



# CONSENT TO TREATMENT

PORTLAND MENTAL WELLNESS | RYAN GRASSMANN, MA. | COUNSELOR, LPC REGISTERED INTERN  
1235 SE DIVISION STREET, SUITE 207 | PORTLAND, OREGON 97202  
[503] 505.9672 | HELLO@PORTLANDMENTALWELLNESS.COM

## SCHEDULING APPOINTMENTS

To schedule an appointment, call [503] 505.9672. Leave a confidential voicemail message including instructions on when and how to reach you. Make sure to state whether a voicemail may be left at your return phone number. You may also email [hello@portlandmentalwellness.com](mailto:hello@portlandmentalwellness.com) to request an appointment. Messages are returned periodically throughout the day. Please understand that if you need to cancel an appointment for any reason, a 24 hour notice is required. A \$25 fee will be assessed when 24 hour notice is not provided. If late cancel/ no shows become an issue, your session will require prepayment.

## PHONE CALLS

Telephone calls and messages are answered and messages are returned weekdays from 7am-6pm at [503] 505.9672. If you need to speak with someone immediately due to a mental health crisis, please call Multnomah County Crisis Line at [503] 988.4888. If you are experiencing a serious mental health or medical crisis please go to the nearest emergency room or call 911. NOTE: Please state to the dispatcher that you are having a mental health crisis.

Additional crises resources can be found at [portlandmentalwellness.com/mental-health-resources](http://portlandmentalwellness.com/mental-health-resources).

## FEES

The fee for individual therapy services is \$75 per 60 minute session. The fee for couple's sessions is \$100 per 90 minute session. Fees for group sessions will be determined based upon session duration and frequency. Information regarding current and future group sessions will be published on [portlandmentalwellness.com](http://portlandmentalwellness.com). Sliding scale fees for those experiencing financial hardship will be determined on a case-by-case basis.

## PAYMENTS/REIMBURSEMENT FOR SERVICES

Payment for all therapy service is due at the time of service. Portland Mental Wellness cannot bill insurance directly for reimbursement. Please call your insurer's membership benefits phone number for additional information related to deductible and out-of-pocket eligibility for services provided by pre-licensed providers. Receipt for payment as well as monthly statements are available upon request. Acceptable methods of payment are limited to Health Savings Account Benefit Cards that possess a Visa or MasterCard logo, all major credit cards, cash, and personal check.

## ELIGIBILITY FOR TREATMENT

Portland Mental Wellness will not deny services on the basis of race, color, creed, gender, sexual orientation, disability, national origin or status of residence. Note: Portland Mental Wellness does not provide counseling services to minors. I would be glad to assist in a referral. Please ask.

## RECORD KEEPING

Portland Mental Wellness utilizes professional charting software that remains fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that your Private Health Information (PHI) is encrypted and stored remotely while remaining available to share with another provider of your choice. Clients that become inactive in treatment services for 90 days will have their PHI archived.

You retain the right to request access to your PHI at any time. After your PHI is entered into the encrypted database all paper copies are destroyed. Additionally, all portable devices operated by Portland Mental Wellness are capable of access to remote databases, are password protected and/or bio encrypted, and remain free of all PHI on local storage.

## CONFIDENTIALITY

Portland Mental Wellness considers your right to privacy and confidentiality to be an essential component of successful treatment. Anything discussed between therapist and client will not be disclosed without your prior knowledge and written approval. For limitations and additional information regarding confidentiality please see the document titled "Notice of Privacy Practices" provided with this form.

## TREATMENT PROCESS

Participating in psychotherapy will involve discussing personal topics that may evoke strong emotions and, at times, forms of distress. In general, most clients experience some form of relief or improvement in the frequency and intensity of their symptoms after participating in treatment. However, the risk remains that symptoms of distress may intensify during the process of treatment. You are strongly encouraged to discuss any concerns regarding your treatment process with your therapist. Your therapist is obligated to direct your treatment in a manner that is sensitive and responsive.

## ALICE THE DOG

At all times, the client possesses the right to request or refuse Alice's presence while in session. Alice is an 9 year-old, 42 pound female Golden Retriever/Poodle mix. She has received professional behavioral training and obtained her Canine Good Citizen certification issued by the American Kennel Club. Alice carries current vaccinations required by Multnomah County Animal Services. See Alice's bio at [portlandmentalwellness.com/alice](http://portlandmentalwellness.com/alice) for additional information.

## GRIEVANCES

In the case that you wish to submit a complaint or grievance related to therapy services, you are first encouraged to present your concern directly to your therapist. Alternatively, you may contact your therapist's clinical supervisor, Margaret Eichler Ph.D., LPC. She can be reached at [503] 956.7398. Additionally, you may contact the Oregon State Board of Licensed Professional Counselors and Therapists by phone [503] 378.5499 or by mail at 3218 Pringle Rd. SE Suite 120 Salem, OR 97302-6312.

## INHERENT RISKS INVOLVED WITH TEXT MESSAGES & EMAIL COMMUNICATION

At times, text messages are received and transmitted to and from [503] 505.9672. Texting to this number presents risks to clients' confidentiality and privacy. Additionally, sending and receiving email cannot guarantee your privacy and confidentiality, therefore it is highly recommended that you consider these risks prior to sending any text or email to Portland Mental Wellness. If you decide to proceed with texting or emailing you are encouraged to limit the content to issues of scheduling or for requesting a return call.

### SOCIAL MEDIA & INTERNET PRESENCE

In addition to portlandmentalwellness.com, Portland Mental Wellness maintains a presence on both Facebook and Instagram for the sole purpose of providing the general public with information related to mental health research findings, national mental health policies, and support for the reduction of stigma associated with mental health challenges. All clients of Portland Mental Wellness are highly encouraged to refrain from any acts that compromise your privacy including “liking,” “commenting,” “posting,” “sharing,” “pinning,” and or any other activity that reveals your identity as a client of Portland Mental Wellness. Additionally, please consider that the posting of reviews of mental health services compromises your privacy and confidentiality though it is your right to do so.

### OFF-SITE SERVICES

With the exception of telephone counseling, services that are not rendered at 1235 SE Division Street, Suite 207, Portland, Or 97202 are considered off-site services. Off-site services are provided solely at the discretion of the therapist. Prior to receiving off-site services, the therapist will require the client’s verbal and written consent via an addendum to this consent form. The addendum addresses matters of logistics, additional fees, risks to confidentiality, and limitations to services. Examples of off-site services may include therapy while walking, therapy related to extinguishing phobias, and travel to any treatment center for the delivery of therapy services to an existing client.

### EXPERT WITNESS TESTIMONY

At times, clients involved in civil and criminal proceedings will seek verbal or written testimony from their therapist to support or defend a legal argument. When this occurs the therapist is asked to provide private and confidential protected health information (PHI). Some mental health providers and examiners have received training in providing expert witness testimony. If you believe you may require such testimony you will gladly be directed to an attorney who can assist. Ryan Grassmann, M.A., LPC Registered Intern has not received training and possesses no experience in providing such service. Any subpoena or summons by a court of law and consistent with State or Federal Statutory Law will be honored, however Portland Mental Wellness and Ryan Grassmann, M.A., reserve the right to assess fees for written and verbal testimony per hour. Fees begin at \$350 per hour for written testimony and \$875 for verbal testimony.

### LPC REGISTERED INTERN INFORMATION

Ryan Grassmann, M.A. is a LPC Registered Intern with the Oregon State Board of Licensed Professional Counselors and Therapists. As such, LPC Registered Interns are required by law to practice under clinical supervision. Supervision is provided by Margaret Eichler Ph.D., LPC, ACS. The nature of this supervision is to assure the ethical practice of counseling and to obtain post graduate clinical training in counseling and psychotherapy. Meetings occur with Dr. Eichler every month to discuss best practices for current cases. Additionally, in these meetings confidential client information is regularly discussed with the intention to omit identifying information. These meetings often include other LPC Registered Interns who are also under the clinical supervision of Dr. Eichler. In all cases, LPC Registered Interns are required to disclose any complaints or grievances to their supervisors.

I have read and understand the above statements. I have been given the opportunity to review this document with my provider. By signing this document I consent to treatment and agree to the terms and conditions of treatment. I may revoke this agreement in writing at any time.

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PRINTED NAME

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SIGNATURE

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DATE