

Lori Cunnington, LCSW
Statement of Informed Consent

This document describes some of the policies and procedures that I have developed as part of my psychotherapy practice. At the end of the document, you are asked to sign to indicate your understanding and agreement to counseling services under these conditions. Please read each point carefully, and be sure to ask about anything that may be unclear to you.

Professional Status

I have worked with children and families in Lane County since 1988. I taught for Head Start of Lane County for 12 years after earning a Bachelor's Degree in Psychology from the University of Oregon in 1994. I worked as a behavior support specialist at The Child Center from 2006-2008. In 2008 I earned my MSW from Portland State University and was employed by the Child Center as a family and child therapist until 2014 when I resigned to pursue private practice. I am Licensed Clinical Social Worker #L4837 since 2011. As a Licensed Clinical Social Worker, I am allowed to practice psychotherapy with children, adolescents, adults and families as long as I comply with the regulations of the Oregon State Board and ethical guidelines from the National Association of Social Workers (of which I am a member).

Contact Information and Emergencies

I am currently available by appointment only. On occasion, you may find it necessary to contact me by phone outside of our regularly scheduled appointments. I am often not immediately available by phone, due to being involved in sessions with clients and other professional and personal responsibilities. When I am not available, you can leave a confidential voicemail message at (541) 206-2718. I check my messages regularly and will do my best to return your message in a timely manner. You may also email me at lori@loricunnington.com. Please be aware that I check my email less frequently than voicemail, typically only a couple of times a week, so time sensitive messages are best left on voicemail. Internet communication is not a secure form of communication and confidentiality cannot be assured in the same way as voicemail. Crisis, emergent situations, or safety concerns, particularly, client suicidality and/or self-harm or suspected child abuse are the most appropriate reasons to access phone support, however please be aware that I am generally not available outside of identified office hours.

In the event of an emergency, you may leave me a message informing me of such but you should also seek more immediate assistance.

Community crisis resources include:

For Children and Adolescents:

Mental Health Crisis Team 1-888-989-9990

For Adults:

White Bird Crisis: 541-687-4000

Or go directly to your local emergency room. If needed, call 911.

Psychotherapy Risks and Benefits

Participation in psychotherapy has been shown to significantly benefit people who undertake it for personal growth, symptom reduction, behavioral change, self-development, skill development, improvements in relationships, increased feelings of well being and reduction in feelings of

distress, resolution of specific problems, and the exploration of personal issues and concerns that influence daily life and relationships.

Psychotherapy does, however, carry some risks. Risks may include: uncomfortable feelings which can result from the exploration of difficult or unpleasant aspects of past or current experiences or discomfort from attempts to stretch oneself by engaging in new behaviors, relational skills and coping strategies. For children and adolescents this may manifest in behavioral reactions. The most notable risk is a lack of positive impact on presenting concerns.

Best outcomes of psychotherapy are typically associated with the following:

- Consistent attendance, active effort and collaboration, both on your part, as the client and/or parent or guardian and on my part as the therapist.
- A positive relationship between therapist and client. Therefore, if at any time you feel uncomfortable or dissatisfied with our relationship or work, it is important that we discuss this so that we can make the appropriate adjustments to our work together or, if needed, I can assist you with referral to another professional.

Appointments and Scheduling

After the initial intake appointment(s), which typically last a total of 50 minutes, each appointment will usually be approximately 45 minutes in length (appointments may run longer on occasion). When we schedule an appointment, I reserve that time especially for you. Therefore, you are responsible for letting me know at least 24 hours in advance of any cancellation for a scheduled appointment. There is no charge for cancellations made 24 hours or more in advance. The cost for late cancellations or no show appointments are solely your responsibility and you will be charged the full fee (not just your co pay or coinsurance) as insurance companies and other third party payers do not reimburse for missed appointments. Cancellations should **always** be made via voicemail. On occasion, I may also have to cancel or reschedule sessions. In such cases, I will attempt to contact you at least 24 hours in advance whenever possible.

Fees

Fees, including any co-payment, are due in full at the conclusion of each session, unless we specifically agree to other arrangements. My fee is typically \$150 per 45 minutes. In addition, there may be charges for specialized services such as assessments, written documents certain kinds of letters, reports, treatment plans, case management or consultation services and/or telephone calls. I will inform you of these when applicable prior to provision of service whenever possible. There is a \$25 fee for any returned checks. Please be advised, services may be interrupted or ended for failure to pay.

For those whose fees are being paid by another payer such as a community agency or insurance company, it is your responsibility to be apprized of whether your treatment or other recommended services will be reimbursed. Any unpaid fees are the responsibility of the client. If you have questions about third party billing, or need some assistance, please discuss this with me. Please see attached consent form for more information on issues related to third party payment.

Confidentiality

I will treat what you share with me in great care. Law protects confidentiality of all communications between a client and a therapist as well as documentation and records. Confidentiality guidelines are determined by Oregon State Law, federal HIPAA guidelines, and my professional social work ethics.

Please note, Oregon State Law asserts certain exceptions or limits to confidentiality for cases in which there is potential harm to the client or others.

- I am mandated by law to report any suspected abuse to a child or certain adults.
- In situations in which I believe you represent a serious bodily harm to yourself or others, I may contact appropriate authorities or seek hospital treatment for you on your behalf.
- If there becomes some legal involvement in your case, I may be court ordered to release records or testimony. In such cases, I will typically attempt to assert confidentiality, however, a judge may overrule this if he or she determines that this information is necessary.

At times, coordination of assessment or treatment with other professionals or important people in your life may be beneficial to treatment. This would require me to exchange treatment information with them. In such cases, I will discuss this with you and you should know that law requires I obtain prior written permission from you before releasing any information about our work together. You have the right to refuse to give permission or revoke permission in writing at any time. *In general, the sharing of information is done for the sole purpose of benefiting your treatment.*

I am required to keep a file of our work together for clinical record and treatment operations. All information about you will be under my supervision and kept in a locked file in my locked office. I will participate in regular clinical consultation with my practice colleagues. We routinely discuss cases to assist each of us in providing good quality of services. Any identifying information is left out of these discussions, and again, great care is taken to ensure your confidentiality. All of my colleagues are also bound by the same confidentiality procedures identified above. Generally, no written record or documentation is made of these meetings, although I may note a consultation of your case in your file if indicated.

Please refer to the attached privacy notice for more detail regarding federal confidentiality guidelines. Please initial here to indicate you received this Notice of Privacy Practices.

(Initial here) _____

Child/Adolescent Issues

Providing services to children and adolescents may present special challenges in relation to consent to treatment and confidentiality.

By Oregon Law, the custodial parent or guardian is the only person who can provide consent for treatment for children under 14 years old. Please note that a non-custodial parent is only legally able to provide consent for treatment in the case of emergencies when the custodial party is not available. Both custodial parents/guardians and non-custodial parents have the same rights regarding access to treatment information such as discussing treatment with me or reviewing treatment records directly pertaining to the identified client.

It is always my goal to increase connection and communication between youth and their parents whenever possible. However, establishing a trusting relationship with a child or adolescent client may require me to sometimes keep some information shared in therapy confidential from parents. Please note, any information that includes threat of harm to a child/adolescent or other will be shared with parents except when to do so would put a child/adolescent in harm's way. Always, I encourage parents to share any information or concerns with me about the child/adolescent that

would be helpful in understanding them or their treatment needs. Similarly, parents are always welcome and encouraged to present me with any questions or concerns about the therapy process for discussion and shared decision-making.

I strongly discourage the use of treatment with me to further legal goals such as custody evaluation or abuse investigation. These services are outside the scope of my practice. If you are seeking services for legal reasons, we should discuss referral to a more appropriate community resource instead of or in addition to your work with me. **I will not voluntarily participate in any legal/custody dispute that involves a client. I am not a custody evaluator and will not make recommendations about custody. If I am subpoenaed to court that service will be billed at \$250.00 an hour with a minimum of 8 hours.**

Statement of Informed Consent

By signing this Statement of Informed Consent, I acknowledge that I have read the statement, agree to abide by its terms, and have had any questions or concerns about its contents addressed by Lori Cunnington, LCSW. Furthermore, my signature below indicates that I have voluntarily agreed to enter myself or my child into treatment with her. I understand that, by law, I need not sign or enter into this agreement and I may choose to discontinue treatment at any time.

Client Name (please print)

Signature of client or legal guardian and date

Consent for Third Party Billing

If you choose to pay for therapy using a third party payer such as a community agency or insurance company, I will typically submit authorization and claims forms directly to them. Third party payers typically do not cover fees for missed appointments, telephone consultations and certain other kinds of services.

Please carefully review with your payer all information about amount and type of services they cover. If you have questions, please contact your payer. If you remain unclear about what is being provided, I will be glad to contact the payer and attempt to clarify the situation. It is particularly important to understand that third party payers may authorize payment for a specific number of sessions only or may require that I request their approval of additional sessions after an initial allocation. Third party payers may make their own decisions, independent of my recommendation, about how much or what kinds of treatment they will pay for or believe is necessary.

Third party payers frequently require some information about your case when they agree to pay for treatment. Information required depends on the payer. Some examples of required information may include treatment attendance, or treatment information such as description of presenting problems, diagnosis (when applicable), treatment type or plan, progress or treatment summary. You are welcome to discuss what is disclosed to payers with Lori Cunningham, LCSW at any time. Although community agencies or insurance companies are typically required to keep such information confidential, I have no control over what they do with this information once it is in their files.

By signing below, you agree to release all information necessary to the payer in order for me to obtain reimbursement for services, and you authorize direct payment to me by the payer. It is the client's responsibility to obtain authorization from any third party payer, prior to the first appointment. Furthermore, the client is responsible for payment for all services rendered and charges incurred that are not covered by a third party payer.

IF YOU WISH TO HAVE A THIRD PARTY BILLED PLEASE COMPLETE AND SIGN THE FOLLOWING

Client Name and Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Insurance Company or other 3rd Party Payer: _____

Insurance Group & ID# _____

Primary Insured Person: _____ Date of Birth: _____

Address of Insured Person: _____

Employer of Insured Person: _____

Secondary Insurance Information (if any):

