

**PORTLAND DIALECTICAL BEHAVIOR THERAPY PROGRAM, PC  
5200 SW MACADAM AVENUE, STE 580 PORTLAND, OREGON 97239**

**PHONE: (503) 231-7854**

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**INFORMED CONSENT STATEMENT & OFFICE POLICY**

The following answers some important and frequently asked questions concerning our program. If you have further questions after reading this, or other concerns not covered here, feel free to ask your therapist about them at your first meeting. Please keep one copy of this office policy statement for your records. A second copy, signed and dated, will be kept in your file. It is very important that you read the entire statement carefully before signing.

**Service Delivery Policies and Procedures**

After completing a mental health assessment, we will develop and discuss a treatment plan with you according to your individual goals and needs. Occasionally individuals may go through periods in therapy that may result in increased emotional discomfort or a temporary worsening of their symptoms. These periods should subside as the work progresses. Remember that you always retain the right to request changes in treatment or to refuse treatment. You also have the right to be informed of your mental health diagnosis after completion of the mental health assessment, the right to withdraw consent, and the right to file a grievance or request a hearing at any time. We encourage you to discuss any personal doubts, concerns, or discomforts regarding your treatment or the program with your individual therapist or skills group leader as they occur. A full copy of all our service delivery policies and procedures including those pertaining to cultural competence, family involvement, age and developmentally appropriate services and quality assurance will be made available to you upon request.

**Complaints and Grievances**

Any client who has a grievance arising from their treatment at Portland DBT may present their grievance, in writing, to their therapist or a program manager within two weeks of its occurrence. This individual will investigate the nature of the grievance and seek to reach an acceptable and reasonable resolution in a timely manner. If a client who has submitted a written grievance is dissatisfied with the resolution suggested by their therapist or a program manager, they may submit the grievance, along with the suggested resolution, to the program director. The program director's resolution shall be final.

Clients are encouraged to take their grievance outside the program (e.g., to a licensing board, as state professional organization, a client rights advocacy group, the state insurance commissioner) if they are not satisfied with the resolution. All grievances will be kept confidential unless the law requires that they be disclosed, and if disclosure is so required, the program director will disclose them to as few persons as possible. All clients and their parents or guardians where appropriate, will be given a copy of this grievance policy at the time of their first appointment. The receipt, investigation and action taken regarding the grievance shall be documented in the client's chart.

**Confidentiality**

We abide by the laws and ethical principles that govern privilege and confidentiality. We will not disclose to anyone anything you tell us, not even the fact that you are a client in the program, without your written permission via a signed release of information form. There are a few exceptions to these standards:

1. It is legally required of us that we act to prevent physical harm to yourself or others when there is "clear and imminent" danger of that happening.
2. We are legally required to report cases of ongoing child, elder and disabled abuse.
3. We may have to release clinical information regarding you to insurance carriers as required for payment or review of your claim.
4. We may have to release your records when ordered to do so by court subpoena. However, we will discuss the details of privilege with you beforehand and request a written release from you if we judge this to be in your best interest.
5. We may use a fax machine to send treatment plans, reports or evaluations to your insurance company, specific agencies or other providers.
6. Email correspondence is not confidential.
7. DBT Program staff consult together weekly about your treatment progress. Occasionally, we need to consult outside our program, however, if your case were ever discussed, we would obtain your permission first and be careful to conceal your name or other identifying information.

\_\_\_\_\_ **Initial**

## Appointments

Individual, nutrition and medication sessions are arranged by appointment only. We will meet you at the exact time agreed upon. If we are late, we will make up the missed time or prorate your bill. If you are late, we will charge the full fee and you will lose that portion of time from your session. Cancellation of sessions should be avoided. If you need to cancel an individual, nutrition or medication therapy appointment, you will not be charged if you notify your therapist 24 hours in advance of the scheduled appointment. If you no-show/no-call or late-cancel an individual, nutrition or medication therapy appointment, you will be charged the full fee. Where 24 hour notice is given, the charge for a missed group session is \$20.00. No show/no call or late cancelled group sessions are charged at the full rate. Fees charged for missed sessions are not reimbursable by insurance companies. Per OMAP requirements, OHP clients will not be assessed out-of-pocket charges including missed session fees and insurance past due amounts. Cancellations can be phoned into the office any time, day or night.

If you miss three consecutive sessions (no show or cancellation of scheduled individual or group sessions, regardless of the reason or notice given), you will be out of the program. You may reapply for services after what would have been your graduation from Phase I of the program (approximately a six month period).

## Telephone Calls and Emergencies

Our voice mail service enables you to call our office at any time, day or night, and leave a message for a return call. We check our phone messages at least twice a day, including weekends, and return calls as soon as possible. When your individual therapist is not in town, he/she will leave a phone number where he/she can be reached or will arrange for substitute coverage. In the case of a life-threatening emergency, page your individual therapist immediately. He/she should return your call within the hour. If you are unable to reach your individual therapist, page your skills group leader. If you are unable to contact either therapist, call the Crisis Line at 503-988-4888 (Multnomah County), 503-291-9111 (Washington County), or 503-655-8401 (Clackamas County), or go to the nearest hospital emergency room.

## Safety Policy

Portland DBT staff and client safety are of utmost importance. As such, any act of aggression to self, others or property while on site shall be reported as a critical incident to a program manager and the director. A corrective action plan will be developed and implemented to address the incident which may involve compensation for damages, taking legal action, and/or immediate termination of Portland DBT services. Please note that minors must be accompanied by a responsible adult at all times while visiting Portland DBT.

## Fees

The program does not have a sliding fee scale. The fee for the program is between \$60.00 and \$365.00 per week, depending upon what phase of the program you are in and services you are receiving: \$275.00 intake; \$175.00 individual therapy; \$200.00 family therapy; \$60.00 for all client groups; \$50.00/70.00 parent or partner groups; \$75.00/100.00(for two) Family & Friends Workshop. Medication management fees are as follows: \$275.00 medication evaluation; \$30.00-\$175.00 medication management. Case Management/Environmental Intervention Services are billed per occurrence at \$60.00. Nutrition services are \$100 intake/\$75 per 45 minutes. If therapists are summoned to appear in court on a client's behalf, court time (from the time they enter the court room until the time they leave) is charged at an expert witness fee of \$200.00 per hour.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I have reviewed the posted HIPAA privacy act and a copy has been made available to me. \_\_\_\_\_ **Initial**

I have reviewed the posted Advanced Directive act and a copy has been made available to me. \_\_\_\_\_ **Initial**

I have reviewed the posted Client Rights and Responsibilities and a copy has been made available to me. \_\_\_\_\_ **Initial**

I have reviewed the posted Summary of Service Delivery Policies and Procedures and a copy has been made available to me. \_\_\_\_\_ **Initial**