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POLICIES AND SERVICE AGREEMENT

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This form provides you with information that you need in order to make an informed choice regarding your therapy. If you have any questions please do not hesitate to ask and I will address them during your intake appointment.

Therapy Process

To provide you with the best possible care, it is important that I have a clear understanding of what brings you to treatment. To assist me in this process, I will ask you to complete several forms. During our initial meetings I will also ask you detailed questions about your current and past functioning, including family and work history, past mental health problems, previous treatment, history of abuse or trauma and drug and alcohol use. Based on this information we will develop goals and an agreed upon treatment plan. This treatment plan will dictate the approach we will take, the frequency, and duration of treatment. During this period, I will determine if I can be of benefit to you. I do not accept clients who I believe I cannot help. In such a case, I will give you a number of referrals that you can contact.

Participation in therapy can result in a number of benefits to you, including improved coping skills, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Your personal goals and values may become clearer and you may grow in your ability to enjoy life more fully. Working towards these benefits however requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and behaviors. An important part of your therapy will be practicing new skills that you will learn in our sessions. Change will sometimes be quick and easy, but more often it will be slow and frustrating, and you will need to keep trying. My goal is to help and support you through these changes and I encourage feedback or concerns you may have about any aspect of the process. If at anytime you feel misunderstood, have doubts about the effectiveness of your treatment, or believe that treatment is misguided, it is important that you bring this to my attention. Open communication and feedback need to occur throughout treatment and I will periodically ask you for input. During therapy, remembering, or talking about unpleasant events, feelings or thoughts can result in uncomfortable levels of sadness, anxiety, anger, frustration, loneliness, fear, or other negative feelings. Problems may even temporarily worsen after beginning of treatment but this is to be expected as you make important changes in your life and should subside as the therapy progresses. However, attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Finally, despite even our best efforts, there is the possibility that therapy may not work out well for you. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include cognitive-behavioral, family systems, mindfulness and relaxation, interpersonal, developmental, or psycho-educational.

Telehealth Services

Telehealth is the remote delivery of clinical information and health care service using telecommunications technology. This information and services may include client medical records, live two-way audio and video conferencing, and instant messaging. Telehealth is a significant and rapidly growing component of health care. Worldwide millions of individuals use telehealth as part of their care and an increasing number of consumers download health and wellness applications for use on their mobile phones. According to the American Telemedicine Association, telehealth has been backed by decades of research and demonstrations and has been found to be a safe and cost-effective way to extend the delivery of health care. The benefits of telehealth include:

- improved access to healthcare by bringing healthcare services to individuals in distant and remote locations and allowing healthcare providers to expand their reach.
- reduced healthcare costs.
- improved quality as shown by numerous studies indicating that services delivered via telehealth are as good, if not superior, to traditional in-person services particularly with regard to mental health care where better outcomes and client satisfaction are reported.
- increased consumer demand since using telehealth reduces travel time and related stresses for the individual as well as offering access to providers that might not otherwise be available.

Although rare, there are potential risks associated with the use of telehealth. Possible risks may include: despite reasonable efforts on my part, the transmission of sensitive information could be disrupted or distorted by technical failures (e.g. poor resolution of images); the transmission of sensitive information could be interrupted or accessed by unauthorized persons; and/or the electronic storage of sensitive information could be accessed by unauthorized persons. In addition, the telehealth modality may not be appropriate for everyone. I will tell you if I believe you would be better served by face-to-face services and will refer you to a practitioner in your geographical area who can provide such services, if necessary. Since I do not provide emergency or crisis services within my practice, and will refer you to the appropriate services if it seems that distance support through telehealth, is not clinically appropriate for you at this time. I contract with several HIPAA compliant video platforms and use practice management software. The service I use requires you to register and login through the secure client portal via my webpage. This allows us to communicate through safe and secure written messaging, video, and instant message sessions while keeping sensitive information protected. All of my client records are stored securely online to ensure your privacy and I am the only one who has access to your encrypted information. The online services I use to communicate, conduct videoconferencing, and chat sessions, and store records each utilize state of the art HIPAA-compliant security. You are responsible for information security on your computer or device. If you decide to keep copies of our confidential clinical correspondence on your computer or device, it is your responsibility to keep that information secure. I ask that you determine who has access to your computer and electronic information prior to our sessions. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online telehealth sessions. I encourage you to find a location for our sessions with proper lighting, limited audio and visual distractions, and a sound barrier to prevent others overhearing the session. There is the possibility of an interruption in service due to technical difficulties or poor visual quality. In the event that this happens, I will re-initiate the session. If reconnection is not possible, please have available the telephone you listed as your primary contact so that I can call you during that time. Please be aware that I cannot be held responsible for disruptions or interruptions to our communications.

Termination

If at any point during treatment, I assess that I am not effective in helping you reach your therapeutic goals or if another form of therapy, that I cannot provide, is indicated, I will discuss this with you and, if appropriate, terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. You have the right to terminate therapy at any time. If you would like to stop therapy, I ask that you agree to attend at least one session to discuss our work together, review your progress, and close our relationship in a healthy way. If more than 30 days have passed since our last contact, and I have not received any communication from you, I will accept this as your notice that you no longer wish to continue treatment and that our therapeutic relationship is terminated.

Confidentiality and Exceptions

All information, disclosed within sessions and the written records pertaining to those sessions, is confidential and may not be revealed to anyone without your written permission, except where disclosure is required or permitted by law. If you would like me to share information or records, you will need to sign a release of information form. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Hediger will use her clinical judgment when revealing such information. Records will not be released to any outside party unless authorization is obtained from all adult family members who were part of the treatment. In cases of divorce or separation, both parents must give consent for treatment of their child as well as authorize any release of information. If you are planning on using your insurance to pay for therapy, I will disclose a diagnosis for your treatment. If the insurer asks for further information, I will discuss this with you prior to disclosing any information. On occasion, I may consult with other professionals about concerns or the course of treatment, however, your identity will always be kept confidential, and any identifying information will be changed. What follows are some exceptions in which your privacy cannot be kept confidential (for more details see also Notice of Privacy Practices form).

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: when there is a reasonable suspicion of child, dependent or elder abuse or neglect; and when a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required as the result of a legal proceeding by or against you. If I am subpoenaed or court ordered to testify, I may have to give information about you without your permission. If this does happen, I will make every attempt to contact you.

Legal Proceedings

Psychotherapy is for the improvement of your psychological functioning and is not intended to be used for the purposes of current or future legal proceedings (e.g. custody, divorce, civil proceedings, etc). My goal is to support my clients to achieve therapy goals and not to address legal issues that require an adversarial approach. It is important for you to know that I will not be a party to any legal proceedings against current or former clients. It is agreed that if there are legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Dr. Hediger to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Email, Text Messaging and Social Media

It is important to be aware that e-mail correspondence and text messaging are not considered confidential mediums of communication. Communication through these mediums should be limited to non-sensitive correspondence such as appointment scheduling, billing, and reminders. I will not respond to clinical concerns via regular email. If you would like to send personal or clinical information please do so via the secure client web portal on my website at www.dianehedigerphd.com. I will not engage in a social relationship on any social media site. This is based on a concern for the potential loss of privacy and blurring of the therapeutic relationship.

Contact and Emergency Procedures

If you need to contact me between sessions, please either leave me a voicemail at (541) 556-8332 or message me via the secure client web portal on my website at www.dianehedigerphd.com. I check messages daily and will get back with you as soon as possible. In the instance, I will be unavailable for an extended period of time I will provide you with a referral in advance. Due to the nature of my practice, I am unable to provide emergency services. If, however, you have an urgent matter and cannot wait for a response, you should contact the SAMHSA’s National Helpline at (800) 662-HELP (4357) serving individuals and family members facing mental and/or substance use disorders or the National Suicide Prevention Lifeline at (800) 273-TALK (8255). If you or someone else is in imminent danger of harm, then you are instructed to call 911 and/or go to your nearest emergency room.

Appointments and Cancellations

Sessions are scheduled for 55 minutes. The first appointment can last up to 60-75 minutes in order to gather all the necessary information. Sessions are usually scheduled weekly but could occur more or less frequently depending on the needs of your particular situation. If I am ever unable to start on time, I ask for your understanding. I assure you that you will receive the full time agreed to or you will be charged only for the time used. If you are unable to keep a scheduled appointment, please let me know as far in advance as possible to reschedule. Failure to give a 24-hour advance notice of cancellation may result in a \$200.00 charge for the session. Please note that insurance companies will not pay for missed or canceled sessions.

Fees, Payments, and Billing

My fees are \$250 for an initial assessment and \$200 for subsequent sessions unless otherwise contracted with your insurance provider. Payment is due at the time of service. Additional professional services, including telephone conversations lasting longer than 15 minutes, letter and report writing, consultation with other professionals, longer sessions, preparation of records or treatment summaries, and time spent performing any other service you may request of me will be charged at the same rate unless otherwise indicated and agreed. If you choose to use your health insurance coverage, as a courtesy service, I will submit claim forms on your behalf and provide whatever reasonable information your insurance company requests but I cannot guarantee that they will pay. Insurance companies and policies vary in the amount of coverage, deductibles, and co-payments and it is your responsibility to verify the specifics of your coverage. Insurance companies may not cover all issues and conditions which are the focus of psychotherapy and may consider some services outside of the benefit provided and as a result elect not to pay for them (e.g. telephone consultations, preparation of letters and reports, missed appointments, etc.). Be advised that you (not your insurance company) are responsible for full payment if your insurance company rejects a claim or pays it in part. Disclosure of confidential information may be required by your health insurance carrier in order to process claims and many insurance companies require you to authorize me to provide them with a clinical diagnosis. On occasion, I may need to provide additional clinical information such as a treatment plan or copies of the record. I assure you that I will share only the minimum necessary to secure payment. Failure to pay fees may result in discontinuation of treatment. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention and I will do the same with you. Such problems can interfere greatly with our work and they must be worked out openly.

Complaints

If you are unhappy with what is happening in therapy, I hope you will talk with me about it so that I can respond to your concerns. I take such issues seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you may file a complaint to either: the Oregon Board of Psychology Examiners, Salem, Oregon 97302, www.Oregon.Gov/obpe, or the Arizona Board of Psychologist Examiners, Phoenix, Arizona 85007, <https://psychboard.az.gov>. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality, since you are the person who has the right to decide what you want kept confidential.

I have read the above Policies and Service Agreement.

I understand and agree to comply with these policies and understandings.

Print Name

Date

Client/Representative Signature