



HEART | MIND
THERAPY

INFORMED CONSENT

BY SIGNING BELOW, I CERTIFY:

- THAT I HAVE READ OR HAD THIS FORM READ AND/OR HAD THIS FORM EXPLAINED TO ME.
- THAT I FULLY UNDERSTAND ITS CONTENTS INCLUDING THE RISKS AND BENEFITS OF THE PROCEDURE(S).
- THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT ANY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.
- THAT I AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

REQUIRED NOTICE ABOUT THE LOCATION WHERE I PROVIDE SERVICES

I am an independent contractor at Portland Therapy Center, not an employee. Portland Therapy Center is not liable in any way. The location is subject to change.

APPOINTMENTS AND CLOSURES

Appointments are scheduled in advance. I agree to keep all scheduled appointments and to be on time. If I am unable to keep an appointment due to illness, inclement weather, or any emergency, I will notify you as early as possible by the means that you have specified (either voicemail or email).

Appointments will not be scheduled on any major holiday and I will remind you in the week leading up to the closure. I reserve the right to take time off periodically to receive training, to account for planned Portland school closures and to take vacations. This means that I typically close my office for several weeks in the summer months and two weeks in December/January. I need you to be aware of this prior to agreeing to enter a therapeutic relationship with me.



HEART | MIND
THERAPY

CANCELLATION / NO SHOW / LATE POLICY

If you are unable to keep your scheduled appointment for any reason, please give at least 24 hours notice¹. I reserve your appointment time just for you, which means that I don't offer it to others who might want or need that time. Without appropriate prior notice, I will not be able to schedule another client for that time. Also the sustainability of my business depends on clients coming to their appointments. So to account for this loss, you will be charged the full amount your insurance company would have paid for the session or the full self-pay session fee if you are a self-pay client (up to \$250). If you cancel late but can reschedule within the same business week, I will not bill you for the cancellation. If you arrive more than 20 minutes late to a scheduled appointment, the appointment is considered missed, and you will be charged the full amount your insurance company would have paid for the session, or the full self-pay session fee if you are a self-pay client (up to \$250).

¹Please verify that you have your clinician's correct phone number ahead of time. You are responsible for notifying your clinician directly or leaving a voicemail on their direct line.

COURT ACTION/ LEGAL FEES

Clients are strongly discouraged from having their therapist subpoenaed, or requesting records for the purpose of litigation. Even though the client is responsible for charges (such as testimony fee, travel time) this does not mean that my testimony will be in the client's favor and in your best interest. I can only testify to the facts of the case, and if qualified to do so, provide my professional opinion. Asking a therapist to provide confidential records or testify can damage the therapeutic relationship and it is likely that I cannot continue to provide therapeutic services to the client, especially if the client is a minor. If despite this, you wish to subpoena me, I request at least 72 hours notice, so I am able to reschedule my other clients. Without this notice, an additional



HEART | MIND
THERAPY

PAYMENT POLICY

Full payment is due at the time of service, unless other arrangements are made. If your clinician is in-network with your insurance company², the clinician will collect your deductible or copay² and bill your insurance company. You are responsible for tracking benefits, prior treatment authorizations and eligibility. If you do not know this information, your clinician will take the time out of your initial intake session to determine eligibility benefits before proceeding. If your insurance company and/or your insurance benefits change, you are responsible for notifying your clinician immediately.

For your convenience, Visa, MasterCard, Discover, American Express, and HSA/FSA cards are accepted and will be kept securely on file if you authorize card payments.

Late cancel and no show fees will be collected at the start time of the scheduled appointment if payment information is kept on file or is to be paid promptly and before another appointment is scheduled, unless other arrangements are agreed upon.

If costs are incurred in pursuit of collection of money owed by you, you are responsible for those costs. For example, if your card is charged and the charge rejected, the company processing payments will charge a \$25 DDA reject fee (this is similar to an overdraft fee).

²Please verify your insurance benefits with your insurance company ahead of scheduling your first appointment. You may ask if your clinician is in-network with your insurance company, if you have a deductible and/or co-pay, and if your benefits cover the following CPT codes: 90719, 90837, 90834, 90847, 90846, 90839.



HEART | MIND
THERAPY

OUT OF POCKET FEES

Phone consultation prior to an intake (15 min.)	Free
Assessment/ Diagnostic evaluation	\$250
Individual Psychotherapy (53-60 min.)	\$250
Individual Psychotherapy (38-52 min.)	\$200
Family Therapy	\$250
Clinical Supervision (53-60 min.)	\$200
Crisis Appointment initial 60 min	\$250
Crisis additional 30 min	\$125
Training/ Consultation	\$250/hr (incl. travel time)
Sliding scale fee for individual Psychotherapy	To be agreed upon
Preparation of documentation/ letters	\$150-250
Records requests	\$0.50 per page, plus postage if applicable
Court appearance	\$1,500 (due at least 72 hours prior to the court date)
Time away from office due to deposition, testimony	\$250/ hour

TELEPHONE ACCESSIBILITY and ELECTRONIC COMMUNICATION

If you need to contact me between sessions to cancel/ reschedule an existing appointment or to schedule a crisis appointment, please leave a message on my confidential voicemail. I am often not immediately available; however, I will attempt to return your call as soon as I am able.

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages and email. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so.

Please do not bring up any therapeutic content or urgent/emergency situations via email or messaging as they may not be read the same day they are sent, or they may be filtered by spam software or otherwise deleted. Generally, expect your therapist to respond within 24-48 business hours. Be aware that there may be times when your therapist may be unable to receive or respond to messages, such as when out of the office, out of cellular range, or out of town.



HEART | MIND
THERAPY

If you are experiencing a mental health crisis and are in need of immediate care, please contact the Multnomah County Crisis Line at 503.988.4888 if you are local, the National Suicide Prevention Lifeline at 1.800.273.8255 if you are anywhere else, or if you prefer texting, text CONNECT to 741741. In a life threatening emergency, please call 911 or any local emergency room.

SOCIAL MEDIA

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend requests from current or former clients on any social networking site. You may follow me on Instagram and Facebook (@drjanacorbett), however, I will not answer direct messages and may not respond to comments that former or current clients make on posts.

MINORS

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Treatment length depends on your medical necessity (unless you are a self-pay client). Typically, we agree to six months of treatment and then determine if a continuation of services is warranted and desired based on the treatment goals we agreed on. I may terminate treatment after appropriate discussion with you and if I determine that treatment has not been effective, if services are no longer covered by your insurance, or if you default on payment.

I may terminate treatment if you violate the terms of our agreement.



HEART | MIND
THERAPY

Should you miss appointments for four consecutive weeks, unless previously discussed, or have a pattern of frequently missing/cancelling appointments, or if you are unable to consistently keep appointments at the scheduled time, for ethical reasons, I must consider the professional relationship discontinued and will close your file. I will attempt to discuss this with you and see if we can troubleshoot the reason for this.

You can decide to withdraw from services at any time for any reason.

Printed Name

Signature / Date (You may sign electronically through the client portal, for minors, parents or guardians need to sign).