

Office Policies and Privacy Statement

Welcome! Prior to beginning treatment, it is important for you to be familiar with my approach to treatment, your rights and responsibilities, and my office policies. This document discusses each of these topics. If you have questions please ask me for additional information.

Treatment

To provide you with the best care possible, it is important that I have a clear understanding of what brings you to treatment. I will ask you to complete forms about your history, experiences and health. During our initial meetings I will ask you detailed questions about your functioning, thoughts and experiences. This is necessary for me to be able to have a deeper understanding and bigger picture of issues you may have in your life.

Once I have an understanding of what concerns bring you to treatment, we can work together to develop a plan to address them. It is critical that you actively participate in treatment planning and openly discuss your treatment needs. If ever you feel misunderstood or that I am not addressing your concerns I encourage you to bring this to my attention. This kind of open communication and feedback is an important part of us developing the best course of action for you. I will frequently ask for your input and encourage you to ask questions of me in return.

To accomplish our treatment goals, you may be asked to try out new behaviors or activities. Depending on your goals, I may ask you to practice a communication skill, read a book, or think about something either in sessions or between sessions. If these activities do not work for you or are not feasible, please tell me. Sometimes doing things in a new way or considering something differently is difficult. Discussing this can be very useful.

Risks: It is important for you to know that there are risks involved in treatment. Sometimes people experience an increase in stress, especially during early stages of treatment. Some problems seem to get worse before they get better. These are natural occurrences, but you need to be aware of them. Other things may come up depending on your unique situation. I will discuss with you risks that I can identify as they come up. Please ask me about this at any time.

Alternatives: Not all clients are well suited to my approach, nor am I able to treat all problems confronting my clients. As a result, I cannot guarantee successful treatment. If I determine that I cannot adequately treat you, I will inform you at the earliest opportunity and assist you in finding more appropriate services. Likewise, if at any time you have doubts or concerns regarding the appropriateness or effectiveness of your treatment, please discuss them with me as soon as possible. It is important that we develop treatment that is well suited for you.

Rights to Privacy and Exceptions to Privacy

The work that we do here is confidential, legally in the category of “privileged communication.” What you choose to discuss with me is strictly private and protected by Oregon State Laws. Except under unusual circumstances discussed below, I will not share anything we talk about with others unless I have your written permission to do so.

Sometimes it will be helpful for me to exchange information with others, such as your physician, school, or family members. I will explain the need to do so and discuss specific information to be shared. If that is acceptable, I will ask for your permission in writing and ask you to complete a Release of Information form. If there is specific information you believe would be helpful for me to know, such as previous mental health treatment, please bring this to my attention as soon as possible.

There are issues, by law, that cannot be kept private. There would need to be a break in confidentiality if you were in medical jeopardy, suicidal, or dangerous to self or others. There are laws concerning abuse of children and the

elderly that require being reported to the proper officials. Although these exceptions seldom occur, it is important that you are aware of them. If it is necessary to break confidentiality for any of these reasons, I will release only information that is relevant to provide for your safety, the safety of others, or as required by a court mandate.

Child, Adolescent & Family Treatment: Privacy is also important when children or spouses are involved in treatment. When children or adolescents are referred for treatment, it is important to respect the need for privacy, while also identifying issues to be addressed by the entire family. With adolescents, I engage family treatment as necessary. Similarly, when both members of a couple are involved in treatment, it is important to balance the need for individual privacy with the need for open communication.

Legal Proceedings/Court Involvement: If you are involved in or anticipate being involved in legal or court proceedings, it is important for me to understand how your involvement in these proceedings might impact our work together. It is also important for you to know I will not be party to legal proceedings against current or former clients. My goal is to support my clients in achieving therapy goals, not to address legal issues that require an adversarial approach. Clients entering treatment with me are agreeing to not involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when therapy has not been successful in resolving disputes. If you are required by law to obtain an evaluation, it is important that you understand that is not the type of service I provide. If you need an evaluation, I can help you find a provider who offers that type of service.

Office Policies

Appointments and Cancellations: All office hours are by appointment. It is important that you are on time, as I cannot encroach upon the following session if you are late. Sessions are usually 50 minutes long.

Please call if you need to cancel or reschedule your appointment. The confidential voicemail is 503-885-2023. You will be charged the full fee for your appointment if you do not provide 24 hour advance notice of cancellation. Missed appointments are not reimbursable by your insurance company. There will not be a charge for late cancellations due to emergency situations.

Fee and Billing: Payment is due at the time of service. The contract of professional services and payment is with you. If you choose to use your health insurance coverage, I will submit claims on your behalf through my billing service. You are asked to pay your co-pay or non-covered amounts at the time of service. Mental health reimbursement policies differ greatly from one third-party contract to another; it is difficult to predict what services and fees different plans will cover. For this reason, it is important to discuss these issues in your early sessions, and for you to let me know when there has been a change in our insurance plan or coverage. Regardless of the insurance company's handling of the claim, you are responsible for all fees.

Consent to Treatment

I have read, or have had read to me, this document which includes Office and Treatment Policies and the Notice of Privacy Practices. I have had the opportunity to ask questions about the information provided in these disclosures. I understand my rights to privacy, the exceptions to my rights to privacy and that there are risks associated with treatment. In the event children are involved in treatment, I hereby give my consent for their treatment and affirm that I am a legal guardian with the authority to authorize mental health services for this/these child(ren). I also agree to abide by the payment and billing policy outlined above and accept full responsibility for any and all fees incurred in my care or the care of the child(ren) for whom I am authorized to approve care.

Assignment of Benefits

Although insurance is billed as a courtesy, I understand that I am responsible in full at the time of service. I authorize the release of information (to the insurance company and MindEase billing) necessary to process insurance claims for service provided by Craig Butzke, LPC. I authorize payment of benefits from my insurance company directly to Craig Butzke, LPC. I have read and understand the policy statements for this practice, including the late cancellation/no show fees.

Printed name of client: _____

Client signature: _____ Date: _____

As Applicable:

Printed name of parent/legal guardian: _____

Parent/legal guardian signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____