

Lisa Gabardi, Ph.D., LLC

Licensed Psychologist

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Professional Policies and Consumer Rights and Responsibilities

Welcome to the psychotherapy practice of Dr. Gabardi. I am a solo independent practitioner. As such, my clinical practice is not affiliated with and I am not responsible for the clinical practices of any other psychologists or other professionals within or outside of this office. Psychotherapy is a cooperative relationship which provides a supportive environment for you to create the changes that you desire. I will answer your questions about treatment. As a psychologist licensed in Oregon since 1991, I subscribe to the American Psychological Association's Revised Ethical Principles. These ethical principles serve as a code of conduct. For more information, feel free to request a copy of the ethical principles. Other literature on the efficacy of psychotherapy is also available and may be read at your leisure.

Services

Services include psychotherapy for individuals, couples, and families. Psychological testing may also be recommended as a means of identifying areas of concern and resources that could be useful in your treatment. ***Treatment:*** Initially, I will be asking you a variety of questions to better understand your presenting concerns and your past history. After evaluating your situation and discussing your goals, we will jointly develop a treatment plan. Generally, it will take several appointments to fully develop an understanding of your concerns and a plan to treat them effectively. A treatment plan consists of your goals, specifically what we will work on, how we will address the concerns, how often we will meet, and a general idea of how long we might work together to address your concerns. Your active participation in the treatment process is critical to you meeting your goals. To that end, I may ask that you practice behaviors, read, or engage in other activities in between our appointments in order to help you best meet your goals. If you have not made an appointment or responded to messages from me regarding further appointments within 30 days of your last contact with me, I will assume you are no longer actively engaged in services with me and I will close your case.

Risks and Benefits: General benefits that you may experience as a result of your treatment may include a decrease in specific symptoms, decreased stress, improved health, improved relationships, and/or problems being solved. Any attempts to change your current situation can also involve risks. General risks associated with psychotherapy may include a temporary increase in emotional discomfort, worsening of symptoms, and/or relationship conflicts as you commit to the process of working toward your treatment goals. There is no guarantee that treatment will produce all of the desired outcomes. You have the right to request changes in your treatment or to refuse further treatment at any time. I can answer any questions you may have concerning these risks and benefits or other risks that may be specific to your treatment.

Alternatives and Termination of Treatment: I am not able to treat all concerns for all people. You may find that my approach and style of working with you does not fit your needs. You may choose to end your treatment at any time. If you have any concerns, questions, or complaints regarding your treatment, please discuss them with me. Discussing your thoughts about the treatment, your progress, and/or my approach is helpful and I will periodically request your feedback. I welcome your feedback as it helps me provide you with the best possible care. If you are dissatisfied with your treatment, progress, or my response to your concerns, I will assist you, at your request, with a referral to another mental health professional. The governing body responsible for assuring that Oregon psychologists maintain ethical standards of practice is the Oregon State Board of Psychologist Examiners (503) 378-4154. If I determine that I am not able to adequately treat your concerns or become aware of a conflict of interest, I will inform you of this at the earliest possible opportunity and will assist you in finding other services. Other circumstances in which I might end our treatment contract may include your noncompliance with my professional policies, an unexpected life circumstances that prevents me from providing ongoing treatment, or threatening actions against me.

Confidentiality

Your identity and any other information discussed with me in the context of your treatment will be kept confidential. Exceptions to confidentiality will be made only with your written authorization, or as legally mandated and/or in compliance with federal law related to the Health Insurance Portability and Accountability Act (HIPAA). Examples of legally mandated situations in which I may be required to release confidential information without your consent include, but are not limited to, knowledge of threatened harm to yourself or others including future crimes that pose a danger to the safety of others, child or elder abuse, or as ordered by a judge or valid subpoena. Please also be aware that a third party payer may reserve the right to access treatment records for which they reimburse in order to process claims. In addition, custodial and non - custodial parents may have access to treatment records of their minor children. In certain circumstances, information may be shared with other professional colleagues to assist with backup coverage, emergencies, and/or for consultation. Such information would not identify you specifically without your written permission. It is my policy to not initiate contact or indicate that I recognize or know you should we encounter each other in the

community outside of the therapy office. In the event of my death or incapacity, Dr. Jennifer Stolz will facilitate the disposition of my psychotherapy cases and records.

Confidentiality Related to Internet/ Social Media/ Portable Electronic Devices

These policies relate to how I will conduct myself as a mental health professional on the Internet. I do not accept friend or contact requests from current or former clients on any social networking sites (including but not limited to Facebook, LinkedIn, etc.). Adding clients as friends on such sites could compromise your confidentiality and potentially blur the important boundaries defining our therapeutic relationship. If I discover an accidental connection on these sites, I will end the connection in order to protect you from risks to your privacy. I will not engage in online messaging or posting for similar reasons. If you encounter information about me via web searches or social media, other than my business website, please mention what you have found so that we can discuss any impact on our work together. Relevant information regarding my professional practice is available on my website.

You may find my psychology practice on sites that list businesses. Some of these sites include forums for users to rate and review their providers. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. Please be aware that it is likely that I did not authorize the posting of my business information on a site and therefore it may not be accurate or updated. Please also know that these listings are NOT a request for testimonial, rating, or endorsement from you as my client. I subscribe to the American Psychological Association Ethics Code which states that it is unethical for psychologists to solicit testimonials. Of course, you have the right to express yourself on these sites if you choose. For reasons of confidentiality to the reviewer, I cannot respond to any review, positive or negative, on these sites. If you have concerns regarding a review that you have read, please discuss this with me. Consider your own confidentiality if you are considering using such a review site. Please also see my policies under **Services/ Alternatives** on discussing your treatment directly with me.

The best way to reach me is by phone. I do not use text messaging for professional communication. I use email only for administrative purposes such as arranging or changing appointments or to relay payment/insurance information. Please do not email me personal content related to your therapy sessions, as email is not completely secure or confidential nor is it a substitute for in-person sessions. I will be happy to respond to personal content in person at our next therapy appointment. If you use email to contact me, be aware that all emails are retained in logs of your and my Internet service providers. While unlikely that someone is looking at details in these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service providers. While every reasonable effort will be made to protect your privacy when using internet and/or portable electronic devices, some risks of compromised privacy exist. Also, any email correspondence becomes part of your legal record.

Legal/Court Involvement

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your legal involvement might affect our work together. In the event that you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to assist you to find a provider that offers this service. If you enter into treatment with me, you are agreeing to not involve me in legal/court proceedings or attempts to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives. My goal is to support you in achieving therapy goals, not to address legal issues that require an adversarial approach. In the event that I am called upon to participate in any litigation in which you are involved, and regardless of whether you are a current or former client at the time that I am called to participate, I will bill according to the litigation rates listed below. The time billed will include any time spent preparing for or attending that litigation, including but not limited to preparing testimony, conferences in person or by telephone with any attorneys, travel time, waiting time, testimony and/or deposition time (regardless of which side calls me). Minimum litigation fees are listed below.

Fees and Payment

Initial Diagnostic Evaluation/ Therapy/ Consultation/Coaching (60 minutes)	\$225.00
Individual/Couple/Family therapy sessions (45-50 minutes)	\$195.00
(30 minutes)	\$125.00
(90 minutes)	\$340.00
Telephone/Electronic/Written Communications	@ \$225.00/ hour prorated in 10 minute increments
After Business Hours Telephone/Emergency Calls	@ \$275.00/hour prorated in 10 minute increments
Court Preparation/Appearances (incl. travel time)	@ \$300.00/ hour **Minimum Litigation Time is 4 hrs. **All Litigation fees to be paid in advance, no less than 7 days before any hearing, trial, or deposition.
Written/Phone/Electronic/Other Contact less than 10 minutes	@No Charge

*Initial that you read and understand in the lines below

A) Payment for Services _____*

1. Full payment or your co-payment is expected at the time of service. I accept cash, personal check, and credit/debit cards. Further appointments will not be scheduled until payment for the prior session is made.
2. **You are responsible for payment of all services that you receive, whether or not your health insurance pays for a portion of the charges.** _____*
3. A credit card guarantee document will be kept on file while you are in treatment. If you have not made timely payment for any outstanding balance on your account or for a missed appointment, your card on file will be charged for the amount of the outstanding balance. _____*
4. My fees may be raised during the course of your treatment. Notice of fee increases will be made at least 60 days before they take effect. _____*

B) Private Insurance _____*

1. **Please check with your insurance company to find out if your policy will cover outpatient evaluation and psychotherapy by a licensed psychologist.** Please also check the amount of your deductible and total annual coverage, as well as limitations to your policy. **Release of clinical information regarding your treatment may be required by your insurance carrier, now or in the future, as required for payment, to meet NCQA standards, and/or to review a claim or the treatment.**
2. I may be able to bill an insurance company directly, if I am in-network with the carrier, when provided with the appropriate billing information. This is done as a convenience to you, but is no guarantee of insurance payment for services. **If, for any reason, your insurance company denies payment of your bill (in full or in part), you are responsible for payment of the entire unpaid balance.** _____*
3. You will be responsible for billing any secondary insurance you may have. You pay me directly at the time of the service. Upon request, I am happy to provide you with a billing form that includes all of the necessary information for you to send to your insurance carriers. You then can seek reimbursement directly from your insurance companies.
4. Most insurance companies will not pay for telephone calls, after business hours emergency calls, electronic media contacts, missed appointments, consultations, reports and letters, and/or court involvement.
5. **If you have an insurance plan for which I am an out of network provider, you pay me directly at the time of the service. Upon request, I am happy to provide you with a billing form that includes all of the necessary information for you to send to your insurance carrier. You then can seek reimbursement directly from your insurance if you like.**
6. If your insurance plan and/or coverage changes during the course of your treatment with Dr. Gabardi, it is your responsibility to provide the updated information to Dr. Gabardi.

C) Balance Due _____*

1. You will receive a monthly statement with your outstanding balance. Failure to pay fees may result in discontinuation of treatment and closure of you case. Please contact me if you are unable to pay the balance due, so that a reasonable payment plan can be negotiated. A 9% service charge will be added to the balance on your account for each month in which no payment is received on your outstanding balance.
2. Any outstanding balance on your account that is ninety days past due and has no mutually agreed upon payment plan in place will be considered delinquent. Delinquent bills may be handled by an outside agency for collection. Please recognize that information necessary for the collection of payment will be given to this outside agency. Please also be aware that this could negatively affect your credit rating. _____*

Scheduling/ Appointments/ Contact Outside of Session Time/ Emergency Calls

All services are by appointment only. It is important to arrive on time, as appointment times will not be changed or extended due to your late arrival. **You will be charged the full fee for canceled or missed appointments unless you give at least 24 hours advance notice.** You may leave messages with my voicemail 24 hours a day at (503) 629-0272. **Please note that insurance will not reimburse for missed appointment charges.** _____*

In the event of a real emergency, you may leave an urgent message by following instructions on my voicemail (503) 629-0272. I do not specialize in crisis counseling and do not guarantee immediate response, but I will attempt to return your call as soon as possible. If you need immediate assistance, you may contact other sources of help within the community. These include, but are not limited to: friends and family, your primary care physician, Multnomah County Crisis Line 503-988-4888, Washington County Crisis Line 503-291-9111, Clackamas County Crisis Line 503-655-8724, or Portland Women's Crisis Line 503-235-5333. In the event of a life threatening emergency, call 911 or go to your local hospital emergency room.

If you choose to contact me via email, please note that I respond to email during regular business hours only. Please see detailed information on **Internet** policies in this form. Email communication is for scheduling or rescheduling appointments and/or administrative matters related to health insurance coverage and/or payment issues. Clinical, therapeutic, and/or urgent matters are to be discussed directly during appointments or by telephone. I respond to voice messages and email during regular business hours only

and attempt to do so within 24-48 hours. Please be reminded that contact requiring more than 10 minutes to read and/or respond will be billed at the rates listed in this agreement.

If you have any questions regarding these policies and procedures, please feel free to discuss them with me.

Consent to Treatment

I have read, or have had read to me, and fully understand this document. Dr. Gabardi has reviewed this document with me, I have had an opportunity to ask questions, and I have a copy of it for my own record. I understand my rights to privacy, exceptions to these rights, and that there are risks associated with treatment. I voluntarily consent to treatment and agree with the office policies and terms of treatment as described above. In the event that the treatment is for a minor child, I hereby give my consent for their treatment and affirm that I am a legal guardian with the authority to authorize mental health services. My signature below signifies my consent to treatment.

Print Name

Signature, Consumer or Legal Guardian

Date

Acceptance of Financial Responsibility and Authorization for Third Party Payer

I assume responsibility for any balance on my account. I agree to cancel appointments at least 24 hours in advance or pay for the missed appointments in full (Insurance does not cover any portion of a missed appointment fee). I understand that payments 30 or more days past due will incur additional fees and that information necessary to collect payment on delinquent bills may be given to an outside agency. My signature also authorizes Dr. Gabardi to release any information necessary to process my insurance claims and authorize payment of medical benefits to be made directly to Dr. Gabardi's office.

Print Name

Signature, Consumer or Legal Guardian

Date

Witness:

Lisa Gabardi, Ph.D., LLC

Date