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Consent for Treatment and Office Policy Statement

Welcome. Thank you for choosing me as your psychotherapist: I look forward to working with you! This document contains important information regarding office policies. Please read it carefully and feel free to ask me any questions you have.

Appointments and Availability. Sessions are typically 50 minutes in length (group therapy sessions are 90 minutes), scheduled by appointment only. Clients are generally seen weekly, although frequency can vary depending upon circumstances. I check messages intermittently on all days, and I make every effort to return calls the same day. However, I do not conduct phone sessions and, as I share office space, am not always able to reschedule sessions or be available to meet on short term notice. If there is an urgent situation that requires immediate attention, please understand that my office is not staffed to provide emergency or on-call services.

Fees. The private-pay cost per 50-minute session is \$140, payable at the beginning of each session, unless we make other arrangements in advance. The cost per 90-minute group therapy session is \$50, payable at the first of each month for all scheduled sessions that month.

Cancellations and Missed Appointments. If you must cancel an individual appointment, please contact me as soon as possible; you are responsible for the full session fee if you cancel fewer than 24 hours in advance of our scheduled appointment. Group therapy members are responsible for the full fee of every scheduled session, regardless of absences.

Confidentiality. What we discuss in therapy is private and confidential, and in general, I will not release information without your prior written consent. If we agree that consultation with others (e.g., healthcare providers, family members, teachers, etc.) would be beneficial to your therapy, I will provide you with a written Authorization to Exchange Confidential Information form for your signature. I am required to contact the appropriate authorities but not required to alert you that I am doing so under the following situations:

If there is suspected abuse or neglect of a child, elderly person, or disabled person; if you threaten serious bodily harm to another person; if you are in danger of harming yourself or you are unable to care for yourself; and if I am ordered by a court to release information.

Of course, if it is appropriate, I will make every effort to discuss the situation with you before breaking confidentiality in these situations.

Record Keeping. I will maintain in a secure location a clinical chart describing your therapy goals and progress, dates and fees for sessions, and brief notes describing each therapy session. Your records or any portion thereof will not be released without your written consent, except possibly in the situations described above. You are entitled to receive a copy or summary of your records, and a request for records must be made in writing. I will securely maintain your records for 10 years following the termination of therapy, or when a minor client turns 21 years of age, whichever is longer. After this time, your records will be destroyed in a manner that preserves your confidentiality.

Risks and Benefits of Therapy. Participation in therapy can result in emotional discomfort: some clients temporarily feel worse before they improve. And specific therapeutic outcomes cannot be guaranteed; some clients find that participating in psychotherapy results in changes they didn't expect at the outset. While there are some risks, many benefits are typically experienced as a result of therapy:

It can be beneficial just to have someone's consistently caring, accepting presence; Therapy can help clarify your understanding of yourself, your values, and your goals; Therapy can provide a fresh perspective and new insight on old cycles and problems, and provide you with hope and energy to pursue healthy solutions; and Therapy can result in improved relationships, both with others and with yourself.

You and I will work together to address the issues and goals you bring to therapy. Whether or not your therapy is successful depends upon many factors, including what your specific goals are, your willingness to actively participate in therapy, your commitment to change, and the therapeutic relationship you and I are able to develop.

Families and Couples in Therapy. If I am seeing your family for therapy, I reserve the right to use my own discretion and clinical judgment in disclosing information family members choose to share with me individually. I will use my best judgment as to whether, when, and to what extent I will make disclosures and will also, if appropriate, first give the individual the opportunity to make the disclosure himself or herself. This "hold no secrets" policy also applies if I am seeing you in couples therapy.

Child Custody. I am not a child custody evaluator, therefore I cannot make conclusions or recommendations to the court regarding custody. I do not make court appearances.

By signing below, you acknowledge that you have read and understood the above information and you have had any questions answered to your satisfaction.

Signature of Client

Date