Howard Hiton, M.S., L.P.C.
516 SE Morrison Street, #1100
Portland, OR 97214
(503) 234-6972

Philosophy and Approach: I work with individuals and their families utilizing a strategic family systems approach. This means that I perceive an individual's counseling issues within the context of functioning in a family. This enables me to work positively and in a non-blaming way with my clients. My focus is on working toward solutions and developing skills. As a licensee of the Oregon State Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics.

Formal education and training: I hold a Master's degree in Counseling from The University of Oregon. I maintain my license by completing continuing education requirements. My major course work includes group therapy, solution focused therapy, chemical dependency, and family counseling.

As a client of an Oregon licensee, you have the following rights:

- To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against agency;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at 218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499

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Agreement and Consent for Treatment: I request and authorize Howard Hiton to provide me with psychotherapy and/or chemical dependency treatment. I have a general knowledge of the nature and purpose of my therapy. I acknowledge that no guarantee has been made relative to the results that may be obtained.

Client Signature and Date

Parent or Guardian Signature and Date

Date: Nov 2015

Fee Agreement

Fee Agreement:
The services I may receive are listed below. I agree to the following terms and fees for services offered.

Type of Service

Mental Health and/or Chemical Dependency Assessment	$230.00
Individual Session	$170.00 per 45 minutes
Family/Couple Session	$170.00 per 45 minutes
Group	$50.00 per group session

Telephone Consultations: There is no charge for most collateral phone contact with insurance companies, other professionals, and significant others. There may be charges for some services such as extensive letter writing. Those fees will be discussed in advance.

Payment of Fees

1. I understand that payment for service is due in advance or at the time of service unless I have made other arrangements in advance.
2. I understand that, if requested, Howard Hiton will provide me with a receipt containing appropriate codes and details that I may submit to insurance for reimbursement.
3. I also authorize Howard Hiton to release information necessary to process such claims.

Missed Appointments
I understand that if I do not cancel my appointment 24 hours in advance, I will be responsible for 50% of the appointment fee at or before the next appointment. I am aware that insurance carriers will not pay for any or part of the missed appointment fee.

Payment Responsibility
I have read and understand the above policies on fees, payment responsibility, and missed appointments. I understand that regardless of any insurance coverage I have, I am responsible for payment of all treatment charges on my account. I agree that in the event costs and/or fees are incurred in the collection of my account, I will pay all such costs and fees.

_____ _____
Client Signature Date

_____ _____
Parent or Guardian Signature Date

Confidentiality Statement

The work that we do in the therapeutic setting is confidential and private. I will not share anything about you with anyone else unless I have your written permission to do so.

Often it is helpful to have your permission to exchange information about you with others. If this is the case, I will explain why there is a need and what information will be shared. You are free to decide if you wish to give permission for them to be contacted, by signing a Release of Information form. I will ask for your permission to release information to your insurance company that is necessary to process claims

It is very important to know that some things by law CANNOT BE KEPT PRIVATE.

Here are some EXCEPTIONS to confidentiality.

1. If I am subpoenaed to testify in court, I may have to give information without your permission. This happens only in a few instances, usually around issues of child custody or possible criminal behavior.

2. If I suspect that harm has come to a child, adolescent, or elderly person, or that a child, adolescent, or elderly person might be harmed in the future, State law requires me to make a report to the authorities.

3. If I learn that someone or something might be seriously harmed in the future or that a client intends to commit a crime of violence, it is my responsibility to protect others by informing them and the authorities.

Each of these situations happens only rarely. But it is important that you understand both your rights to privacy and the limits to these rights. I encourage you to discuss any concerns you may have about privacy with me at our first meeting or at any time it may be of concern for you.

My signature verifies that the confidentiality information is clear to me.

_____ _____

Client Signature Date

_____ _____

Parent or Guardian Signature Date

Client Information Sheet

Name:_____ Today's date:_____

Address_____

City:_____ State:_____ Zip:_____

Phone: (work)_____ (home)_____

(cel) _____

Email: _____

Date of Birth:_____Age last birthday:_____ Gender_____

Ethnic background:_____ Native language:_____

Height:_____ Weight:_____Eye color:_____ Hair color_____

School/Employer_____Highest grade completed_____

Persons you live with:

Name	Age	Relationship

Emergency contact:
Name:_____ Phone:_____

Who referred you here?_____