

Tod Fiste, LPC

Counseling Consent Form

This document contains important information about the counseling process. Please read it carefully before signing and ask for clarification if there is anything you don't understand.

About Tod Fiste, LPC

This practice is a sole proprietorship owned and operated by Tod Fiste. Tod Fiste is a Licensed Professional Counselor (LPC) in the state of Oregon, license number C2614.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. You and your counselor may decide on a different schedule if necessary. In order to cancel or reschedule an appointment, you are expected to notify your counselor at least 24 hours in advance of your appointment. If you do not provide your counselor with at least 24 hours notice in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

Fees and payment

The fee for services is \$ _____ per counseling session; each session will be _____ minutes long. The fee for longer or shorter sessions will be proportionate to your regular fee. Fees are payable at the time that services are rendered. Fees may be paid by cash or check. Paypal or credit card are also possible; ask your therapist. If paying by cash, please bring exact change. A \$15.00 fee will be charged for returned checks, and after 2 returned checks payment by cash may be required.

If you become involved in legal proceedings that require your therapist's participation [by subpoena only], you will be expected to pay for all of his professional time, including preparation and transportation costs, even if he is called to testify by another party. Because of the difficulty of legal involvement, this activity will be charged at \$250.00 per hour for preparation and attendance at any legal proceeding.

Your therapist may raise the fee annually. If your fee is based on a sliding fee scale it is subject to renegotiation if your financial circumstances change.

If for some reason you find that you are unable to continue paying for your counseling, you should inform your counselor immediately. Your counselor will help you to consider any options that may be available to you at that time.

If you have insurance that will pay for counseling, your counselor can provide you with an invoice that you can use to file for reimbursement by your insurance company. The availability of direct insurance billing by the therapist depends on whether he is a contracted provider with your insurance company when therapy takes place. Please be aware that most insurance has limits on the number of sessions it will pay for and how much it will pay per session. It is up to you to know what those limits are.

Counselor Availability/Emergencies

Occasional telephone consultations between office visits are sometimes necessary. However, your counselor will keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your counselor at any time on his confidential voicemail (503-946-6499). If you wish your counselor to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Phone calls are generally returned within 24 hours, possibly longer during weekends. **If you suspect that you may need to have access to speak with your counselor more quickly than this, please talk to him about this as soon as possible so that the two of you can make appropriate arrangements. Your counselor will not always be available. In the event of a mental health emergency, please call the Multnomah mental health crisis line at 503-988-4888 or dial 911.**

Drug Use

Please do not use illegal drugs, alcohol, or tobacco while on the premises of the building. Counseling is not likely to be effective when the client is under the influence, and your counselor reserves the right to terminate a session if a client appears to be inebriated. If you are a medical marijuana user, please inform your counselor so that you can discuss how to minimize possible negative impacts on the effectiveness of your counseling.

About the Counseling Process

It is your right to know about your counselor's professional background, education, experience, and approach to counseling. Feel free to ask questions about any of these things.

It is your counselor's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your counselor and the specifics of your situation, your counselor will provide recommendations to you regarding your counseling. Counselors and clients are partners in the therapeutic process. You have the right to agree or disagree with your counselor's recommendations.

If you are dissatisfied with any aspect of your counseling, it is in your best interest to let your counselor know right away. Remember that you have a relationship with your counselor, and often the most powerful healing and growth happens through working out issues with him.

Termination of Counseling

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your counselor. Your counselor will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue counseling at any time. If you or your counselor determines that you are not benefiting from treatment, either of you may initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, changing your treatment plan or referral to another counselor or other resource.

Your signature indicates that you have read this agreement for services carefully and understand its contents and that you have received and read the Professional Disclosure Statement for Tod Fiste, LPC.

Please ask your counselor to address any questions or concerns that you have about this information before you sign!

Name of Client (please print)

Client Signature

Date: _____ / _____ / _____