

MARCIA JOHNSTON WOOD, Ph.D.  
*Clinical Psychologist*

---

5441 SW Macadam, #104, Portland, OR 97239  
Phone (503) 248-4511/ Fax (503) 248-6385

## **AGREEMENT AND INFORMED CONSENT FOR TREATMENT**

### **1. Treatment Agreement**

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), the federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is included with this Agreement or can be found on my web site Forms page, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the start of treatment. Although these documents are long and sometimes complex, it is very important that you read them carefully. I would suggest that you also download and print a copy of this information to keep. We can discuss any questions you have about them after you have read them and please make sure to let me know if there is any part you do not understand. When you sign this document, it will represent an Agreement, or Contract, between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

### **2. Psychological Services**

Psychotherapy has both benefits and risks and there are many different types of therapy. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. All psychotherapy requires an active investment of your time and energy, both in and outside our sessions, in order to make the process of therapy most successful. Occasionally, individuals go through periods in therapy which may result in emotional discomfort, changes in their relationships, or worsening of their symptoms. However, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there is no guarantee of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of this time I will be able to share with you some first impressions of what our work will include and a plan for your treatment, if you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable working with me and we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Therapy involves a large commitment of time, money and energy, so you should be very careful about the

therapist you select. If we begin psychotherapy, I will usually schedule one 45 minute session per week at a time we agree on, although we can decide on a different frequency if your situation calls for it. At certain times I may request that you have a medical or psychiatric evaluation to aid in treatment. Periodically, or at any time you wish, we will also review your goals and progress together. Remember, you always retain the right to request changes in treatment or to refuse treatment at any time and for any reason. At any point that either you or I feel there are ethical or treatment concerns that would make it inadvisable to continue treatment, we may elect to terminate. However, it is my hope that if you have concerns about your treatment or wish to stop, you will discuss these with me first and we will try to adjust our approach. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or help you with other referrals.

### **3. Office Policies**

**A) Phone and Email Access and Emergencies:** I am usually available by phone 24 hours a day, and will check my voice mail several times a day from 9:00 a.m. to 5:00 p.m. I do not answer the phone when I am with another client. You may leave a message at any time but I will not get routine messages left after 9:00 p.m. until the next morning. However, if you truly have an emergency or need to reach me urgently, please call my cell phone at any hour. My cell number (503-307-7924) is included in my voice mail message. However, if at any time your call is not answered promptly and it is an emergency, you should call the Multnomah County Health Crisis Line (503-988-4888) in Portland or go to the nearest hospital emergency room, rather than continue to wait for me to pick up your message.

I make a genuine attempt to return non-emergency phone messages the same day or at the latest by the next day. However, since voice mail technology is not error proof, if you have not heard back from me by the end of the next day, please feel free to call again since it is likely that I did not receive your original message. If I am out of town and not checking messages, another therapist will be covering for me and his or her phone number will be noted on my voice mail message to call in an emergency. Should you need either extensive phone contact or an office visit, my on-call colleague will bill you at their own standard rate. You will need to check if your insurance covers that therapist or covers them at the same rate as our agreement.

I do not use email for any substantive clinical work. The technology is not confidential and email is too often open to misinterpretation. However, for short, non-clinically substantive communications such as appointment changes or questions, you are welcome to email me at [mjw@marciajwoodphd.com](mailto:mjw@marciajwoodphd.com). When possible, I would prefer email to texting.

**Note:** please be aware that neither my email nor texts are encrypted so if you choose to email or text with me, or give me permission to email or text you, you accept that condition.

**B) Billing:** Fees are \$225 for an initial intake/consultation session and \$160 per standard session. Sessions ordinarily last 45 minutes although for the initial intake session we will meet for 1 hour. The fee for the first consultation interview/session is due in full at the time of that session. Unless we have agreed on another arrangement, you will be responsible for paying your bill in full at the time of each session. If insurance is paying a portion of your fee directly to me, you must still provide the co-payment at the time of each session. I would appreciate your bringing to the session either cash or a check already made out so that we may use our entire time on your concerns.

Fees may also be charged on a pro-rated basis for other professional activities necessary for good clinical care or for professional services you may need or request of me. These include: time spent in letter and report writing or treatment summaries on your behalf, telephone consultation time initiated by you that is longer than 10 minutes, consultation time with others on your behalf, and scoring and analysis of evaluation measures.

In cases where payment is seriously past due and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. If such legal action is needed, its costs will be included in the claim.

**C) Appointments and Cancellations:** Appointments must be made directly with me. If you know more than 24 hours ahead of time that you will be away or need to change the time of our session, I will do my best to accommodate the change and will not bill you for a missed session. However, if you cancel *fewer than* 24 hours in advance of your session time or do not show up for your appointment (except in the case of an emergency that we both agree was such), you will be billed 100% of your full fee (not just the copay) per session. It is important to note that insurance companies do not provide reimbursement for cancelled or missed sessions, so you will be personally responsible for direct payment for the missed session to me. If you are late for your session, and have not called me, I will keep your time free until 10 minutes before the scheduled end time. Once we have established a regular session time, I will assume that this time is yours each week and you must clarify with me if you will miss or need to change this.

#### **4. Health Insurance**

If you are using a health insurance benefit in paying for psychotherapy services, you need to be aware of what this means. Your health plan requires cooperation between client, provider and insurance company to provide services as efficiently as possible. Health insurance companies usually limit mental health coverage to:

- 1) Services that are determined to be “medically necessary” for an individual. Medical necessity is usually defined as qualifying for a covered DSM 5 Axis I or ICD diagnosis (acute symptoms). Most insurance companies do not cover couples treatment.
- 2) Conditions that are able to be treated by short-term, goal oriented approaches whenever possible.

This means that your insurance company will cover a limited number of office sessions to work on your problem as intensely as possible with the focus of eliminating acute problems. Your case may be reviewed by a utilization review/quality assurance group set up by the insurance company and in many cases I will be required to provide information about your treatment as well as a diagnosis. They may even refuse to cover your sessions or limit the number of sessions they will authorize. Some insurance plans require preauthorization or they will not cover even your first meeting, and many require periodic reauthorization of a block of sessions for ongoing treatment. You are responsible for obtaining the initial preauthorization if it is necessary. It would be very helpful if you would check the specifics of your insurance benefits, if any, prior to our first meeting. If you need help with this, please call me and I'd be happy to help. You remain responsible for your entire bill regardless of whether insurance covers treatment costs, or whether you are the primary insured person.

Please voice any concerns you may have at our first meeting so that we can further discuss if this

arrangement meets your needs. You always have the choice to pay for my services out-of-pocket rather than utilize insurance. While much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. If you exhaust your insurance benefits but wish to continue seeing me for therapy, we will need to see whether or how we can negotiate that arrangement. If not, I can try to help you to find treatment that you can afford.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. If you have an Oregon insurance policy with the state law requirement that by accepting policy benefits, you are deemed to have consented to examination of your Clinical record for purposes of utilization review, quality assurance and peer review by the insurance company, then I may provide clinical information to your insurer for such purposes. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored electronically. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information data bank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

## **5. Confidentiality and Limits on Confidentiality**

Confidentiality is a cornerstone of effective psychotherapy and the law protects the privacy of communications between a client and a psychologist. HIPAA allows me to use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment, and health care operations (see Notice for definitions) with your informed written consent, signified by you signing this document. In most other situations outside of treatment, payment, and healthcare operations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. However, there are some additional important legal and ethical exceptions to complete confidentiality that you should be aware of, and some situations in which I am permitted or required to disclose information without either your consent or Authorization. In all cases I will try to disclose only the information that is minimally necessary to meet the needs of the situation.

**A) Serious Threat to Health or Safety:** If I learn that you intend to kill or seriously harm either yourself or another person(s), and I judge that there is an imminent, clear and substantial risk of that happening, I may breach confidentiality to the extent necessary to protect you or others and take actions which could include seeking hospitalization for you or contacting family members or others who can help to provide protection. This could also include notifying the potential victim(s) or contacting the police.

**B) Child Abuse:** If I have reasonable cause to believe that a child with whom I have had direct contact has been abused or that an adult with whom I have had contact has abused a child, I may be required to report the abuse. In any child abuse investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent serious harm.

C) **Mentally ill or Developmentally Disabled Adults:** If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

D) **Elder Abuse:** If I have reasonable cause to believe an elder with whom I have had contact has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused an elder, I may be required to report the abuse.

E) **Other Abuse:** I may have an ethical obligation to disclose your PHI to prevent serious harm to you or others.

F) **Medical:** I may disclose information that would facilitate treatment of a medical emergency.

G) **Court Proceedings/Subpoena:** Your PHI may become subject to disclosure if any of the following occur: if you become involved in a lawsuit, and your mental or emotional condition is an element of your claim, or if a court orders your PHI to be released, or orders your mental evaluation. I may have to release your records when ordered to do so by the court after being served with a valid subpoena. However, I will make every effort to discuss this with you beforehand. *If our treatment involves more than one family member please be aware that my treatment record may contain information about more than one person in the family.*

H) **Government:** If a government agency or the Oregon State Board of Psychologist Examiners is requesting the information for health oversight activities, I may be required to provide it for them. In addition, there are some Government requests involving national security which prevent me from revealing to you that I have complied with a request for information about you.

I) **Legal Defense:** If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

J) **Worker's Compensation Claim:** If you file a Worker's Compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

K) **Insurance or Fee Collection:** As discussed elsewhere in this Agreement, if you ask me to utilize your health insurance, I will probably have to release information regarding your diagnosis or treatment in order to complete your claim. Most insurance companies also retain the right to conduct periodic audit reviews of records. Similarly I may pursue collection of overdue fees without further authorization.

**L) When the Use and Disclosure Without your Consent or Authorization is Allowed Under Other Sections of Section 164.512 of the Privacy Rule and the State's Confidentiality**

**Law:** This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated projects, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

**M) Colleagues On-Call:** When I am away and not taking calls or receiving messages, I will have a professional colleague on-call for me. Since this person changes from time to time, if you have an emergency that requires him/her to either talk with you by phone or set up an office visit, we will not complete a separate authorization but they will adhere to the same standards of privacy and confidentiality described in this document.

**N) Consultation:** At times I may find it helpful, on your behalf, to consult with other health and mental health professionals, who are not involved in your case, to insure that you receive the best treatment possible. During a consultation, I make every effort to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential. I will assume that this is acceptable to you unless you notify me in writing that it is not, and I will not tell you about these consultations unless I feel that it is important to our work together. If significant treatment decisions are affected by a consultation, I will note that in your Clinical Record.

If any of these situations arise, whenever possible, I will make every effort to discuss it with you before taking any action and I will limit my disclosures to what is minimally necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

**6. Professional Records**

You should be aware that, pursuant to HIPAA, I am allowed to keep Protected Health Information about you in two sets of professional records. The major set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

You may examine and/or receive a copy of your Clinical Record, if you request it in writing, except in unusual circumstances which I judge could involve significant physical danger to yourself or others. Should that be the case, I will provide you with an accurate and representative summary of your Record, if you request it in writing. If our therapy has involved more than one person as a client, either person is allowed to request access to or authorize release of the Clinical Record, even though the Record will contain information about the other(s). Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. Generally, I keep your Clinical Record

for the 7 years after your treatment ends required by law, or up to 10 years. I have a designated colleague (on record with the State Board) who would take over and properly dispose of my professional records should something happen to me.

In most circumstances, legally I am allowed to charge a base fee of \$30 for 10 or fewer pages and a copying fee of .50 per page up to 50 pages, then .25 per page thereafter. The law may change these guidelines and if so, I will follow changes made by law. If I refuse your request for access to your Clinical Record, you have a right of review, which I will discuss with you upon request.

In addition, I am permitted by law to keep a separate set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They may also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. If I have made them, you may request to examine and/or receive a copy of your Psychotherapy Notes unless I determine that such disclosure would be injurious to you.

\* Please note, however, that in most cases I do not keep a separate set of Psychotherapy Notes but include all written information, required and otherwise, in your main Clinical Record.

## **7. Client Rights**

HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected health information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement and the attached Notice form. HIPAA also gives you the right to restrict disclosures when you have paid for care out-of-pocket and the right to be notified if there is a breach of your unsecured PHI. I am happy to discuss any of these rights with you. Should you wish to utilize any of these rights, please request them in writing and I can provide you with the proper form or procedure.

## **8. Legal Proceedings and Court Involvement**

If you are involved in or anticipate becoming involved in any legal or court-related proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. Please be aware that, unless compelled to do by a court, I will not be party to any legal involvement regarding current or former clients. This policy is maintained to create a safe and respectful atmosphere for the privacy of all my clients and to prevent the misuse of treatment for legal objectives. My goal is to help clients address therapeutic issues, not legal concerns that require an adversarial approach. In this same light, clients agree not to involve me in any legal or court proceedings or attempt to obtain treatment records for such proceedings. I may agree to provide testimony in a non-adversarial legal

proceeding with your legal consent if I determine that it is in the best interest of the client(s).

However, if you become involved in legal proceedings that do require my participation, regardless of whether you are a current or former client at the time I am called to participate, you will be expected to pay for all of my professional time, even if I am called to testify by another party. The time billed will include any time spent preparing for or attending that litigation, including but not limited to: time spent preparing for testimony or any conference with any attorneys (including telephone conferences), travel time, waiting time, testimony or deposition time (regardless of which side calls me). Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding, and my minimum time for court involvement is 4 hours. All fees are to be paid in advance, no less than 7 days before any hearing, trial or deposition.

**9. Agreement and Consent to Treatment**

Your signature below indicates that you have read this Agreement and agree to its terms. You have been informed of the nature of treatment and of your right to revoke your consent at any time.

Your signature also serves as an acknowledgment that you have received the HIPAA Notice form described above.

_____	_____
Signature of Client	Date
_____	_____
Signature of Client	Date
_____	_____
Signature of Parent(s) or Guardian if minor	Date

This form has been discussed and a copy made available to the client.

_____	_____
Signature of Doctor	Date

\*\*\*\*\*

I hereby revoke my consent to treatment.

_____	_____
Signature of Client(s) or Person Authorized to Consent for Client	Date

(Revised 12/18)