

Welcome to Adagio Therapy Center. Mental health services are offered to adults; youth of at least 14 years of age who seek independent services; and parents/guardians and children. As therapists, we are governed by a specific code of ethics and laws to protect you as a patient. We feel it is important for you to know your rights as well as our policies that may affect you as a client. Please take time to review the following information.

Program Philosophy

Our mental health therapists are trained to treat a variety of issues (from depression and anxiety, to severe and persistent mental illness) utilizing evidence-based practices and a wide range of therapeutic modalities.

I. Client Rights & Risks of Therapy:

- A. You will be given a clear description from your therapist regarding the problems, diagnosis, and treatment interventions proposed.
- B. Your participation in mental health treatment is voluntary and you may end treatment at any time. Although you are encouraged to discuss any reasons for ending therapy with your therapist, you reserve the right to stop treatment without any moral, legal, or financial obligations other than those already incurred. Welcome to Adagio Therapy Center. Mental health services are offered to adults; youth of at least 14 years of age who seek independent services; and parents/guardians and children. As therapists, we are governed by a specific code of ethics and laws to protect you as a patient. We feel it is important for you to know your rights as well as our policies that may affect you as a client. Please take time to review the following information.

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- E. Your therapist cannot guarantee results of mental health services. However, any reasons, goals, and objectives for continuing or discontinuing mental health treatment will be clearly stated.
- F. There may be some risks associated with participation in mental health services. These may include, but are not limited to, addressing painful emotions that arise during the course of treatment; being challenged or confronted on a particular issue; or a worsening of symptoms before improvement is made. If this occurs, we recommend that you continue with therapy, as this is often part of the

process of healing. If you or your therapist feels that the therapy is unhelpful with these specific issues, we will provide you with a referral for an alternative qualified professional.

- G. You have the right to an interpreter (sign or language).
- H. If you have a grievance with your therapist, you are asked to first attempt to communicate this grievance directly to your therapist. In the event that the grievance is not satisfactorily resolved, you may complete a “patient complaint form,” which is available at reception.
- I. This “informed consent form” is not intended to be inclusive of all aspects of your mental health treatment. Rather, it is intended to provide you with information before deciding to engage in mental health treatment.

- J. **II. Limits to Confidentiality** is typically a good idea to complete therapy in a final termination session. Further, your therapist may make diagnostic and treatment recommendations with which you do not agree, but are professionally determined with your quality of care in mind. If these concerns ever arise, you are encouraged to discuss them with your therapist.
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II. Limits to Confidentiality

- A) **Confidentiality:** Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times, therapy will involve the participation of more than one family member and/or significant person(s); prior to the appointment, you have the opportunity to ensure that your therapist knows exactly what should or should not be disclosed.
- B) **Health Insurance Limit:** If you request your insurance company pay for your treatment, your insurer has permission to review your records, treatment plan, progress, and clinical diagnosis. These entities recognize and will honor the personal and private nature of your health information but own access to your health data when they provide payment.

- C) **Supervision & Consultation Limit:** While information shared during supervision will be kept to a necessary minimum, case details may be discussed. Any supervisors or consultants are legally restricted from discussing any information with anyone outside of supervision.
- D) **Legal Limits:** In Oregon, your therapist is bound by certain legal requirements. In the following situations, your therapist is required by law to share the following information:
 - 1) If you disclose any threats of bodily harm or death regarding another person to your therapist, your therapist will attempt to inform the intended victim and/or local emergency services.
 - 2) If you disclose any threats of bodily harm or death regarding yourself to your therapist, your therapist will attempt to inform local emergency services.
 - 3) If you reveal any abuse or neglect of a child or an elderly or disabled individual, your therapist is required to report the abuse to the appropriate authorities.
 - 4) If we receive a subpoena by the court, we may be forced to release your records, even if you are opposed to the release. When appropriate, your therapist will talk with you if a subpoena is received.

III. Office Policies

- A) **Cancellations, Reschedules & No Shows:** Please inform your therapist by phone, email or in person as soon as you are able when you will be unable to attend any future appointments. Unexpected emergencies cannot be avoided at times, however, please be aware that recurring patterns of late cancellations and no-shows may result in the termination of the therapeutic relationship. This will always be addressed with your therapist ahead of time in therapy unless there are multiple (3+) no-shows in a row and we are unable to reach you by phone/email.
 - a. Additionally, please always attempt to inform your therapist you will not be attending rather than no-showing to appointments.
- B) **Time-limited:** Therapy is typically determined to be ineffective if a client is unable to terminate in an appropriate amount of time and it is not intended to be indefinite.
- C) **Communication:** Generally, you will be contacted by email or phone/text. Emails are encrypted and provided by google business services. If you prefer to opt out of any of these forms of communication, please note it when signing below.

IV. Additional Couples/Family Therapy Policy

- A) **Couple/Family as Client:** This written policy is intended to inform you, the participants in family therapy or couple therapy, that when I agree to work with a couple or a family, I consider that couple or family (the treatment unit) to be the patient.

For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

- B) **“No Secrets” Policy for Family Therapy and Couple Therapy:** During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings)

If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since these sessions can and should be considered a part of the family or couple therapy, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

Each family member must be able to consent to this policy and initial below:

V. Emergencies:

If you or someone else is in immediate crisis or may experience harm without someone intervening, please call 9-1-1 immediately.

The Deschutes Stabilization Center located at 63311 Jamison Street is open 24 hours a day if you are in need of in-person emergency assistance for non-medical emergencies. They can be reached at 541-585-7210 for non-emergencies and 541-322-7500 x 9 in an emergency.

The suicide hotline can be reached at 1-800-273-8255 at all times.

I have reviewed this "Informed Consent to Treatment" information with my mental health provider. I have been given the opportunity to ask questions about this information and the treatment process. A copy of this information is available upon request. By signing this, I indicate my understanding of this information.

Client Name (Print)

Electronic Client

Signature

Date: ____/____/____

Partner Name

Electronic

Partner Signature

Date: ____/____/____

Adagio Therapy Center, LLC

1230 NE Third St., Suite A160-D, Bend, OR 97701

Phone: (503) 985-8252 | Fax: (844) 204-5067

- E) **Confidentiality:** Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times, therapy will involve the participation of more than one family member and/or significant person(s); prior to the appointment, you have the opportunity to ensure that your therapist knows exactly what should or should not be disclosed.
- F) **Health Insurance Limit:** If you request your insurance company pay for your treatment, your insurer has permission to review your records, treatment plan, progress, and clinical diagnosis. These entities recognize and will honor the personal and private nature of your health information but own access to your health data when they provide payment.
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 - 5) If you disclose any threats of bodily harm or death regarding another person to your therapist, your therapist will attempt to inform the intended victim and/or local emergency services.

- 6) If you disclose any threats of bodily harm or death regarding yourself to your therapist, your therapist will attempt to inform local emergency services.
- 7) If you reveal any abuse or neglect of a child or an elderly or disabled individual, your therapist is required to report the abuse to the appropriate authorities.
- 8) If we receive a subpoena by the court, we may be forced to release your records, even if you are opposed to the release. When appropriate, your therapist will talk with you if a subpoena is received.

III. Office Policies

- D) **Cancellations, Reschedules & No Shows:** Please inform your therapist by phone, email or in person as soon as you are able when you will be unable to attend any future appointments. Unexpected emergencies cannot be avoided at times, however, please be aware that recurring patterns of late cancellations and no-shows may result in the termination of the therapeutic relationship. This will always be addressed with your therapist ahead of time in therapy unless there are multiple (3+) no-shows in a row and we are unable to reach you by phone/email.
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For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

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If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since these sessions can and should be considered a part of the family or couple therapy, I would also seek

the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit — that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the patient (the couple or family unit) by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

Each family member must be able to consent to this policy and initial below:

Initials _____ Initials _____ Initials _____ Initials _____

V. Emergencies:

If you are experiencing an emergency, there are multiple resources at your disposal:

If you or someone else is in immediate crisis or may experience harm without someone intervening, please call 9-1-1 immediately.

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Client Name (Print)

Date: ____/____/____

Partner Name

Date: ____/____/____

Electronic Client Signature

Electronic Partner Signature