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Tamara L. Hughes, LCSW
Licensed Clinical Social Worker
Informed Consent Statement

Please read the following information carefully and let me know if there is any part that you do not understand.

Psychotherapy Risks and Benefits

Best outcomes of psychotherapy are typically associated with the following:

- Consistent attendance, active effort and collaboration, both on your part, as the client and/or parent or guardian and on my part as the therapist.
- A positive relationship between therapist and client. Therefore, if at any time you feel uncomfortable or dissatisfied with our relationship or work, it is important that we discuss this so that we can make the appropriate adjustments to our work together or, if needed, I can assist you with referral to another professional.

Treatment

Counseling and consultation are a joint effort on the part of the psychologist, patient, and participating family members. Your active participation is a key factor for successful outcome. We will begin with an evaluation of needs for you and/or your child, and work together to create a plan for treatment based on your needs and goals.

Therapy frequently leads to reductions in feelings of distress. However, since therapy often involves discussing difficult events and feelings, occasionally you or your child may go through periods of time when symptoms appear to worsen. These difficulties typically subside as our work together progresses. It is important that you discuss any behavior changes, needs, requests, concerns, or questions that may arise throughout the therapeutic process. You have the right to request changes in the treatment or to end treatment at any time.

Communication

All communication can be done directly via the patient portal. Alternately, patients can call Eugene Pediatric Associates and leave a message. If I am unable to reach you, I may leave messages regarding scheduling or other matters, so please be sure to listen to all messages before calling me back.

I am available until 4 pm on most office days. If I am unavailable at the time you call, please leave a message informing me of some times when you will be available, and always leave your phone number. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. When on vacation or otherwise unavailable for extended periods of time, I will provide referral information for another behavioral health provider.

Emergency Coverage

If you need immediate assistance or emergency care, please call 911 or local 24 hour crisis lines: Whitebird at 541-687-4000, Sexual Assault Support Services at 541-343-7277. You may also walk into your local Emergency Room or Urgent Care Center.

Limits of Confidentiality

A detailed description of the limits of confidentiality is provided in the “Notice of Privacy Practices.” Please read this notice carefully and ask me if you have any questions or concerns.

Eugene Pediatric Associates (EPA) uses an Electronic Medical Record system to facilitate each appointment, write orders, review labs, and view patient records. Therapy notes reflecting the content of therapy sessions will be locked to prevent access by users outside of EPA. Secure systems are used to protect information and prevent unauthorized access. All healthcare providers utilizing this system must agree to follow written policies controlling access to information. In addition, technical safeguards include encryption, password protection and the ability to audit and track each viewer’s usage of the system.

Please note, Oregon State Law asserts certain exceptions or limits to confidentiality for cases in which there is potential harm to the client or others.

- I am mandated by law to report any suspected abuse to a child or certain adults.
- In situations in which I believe you represent a serious bodily harm to yourself or others, I may contact appropriate authorities or seek hospital treatment for you on your behalf.
- If there becomes some legal involvement in your case, I may be court ordered to release records or testimony. In such cases, I will typically attempt to assert confidentiality, however, a judge may overrule this if he or she determines that this information is necessary.

I am required to keep a file of our work together for clinical record and treatment operations. All information about you will be under my supervision and kept in a locked file in my locked office. I will participate in regular clinical consultation with my practice colleagues. We routinely discuss cases to assist each of us in providing good quality of services. Any identifying information is left out of these discussions, and again, great care is taken to ensure your confidentiality. All of my colleagues are also bound by the same confidentiality procedures identified above. Generally, no written record or documentation is made of these meetings, although I may note a consultation of your case in your file if indicated.

Legal Issues

I strongly discourage the use of treatment with me to further legal goals such as custody evaluation, abuse investigation, or workers compensation cases. These services are outside the scope of my practice. If you are seeking services for legal reasons, we should discuss referral to a more appropriate community resource instead of or in addition to your work with me.

Fees and Appointments

Fees vary by the service provided. You are responsible for your balance. It is your responsibility to monitor the status of your insurance benefits. It is also your responsibility to inform me of any changes in your insurance coverage. You are responsible for any and all costs not covered by your insurance company. We will not file appeals on your behalf to your insurance company. You are responsible for any charges for which your insurance or other payment source does not pay within 60 days of receiving service. If your balance is not paid within 60 days, you may be forwarded to a collection agency. Fees and insurance co-pays are due at each session unless other arrangements are made with me in advance. If you have an unmet deductible, the session must be paid for at the time of service.

*Cancellations must be made at least 24 hours in advance of the appointment time.

I have read, fully understand, and agree to the conditions for treatment described in this statement. I also understand that I can withdraw from therapy at any time.

Client's Name (Print)

Client's Signature

_____ Date _____