



Portland Processwork Clinic

Payment Policy, Consent to Treatment, and Confidentiality

The Portland Processwork Clinic endeavours to provide low cost counseling to people who are seeking mental health treatment. The clinic offers a sliding scale fee for services that allows low income individuals to receive necessary treatment. The fee is determined by the intake therapist in accord with financial information that is given by the client at the time of intake. Fees may be adjusted as client income changes.

The sliding scale fee for services is based upon monthly income, number of dependents in the household, current monthly bills, and payments.

PAYMENT POLICY

If you need to cancel an appointment please let us know as soon as possible. If we do not have 24 hour notice or you miss your appointment, you will be charged the full fee for the session.

Name of client: _____

Number of dependents: _____

Who is responsible of payments if not yourself? _____

Special financial considerations, if any _____

I AGREE TO PAY \$ _____ PER SESSION PAYABLE AT THE BEGINNING OF EACH SESSION.

Client's signature

Date

Confidentiality: Whatever is said in your counseling sessions is confidential with the following exceptions:

1. We are legally required to report suspected physical, sexual abuse and neglect of children and elders.
2. We are legally required to report serious threat of harm to yourself or others
3. If ordered by the courts to testify or to provide treatment records.
4. If you have signed a release of information form authorizing us to share relevant information with somebody, like a teacher or doctor.
5. Your therapist will receive regular team supervision at the Portland Processwork Clinic to ensure that you receive the best treatment possible.

Missed Appointments: If you need to reschedule an appointment, please contact the clinic as soon as possible but at least 24 hours ahead. If you give us less than 24 hours notice, you will be charged for your missed appointment.

Grievances: Please discuss any grievances or concerns you have about the counseling or anything else with your therapist. If you disagree with the course of the treatment or otherwise feel unresolved with your therapist you have the right to contact the director or request a hearing meeting with the clinic staff. Please see grievance policy that was handed to you.

I have read and understood this policy agreement and received a copy of the Clinic Policies and Grievance Procedure. I consent to treatment at the Portland Processwork Clinic under these conditions.

Client's/ Guardian's signature

Date

Therapist's signature

Date