



HUNTER VAUGHN, PSYD
Licensed Psychologist

811 E Burnside St.
Suite 217
Portland, OR 97214

971.533.7247
hunter@huntermvaughn.com
www.huntermvaughn.com

Informed Consent to Treatment

Welcome

Welcome to my practice. This document provides information about me, the services I provide, my business policies, and your rights as a client. Please read it carefully and ask any questions you may have about this information. When you sign this document it will constitute an agreement between us and mark the beginning of our therapeutic relationship.

About Me

I am a licensed psychologist in Oregon (license #: 2554) registered with the Oregon Board of Psychologist Examiners. In my clinical practice I focus on working with culturally diverse populations and on providing affirmative therapy to sexual and gender minority youth and adults.

I earned my doctorate in clinical psychology from Pacific University in August 2012, after serving my internship at University of Puget Sound's Counseling, Health, and Wellness Services. Prior to that, I earned my masters in clinical psychology from Pacific University (2009), and bachelors in psychology from The Evergreen State College (2000). I have been practicing as a mental health therapist since 2007 in a variety of settings including college counseling centers, adult community health clinics, and child and family centers. Throughout my training and clinical experiences, I have sought to increase my knowledge and expertise in working with people of various ethnic/racial, cultural, sexual orientation, and gender identity backgrounds and experiences.

Understanding Psychotherapy

Psychotherapy is an unusual health care relationship, and more than most health care you may receive, the relationship is likely to be an important part of the treatment. Treatment itself may vary depending on characteristics of the client, therapist, and issues worked on. Additionally, psychotherapy requires you to actively and fully engage with the process, including working on the things we talk about both in-session and in your every day life.

Like most health care treatments, psychotherapy can have benefits as well as risks. Since our work will likely involve talking about unpleasant aspects of your past and current life, you may experience unpleasant emotions like loneliness, sadness, regret, guilt, grief, anger, and frustration. However, research has demonstrated that engaging in therapy is usually more effective than doing nothing and that most people benefit from therapy. Benefits may include greater happiness or contentment; increased self-knowledge and self-awareness; more satisfying relationships; and solutions to specific problems. Please keep in mind that there are no guarantees of what you will experience; each person's therapy experience and outcome is unique.

Philosophy & Approach

I seek to build collaborative relationships with my clients to more effectively understand the issues they may be dealing with and to help find ways to resolve them. I use my clinical expertise to integrate various psychological theories and techniques, tailoring the therapy experience to each clients' needs and personality. As part of this process, I consider clients' culture to be central to understanding their lives and issues, as well as learning how culture and community may support and/or hinder our efforts. The techniques I use are grounded in classic and contemporary psychological theory and supported by current psychological research. I value and encourage continual feedback from clients about how the therapy experience and relationship is working for them.

Fees

The fees for my services are as follows:

Initial 30-minute consultation:	No charge
Intake session (90 minutes):	\$270
Individual session (50 minutes):	\$200
Couples/Family session:	
50 minutes	\$230
90 minutes	\$260
Group session (90 minutes):	\$65/participant
Phone calls longer than 5 minutes:	Hourly rate (prorated)

All other services requested by you or performed for your benefit will be charged the appropriate hourly fee, prorated to reflect the actual time spent. This includes phone calls after treatment is established that are over 5 minutes long. Examples: conversations between sessions, consultations with other health care providers, or preparing written treatment summaries.

On a limited basis, we may agree on a reduced fee if your financial status warrants it. The reduced fee will be within an established "sliding scale" of payment and is only available to a certain number of clients at a time. Payment agreements outside of my normal fees will be documented, kept on file, and reviewed quarterly to determine continuing eligibility.

If you become engaged in legal proceedings and request or require my participation, please understand that this detracts from my regular work and other clients. Thus my legal fee of \$150 per hour applies to any time spent on the entire court process, including but not limited to consultation with attorneys, travel time, waiting to testify, preparing written briefs, and actual testimony.

Payment, Insurance, & Billing

Payment of our agreed upon fee or copay is due at the time of service. I participate in the following insurance provider networks:

- Aetna
- First Choice Health
- MHN
- Moda (formerly ODS)
- Oregon Health Co-op
- PacificSource
- Regence Blue Cross/Blue Shield

I am considered “out-of-network” for all other insurance plans at this time. As a courtesy, I will bill your insurance on your behalf unless you instruct me not to. It is important that you contact your insurance company to inquire about mental health benefits before we begin working together and understand how much of my fee your insurance will reimburse to you. Please remember that your insurance policy is an agreement between you and your insurance company, and that you are ultimately responsible for paying the fees we have agreed upon.

I prefer payment via credit card, [Square Cash](#), or cash, however I will also accept checks.

In the event that your account becomes past-due by more than 60 days and we have not agreed on a payment plan, I have the option to use legal means to secure payment, including hiring a collections agency or using small claims court; the costs of pursuing such options will be included in the claim. Generally, the only health information that I will release is your name, the nature of the services provided, and the amount due.

Scheduling & Cancellation Policy

Sessions are made by appointment only, and typically last 45-50 minutes. I work with most clients weekly, but we will collaboratively agree on how often we meet based on factors particular to your situation. Once you have scheduled an appointment, you are expected to pay for it in full. If you are late, I will still need to end our session on time to maintain my schedule for other clients.

Missed or Cancelled Sessions:

I do not have a 24-hour cancellation policy and I charge my full fee for missed/cancelled sessions, regardless of the reason for your absence. I make exceptions to this policy when (a) you are able to reschedule for a different time during the same week as the missed/cancelled appointment (subject to my availability); (b) I am able to fill your appointment with someone from my waitlist, (c) you notify me of extended vacation plans; or (d) we discuss and agree on the circumstances of the missed/cancelled appointment. Please note that insurance will neither pay nor reimburse this fee.

Appointment Reminders

I do not call clients to remind them of upcoming appointments. As a courtesy, I can enroll you in my reminder system, which is a service of my HIPAA-compliant electronic health records provider. The system will send you 2 messages (1 week and then 1 day prior) via email, text message, or voice message (your choice) reminding you of upcoming appointments. If you wish to be enrolled in this system, please authorize me to leave a messages via the appropriate method on your Intake Form. You may request that I remove you from the reminder system at any time. Please note: failure to

receive an e-mail reminder does not relieve you of the responsibility of attending the session or of the missed/cancelled session fee.

Contacting Me

I am typically in the office from 1:00 PM to 9:00 PM on Tuesday, 11:00 AM to 6:00 PM on Wednesday, and 8:00 AM to 5:00 PM on Thursday and Friday, except for major holidays. However, it is my policy to not answer the phone when I am with a client, so I am often not immediately available. When I am unavailable, my phone will be answered by voice mail. Please leave a message and I will return your call as soon as possible. You may also contact me via my secure text messaging service, [QliqConnect](#) (apps are available for desktop and mobile). HIPAA preserves your right to communicate by e-mail or text message if you prefer, provided you understand and acknowledge these methods are not confidential. **Please do not include confidential information in your voice message, text message, or e-mail, unless we are communicating via QliqConnect.** In the digital era, it is safest to consider only face-to-face contact as confidential.

Emergencies:

If you need support immediately and cannot wait for me to return your message, please call the **Multnomah County Crisis Line at 503-988-4888**. If you believe you may be a risk to the safety of yourself or others, please call 911 or go to the nearest emergency room or hospital.

Professional Records

The laws and standards of my profession require that I keep treatment records, including diagnoses, treatment plans, and progress notes. Your mental health records are maintained online in a secure, HIPAA-compliant, medical records system called [Practice Fusion](#). When I create your record, you will automatically receive an invitation to PatientFusion. Signing up will allow you access to specific portions of your health record, allow you to request appointments & changes, and communicate with me securely.

You have a right to receive a copy of your records, or I can create a summary if you prefer. I recommend that you review them in my presence so that we can discuss the contents, as this will help avoid misinterpretation, confusion, and unnecessary distress. Please note, I charge an appropriate fee for any professional time spent in responding to information requests.

You have the right to fully understand your treatment plan and to ongoing review of your treatment plan. We will collaboratively generate initial goals for therapy and I will periodically review the plan both independently and with you.

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.

Confidentiality - Rights & Limitations

Information that you share in treatment is held in the strictest confidence possible under law, however there are some limitations to address at the time of consent. As noted in my Notice of Privacy Practices, the following exceptions to confidentiality apply:

Abuse of Children, Elderly Persons, Mentally Ill Adults, Developmentally Disabled Adults, or Animals: If I have reasonable cause to believe that a child or elderly person has been abused (by you or another party), I may be required to report the abuse.

Domestic Violence: If I have reasonable cause to believe you are the victim or perpetrator of domestic/partner violence that is impacting children, I may have an ethical obligation to disclose your PHI to prevent harm to you or others.

Serious Threat to Health or Safety: I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.

Judicial or Administrative Proceedings: If (a) You become involved in a lawsuit, and your mental or emotional condition is an element of your claim; or (b) A court orders your confidential information to be released, or orders your mental evaluation.

Health Oversight: The Oregon State Board of Psychologist Examiners may subpoena relevant records from me should I be the subject of a complaint.

Worker's Compensation: If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

Even in these cases I will preserve your privacy to the best of my ability. Any third-party requests to release your information will need to be reviewed and approved by you. You have the right to request and understand information shared, with whom it is shared, and for what reason it is shared. Please see your Notice of Privacy Practices for more information.

Health Insurance: If you are using health insurance to pay for therapy, your insurance company may ask for information about your symptoms, your diagnosis, and my treatment methods. If they do, I will inform you of the information they have requested. I will provide only as much information as the insurance company requires to grant your benefits. Please note that I have no control over how these records are handled at the insurance company.

At my discretion, I may consult with other mental health professionals (e.g., a professional consultation group) about your concerns and therapy, including disclosing your confidential information. This helps ensure I am providing you the best care possible. These mental health professionals are bound by the same ethical and legal standards of confidentiality as I am.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have as soon as they arise.

Scope of Practice

My role in our therapy relationship is strictly to provide mental health services. Any and all medical questions, including those pertaining to medications, must be directed to a medical professional. I will provide referrals to appropriate providers if you wish. It is my policy to collaborate with your other providers to help ensure you receive comprehensive, informed, integrated care. Doing so requires your written consent on a separate release of information. You are free to decline or revoke such consent at any time within the provisions noted in my Notice of Privacy Practices.

Portland Therapy Center

My office is located within the Portland Therapy Center, which is a group of unaffiliated independent contractors. As an independent contractor, I am solely responsible for the services I provide and for any action seeking damages associated in any way with my clients.

Client Rights

If at any time you feel that this psychotherapy relationship is not beneficial, you have the right to seek other services to best help with your needs. I will provide resources should you need them. You have the right to be fully informed before you begin a psychotherapy relationship. Any questions or concerns are welcome and encouraged.

Consent to Treatment

Your signature below indicates that you have read and understood this document, that you have received and reviewed a copy of the Notice of Privacy Practices, and that any questions you may have were answered to your satisfaction. Further, your signature indicates your agreement with the terms of this document and your desire to enter into therapy with me. Thank you for inviting me to embark on this journey of exploration and growth with you.

Client's Signature

Date

Client's Printed Name

Hunter K. Vaughn, PsyD
Licensed Psychologist

Date