

## **Suzanne M Elton LPC LMHC**

304 E. 4th St. The Dalles, OR. 97058

503-828-7878

### **Consent for Treatment/Professional Disclosure**

Welcome to your first session! This form provides information about our services: Please review it carefully, and feel free to ask us any questions!

#### ***Biographical Information/Professional Disclosure***

Suzanne Elton is a Licensed Counselor at the Master level in both Oregon and Washington states. Her graduate degree is in Counseling Psychology with Marymount University in Arlington, VA. She is currently pursuing a PhD in Depth Psychology at Pacifica Graduate Institute in Santa Barbara, CA. Her background includes extensive experience with military members and their families. She also has expertise working with those who have substance abuse concerns. She likes working with those experiencing trauma, anxiety, and depression, as well as other issues. Suzanne works with a collaborative approach, allowing clients to take ownership of their counseling program. She assesses each individual and determines treatment according to one's needs. If you have questions or concerns, you may contact the Board of Licensed Professional Counselors and Therapists at 2318 Pringle Rd SE #250, Salem, OR 97302. Phone and email: 503-378-5499 and [lptc.board@state.or.us](mailto:lptc.board@state.or.us).

#### ***About our Services***

The potential benefits of counseling are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after counseling. Clients understand that healing and growth is difficult, and some discomfort will likely be a part of the counseling process.

#### ***Confidentiality / Personal Health Information***

All communications and records with your counselor are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes, or (5) a subpoena or court order is received directing the disclosure of information. To protect your privacy to the greatest extent of the law, it is our policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

#### ***Electronic Communication.***

Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. Counselors at Thrive, sometimes communicate with clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor and we will honor this request.

#### ***Scheduling and Cancellations***

Scheduling an appointment is a commitment that both counselors and clients honor. Appointments can be cancelled or rescheduled if 24 hours' notice is provided. If sessions are cancelled or rescheduled with less than the required notice, or if a client misses a session,

the client agrees to pay for that session (insurance will not pay for missed appointments). Please know that exceptions to this policy may be made in the instance of a serious medical emergency, or serious family emergency.

**Emergency Contacts**

Your counselor will establish emergency contacts for you, such as the phone number and location of a family member. Your counselor will also obtain alternative methods for contacting you, such as a mobile phone, or work phone number. These emergency contacts may be used if the counselor perceives a need. If you are in crisis and cannot reach your counselor, please contact emergency services (911) or go to your nearest emergency room.

**Service Fees**

Payment is due at the time of your scheduled session. Self-pay fee for service is \$150 for the first intake session and \$120 for each additional session after that. Any insurance co-pays or deductibles are due at the time of the session. Payment can be made by credit card, cash or check. *clients understand they are fully responsible for all fees if insurance or other vendor does not pay for any reason.*

**We, the counselor and client, have read and fully understand and agree to honor this agreement, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of work and to the fee to be paid by the client.**

Client Name (s) \_\_\_\_\_ Date \_\_\_\_\_

Provider Name \_\_\_\_\_ Date \_\_\_\_\_