



**portlandfamilyproject**

**Kathy Lawrence, LCSW**  
*Licensed Clinical Social Worker*

7415 N Oatman Ave, Portland, OR 97217  
503-334-8629 fax 503-289-0943  
klawrence@portlandfamilyproject.com  
www.portlandfamilyproject.com

## Therapy Information and Consent to Treatment

*Please read the following information carefully and feel free to ask any questions prior to signing.*

### Fee and Insurance Coverage

My fee for a 50 minute session is \$65 for individuals and \$80 for families. Payment is due at the time of the session either by check or cash. Crisis or initial intake sessions can be scheduled for longer durations for an increased fee. At this time I do not accept insurance. Some insurances will reimburse out of panel providers, check your insurance coverage for details. A sliding scale is available, please ask for more information.

### Appointments and Cancellations

An appointment reserves a specific time for you. If you need to cancel or reschedule your appointment, please notify me at least 48 hours in advance or you will be billed \$45 for the session.

### Telephone and Crisis Contacts

If you need to reach me by phone to change appointment times, or on a matter related to therapy, please call me at 503-334-8629. Phone consultations of less than ten minutes duration are typically at no cost. My voicemail is confidential. Please leave a message and I will attempt to return your call as soon as possible. If you are in an emergency situation call 911 for assistance. In a mental health emergency after hours or anytime you cannot reach me, call the Multnomah County Crisis Line 503-988-4888 or the Portland Women's Crisis Line 503-235-5333.

### Professional Consultation

To better the services I provide, I participate in consultation with colleagues, specialists and mental health providers. These consultants are bound by the rules of confidentiality and to further ensure privacy, client names and identities are not disclosed.

### Confidentiality

Outside of the below exceptions, the information you share with me in therapy is private and confidential. I will not share information with other persons without your written permission. Notes and paperwork are kept in a secure, locked location. If concerns arise that require breaking confidentiality, if possible, I will inform you and work with you to best address the need for disclosure.

#### By law I am mandated to break confidentiality when:

- Information is given that suggests child or elder abuse, even if abuse is not current or has been previously reported.
- Information is given that indicates suicidal or homicidal intentions.
- I am subpoenaed to testify in court.
- Information would assist in a medical emergency.

While working with families, if I meet with individual family members the information shared is also confidential to each individual family member. Oftentimes I will make an agreement with families that information supplied by the youth is confidential unless information is given that indicates youth is at serious risk of harm, in which case I will work with the youth to determine the best way to inform the parent(s). This agreement is negotiated in the first session.

*I have read the above information and understand my rights and responsibilities. I understand that there can not be a guarantee of a cure in the practice of therapy. I understand my rights to confidentiality as well as the limitations.*

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_