

Tom Kelley, MA, LMFT  
Licensed Marriage and Family Therapist  
7825 SW 36<sup>th</sup> ave. #202  
Portland, Or. 97219  
503-502-4050  
[www.tomkelleylmft.com](http://www.tomkelleylmft.com)

## OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT

### Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the ***Notice of Privacy Practices*** that you received with this form. Please feel free to ask me about any privacy or confidentiality concerns.

### Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. I have no control or knowledge over what insurance companies do with the information or who has access to it. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the Congress-approved *National Medical Data Bank*. Accessibility to computers or databases is always in question, as computers are inherently vulnerable to break-ins and unauthorized access.

### Telephone and Emergency Procedures

If you need to contact me between sessions, please leave a message on my voicemail at (503) 502-4050 and your call will be returned as soon as possible. I check my messages a few times a day, but less frequently on weekends and holidays. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away and I'm not available, you can call the 24-hour *Multnomah County Crisis Line* at (503) 988-4888, the Police (911), or go in person to the mental health emergency walk-in clinic at 2415 SE 43rd Avenue (SE 43rd and Division Streets) in Portland.

### Payments and Insurance Reimbursement

My fees are \$120 per 50-60 minute session, and \$160 per 80-90minute session. Payment is due at each session unless other arrangements have been made or insurance is to be billed. Telephone conversation or emails lasting more than ten minutes, consultation with other professionals, longer sessions, and so forth, will be prorated at the same rate, unless indicated and agreed otherwise.

## **Insured Clients**

You are responsible for obtaining prior authorization from your insurance company. With your agreement, I will bill your insurance company directly, however you are responsible for your deductible, co-payment and/or co-insurance. You should remember that ultimately, my professional services are rendered and charged to you and not to your insurance company. Co-payment amounts are set by your benefit plan, and are due and payable at each appointment.

## **Cancellations and Missed Appointments**

Scheduled appointment times are reserved especially for you. If an appointment is missed or canceled with less than 24 hours notice, you are responsible for the full fee of the missed or canceled appointment, unless we have specifically communicated otherwise. Insured clients should know that your insurance company cannot be billed for fees associated with missed or canceled appointments.

## **Diagnosis and Treatment Plan**

If an insurance company is paying for all or part of your bill, I am normally required to provide them with a diagnosis and/or a treatment plan in order to be paid. Diagnoses are technical terms that describe the nature of your issues and whether they are short or long-term problems. All diagnoses come from a book titled the DSM-IV, a copy which is in my office and which is available for us to review and discuss. Developing a treatment plan is a collaborative effort that requires that you and I identify the issue and/or problem you have and anticipate the therapeutic steps and techniques we'll use to resolve the issue.

## **My Approach to Therapy**

Most people with whom I've worked find that therapy is helpful and produces significant growth. However, therapy also has potential emotional risks: remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing discomfort or feelings of anger, sadness, worry, fear and other strong emotions. Making changes in your beliefs or behaviors can be disruptive to existing relationships, employment, and other life circumstances. In addition, our conversations may challenge some of your assumptions or perceptions, or cause different ways of looking at, thinking about, or handling situations that can create unanticipated changes. There is no guarantee that therapy will yield positive or intended results.

My approach to therapy is broad-based. I draw upon theories and techniques from many well-researched traditions and psychological approaches according to the problem we're addressing and what we determine will best benefit you. These approaches include psychodynamic/psychoanalytic, cognitive-behavioral, family systems, solution focused, narrative, developmental/attachment, and existential. If another health care provider is working with you, I will request that you sign a release of information so that I can communicate freely with that person about your care. You have the right to refuse anything I suggest.

## Termination

After the first couple of meetings, we'll assess if I can be of benefit to you. I don't accept clients who, in my opinion, I can't help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, it's determined by either of us that I'm not effective in helping you reach your therapeutic goals, we'll discuss it and, if appropriate and with your agreement, we'll terminate treatment. In such a case, I'll provide you with a number of referrals and, if I have your written consent, I'll provide her or him with the essential information needed to help with the transition. You have the right at any time to seek another professional's opinion, consult with another therapist, or terminate therapy.

## Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk with me so that I can respond to your concerns. I will take such criticism 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 can complain about my behavior to: Board of Licensed Professional Counselors and Therapists at:

**3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.**

You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want to keep confidential.

## Client Consent to Psychotherapy

I have read this policy and information agreement, and have had sufficient time to be sure that I understand both my rights and responsibilities as a client, and Mr. Kelley's responsibilities to me. I agree to undertake therapy with Tom Kelley, LMFT and know that I can end therapy at any time I wish.

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**Client** (print name)

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Signature

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Date

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**Spouse or Family Member** (print name)

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Signature/ Client Name – if signing as a parent or legal guardian

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Date