. If you are having an emergency, please call 911 or your local county crisis line.

Consultation:

Your therapist consults regularly with other professionals regarding clients; however, clients identity remains completely anonymous, and confidentiality is fully maintained.

Termination of Services: Your therapist has a responsibility to determine whether or not they can be helpful to you, and will not accept clients whose therapeutic needs they cannot meet. In such a case you will be given a number of referrals. If at any point during your treatment your therapist assesses that they are not effective in helping you reach your therapeutic goals, they are obligated to discuss it with you and, if appropriate, to terminate treatment. If a client does not attend a 50 minute session for 30 calendar days, treatment will be considered "terminated". Clients can contact their therapist for referrals via telephone or email. Clients are always welcome to restart counseling by reaching out to therapist and scheduling an appointment.

Payment: I charge \$200.00 for a 50 minute individual session. Short notice "crisis" phone consults or sessions may be available but charged at an increased fee. A formal diagnostic assessment, or clinical notes can be written and provided. Documentation will be charged dependent on the extent of the assessment or notes requested. Payment is due in full at the time of service. Missing two payments without making payment arrangements may result in a referral or termination of counseling services.

Cancellation/Missed Appointments:

Since the scheduling of an appointment involves the reservation of a date and time specifically for the client, **a 24-hour notice of cancellation by phone call or email is REQUIRED. Missed appointments without at least 24-hour notification will be charged the full regular session fee. Clients utilizing EAP will have their missed session count as one of their total allotted sessions.** By signing this document you agree to pay a full session fee if you no-show or cancel a session without at least 24 hours notice.

By signing below I am confirming my understanding of the contents of the informed consent as well as agreeing to expectations and terms defined in the consent. This is considered an agreement to enter into a contract of fee payment for counseling services as described above.

By signing below I am confirming:

- I have received a copy of therapist's Professional Disclosure statement as required by law in relation to Professional Counselor Licensure.
- The limits of confidentiality have been explained.
- I understand the payment policy and agree upon payment amount and method.
- I understand the documents and structure of the counseling agreement and have asked for any clarification regarding informed consent.

Client Name (please print)

Client Signature

Date

Legal Guardian (if client is under 18)

Date

Teal Bohrer PhD, LPC, CADC III

Date