

**Moving inside out, LLC**

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**CONSENT TO TREAT  
CLIENT-CLINICIAN CONTRACT**

This document contains information that is important for you to understand prior to beginning counseling. It contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), which is the federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices and that I obtain your signature acknowledging that I have provided you with this information at the start of our professional relationship.

*Although these documents are long and sometimes complex, it is very important that you read them carefully. You will also receive a copy of this information to keep. Please ask any questions that arise while reading this or any curiosities you have about counseling in general. When you sign this document, it will represent an agreement between us.*

**Getting Started**

Congratulations for taking this important step. I look forward to engaging in this dynamic and collaborative process with you. Therapy is a time to explore new parts of yourself and to learn new and valuable skills that you will then “try on” during our time apart. If there is ever something that you don't understand or want more information about, please let me know. I always welcome your input as it is a critical piece of this process.

The first several sessions will involve information gathering in order to evaluate your needs and goals and together create a treatment plan that will meet those needs and goals. From time to time, I will suggest a check-in so that we can remain focused and present to moving towards your goals. You may also suggest this at any point as it is a great way to reflect and clarify our work together. As you begin to find strength, resolution, increased inner and outer resources, and more ease in your life, we may begin to plan for ending our services so that this transition can be healthy and meaningful.

**My Practice, Education, and Orientation**

As a licensed clinical social worker (LCSW), founder of Emerge Movement (integrating mental health with movement), and Wellness Consultant, I offer a unique approach to wellness that integrates traditional talk therapy with whole body awareness and body mind integration .

My Masters in Social Work was completed at Portland State University Graduate School of Social Work. I am currently recognized by the State of Oregon as a Licensed Clinical Social Worker (LCSW). I earned my B.A. at the University of Iowa in Global Studies with a focus in Spanish. My training in the Nia Technique began in 2000. This education informs my practice as I integrate body awareness, somatic intelligence, and a vast understanding of the body mind connection.

My therapeutic framework draws from self psychology, family of origin, narrative therapy, trauma theory, cognitive behavioral therapy, and body-centered practices like Sensorimotor Psychotherapy and Somatic

Experiencing. Depending upon the interests and needs of each client, I will offer an approach that fits the specific issues being addressed.

I am available for appointments on Mondays, Tuesdays and Wednesdays. You may call me at any time and leave a message if I am not available. I do check my messages several times each day during the workweek, but do not work on the weekends. If you are ever in a situation that feels like a crisis to you, you are encouraged to call the 24-hour Multnomah County Crisis Line at (503) 988-4888, call 911, or go to the nearest hospital if you are having an emergency. When I am on vacation, I will inform you of someone who can provide you services should that be necessary during my absence.

### **Confidentiality**

Your privacy is of utmost concern to me. I will not share any identifying information about you or the content of our sessions unless you give me written permission, except where directed by Oregon law. The legal exceptions to clinician-client right to privacy are clear:

- **Serious Threat to Health or Safety:** If I learn that you intend to kill or seriously harm either yourself or another person(s), and I judge that there is a clear and substantial risk of imminent danger of that happening, I may breach confidentiality to the extent necessary to protect you or others and take actions that could include seeking hospitalization for you or contacting family members or others who can help to provide protection. This could also include notifying the potential victim(s) or contacting the police.
- **Child or Elder Abuse:** If I have a reasonable cause to believe that a child or elder person with whom I have had contact has been abused, I am required to report the abuse. If I have reasonable cause to believe that an adult with whom I have had contact has abused a child or elder person, I am required to report that abuse. In any child or elder abuse investigation I may be compelled to turn over Protected Health Information (PHI). Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.
- **Other abuses:** I may have an ethical obligation to disclose your PHI to prevent harm to you or others.
- **Court Proceedings/Subpoena:** If you are involved in or anticipate becoming involved in any legal or court-related proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. Your PHI may become subject to disclosure if any of the following occur: you became involved in a lawsuit, your mental or emotional condition is an element of your claim, or if a court orders your PHI to be released, or orders a mental evaluation. I may have to release your records when ordered to do so by the court after being served with a valid subpoena. However, I will make every effort to discuss this with you before hand. If our treatment involves more than one family member, please be aware that my treatment record may contain information about more than one person in the family.
- **Medical:** I may disclose information that would facilitate treatment of a medical emergency.
- **Workers' Compensation Claim:** If you file a Workers' Compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include past history of complaints or treatment of a condition similar to that involved in the workers' compensation claim.
- **Government Health Oversight:** If a government agency or the Oregon State Board of Psychologist Examiners is requesting information for health oversight activities, I may be required to provide it for them.
- **Insurance of Fee Collection:** As discussed elsewhere in this agreement, if you ask me to utilize your health insurance, I will have to release information regarding your diagnosis or treatment in order to

complete your claim. Most insurance companies also retain the right to conduct periodic audit reviews of records. Similarly, I may pursue collection of overdue fees without further authorization.

- **Consultation:** In order to provide best service, I participate in consultation groups and from time to time may solicit the consultation of fellow mental health professionals regarding issues with my clients, but I will never give any specific identifying information without your written authorization. The other professionals are also legally bound to keep the information confidential. I will assume that this is acceptable to you unless you notify me in writing and I will not tell you about these consultations unless I feel that it is important to our work together. If significant treatment decisions are affected by a consultation, I will note that in your Clinical Record.
- **Written Release of Information:** I do communicate with those you have authorized in writing by signing a Release of Information (ROI); this communication may be verbal or by FAX and in the case of the latter will always include a face sheet indicating that PHI is to follow.

Whenever possible, I will make every effort to fully discuss it with you before taking action in the above mentioned circumstances and I will limit my disclosures to what is minimally necessary. While this written summary of exceptions to confidentiality should prove helpful in information you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

### **Social Media Policy**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I do have a Moving Inside Out Business Page on FaceBook. This page represents both parts of my business as a therapist and as a movement teacher. It is generally a place for me to share information about health and wellness. I post articles, information about upcoming workshops and classes, and blog posts. You are welcome to like this page.

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

### **Fees and Billing**

My fees are based on the amount of professional time spent or reserved.

My regular rate is \$220 for an initial evaluation and \$170 for a 50-minute session for either an individual or family. My private pay rate is \$120 per session. Fees may also be charged on a pro-rated basis for other professional activities necessary for good clinical care you may need or request of me. These include: time spent in letter and report writing or treatment summaries on your behalf, telephone consultation time initiated by you that is longer than 10 minutes, consultation time with others on your behalf, and scoring and analysis of evaluation measures. Dyad, triad and group rates are set according to the service offered and will be clearly outlined prior to beginning this work.

Services are to be paid for in full at the time of each visit, unless I am a contracted/ in-network provider under your insurance policy, in which case your co-pay, co-insurance, and/or deductible will be due. Please have your payment available at the beginning of each visit so that valuable session time is not used. I accept cash or check or bank money order only.

**Health Insurance**

Your therapy visits may be covered by your health insurance policy. Your health insurance will be billed for you as a courtesy. Reimbursement policies differ dramatically from one insurance company to another. You are responsible for knowing the details of your insurance coverage. You are responsible for obtaining authorizations as required by your health plan. If you have questions regarding your coverage it is recommended that you contact your insurer directly. If you chose to utilize your insurance benefit, you are responsible for any co-payments. You will always have the choice to pay for my services out-of-pocket rather than utilize insurance.

If you are using health insurance benefits as payment for these services, you need to be aware that your health plan requires cooperation between client, provider, and insurance company to provide services as efficiently as possible. Because of the Mental Health Parity act signed in Oregon in January 2007, health insurance policies are required to cover treatment of mental or nervous conditions and chemical dependency at the same level and with no more restrictions than those imposed for other medical conditions.

However, health insurance companies usually limit mental health coverage to services that are determined to be “medically necessary” for an individual. Medical necessity is usually defined as qualifying for a covered DSM IV Axis I or ICD diagnosis (acute symptoms). Most insurance companies do not cover couples treatment. This means that I will be required to provide information about your treatment as well as a diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested.

**Cancellation**

If for some reason you are not able to come to your scheduled session, please call 24 hours prior so that I may offer the appointment slot to another client. ***If you do not cancel 24 hours ahead of time, you will be responsible for the full charge of the session.*** This is 24 business hours, so for a Monday apt, that means canceling by the Friday before to avoid a charge.

**Client Signature**

By signing this document, I \_\_\_\_\_, acknowledge that I am at least 14 years of age and that I understand the provisions of this consent form regarding consent, confidentiality, fees, charges and billings and agree to participate in clinical therapy or agree to clinical therapy for the minor \_\_\_\_\_, for whom I am legally responsible.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE