

# **Jan Eaton-Bennette, LCSW, Clinical Supervision & Psychotherapy**

## **Practice Policies**

### **WELCOME!**

Please read over and sign my Notice of Practice Policies before our first session. This document contains very important information that you will want to know before getting started. Please let me know if you have any questions or concerns about what you are reading and signing.

### **INITIAL CONSULTATION**

It is so important that you have a strong alliance with your therapist, in fact evidence suggests that the therapeutic alliance is a primary driver of change. I offer up to 30 minutes phone meeting at no charge prior to first session. This is an opportunity to get to know one another; when you can ask questions about how I work and how I might be able to help. Your comfort and ease with your potential therapist is essential and I welcome your determining if I am the right fit for you. I would be happy to make recommendations to other providers if you determine we are not the right fit.

### **FEES**

Individual Psychotherapy / 60 minutes \$150.00 / 90 minutes \$175.00;  
Family Psychotherapy / 60 minutes \$175.00 / 90 minutes \$190.00;  
Initial Psychotherapy Intake & Documentation / up to 90 minutes / \$ 175.00

### **PAYMENT**

I currently accept cash or check. A \$25.00 service fee will be charged for returned checks.  
**Payments are due at time of service.**

**While** I currently accept self pay only. However, my services may still be covered as 'out of network' services. If your health insurance has out-of-network coverage, payment is due at time of service. I would be happy to provide a bill for you to file a claim with your insurance. However, I cannot guarantee reimbursement by your insurance company.

### **BENEFITS TO PAYING OUT OF POCKET**

Some people prefer to pay out-of-pocket for a variety of reasons. Here are some reasons why:

**More choice** - Paying out-of-pocket allows you to choose the therapist that you would like to see. A positive therapeutic alliance is known to improve positive treatment outcomes.

**No mental health diagnosis criteria** - People seek therapy for a number of reasons; personal growth, "fine tuning", reflection and exploration. For many reasons, individuals may not meet criteria for a mental health diagnosis which insurance companies require. Paying out-of-pocket gives you the ability to choose therapy for whatever reason you choose

**More confidentiality** - Insurance companies require a claim with a mental health diagnosis to ensure services are "medically necessary". They may also periodically require review of progress notes and other documents with sensitive and confidential information. Individuals who pay out-of-pocket can keep their information confidential rather than have it documented in their permanent health records.

## **APPOINTMENTS & CANCELLATIONS**

Therapy is most often more effective when you maintain consistency of appointments. I also understand that sometimes you need some "therapy down time" to take in what you are learning about yourself. Please remember to cancel or reschedule 24 hours in advance. The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance. I do offer 80-90 minute sessions at different rate, if you prefer.

Cancellations and re-scheduled session will be subject to a full fee charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

## **TELEPHONE ACCESSIBILITY**

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available.

## **EMERGENCY SUPPORT**

I am generally not immediately available for an emergency. If you need immediate support due to a mental health crisis where imminent danger of self-harm or harming someone else is possible, please contact your local 24-hour crisis line (Multnomah County 503-988-4888; Clackamas County 503-655-8724; Washington County 503-297-9111) or go to your nearest emergency room. In case of an urgent situation, please call and leave me a detailed confidential message. I can usually return calls within 24 hours on regular business days.

## **SOCIAL MEDIA**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, 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.

## **ELECTRONIC COMMUNICATION BY EMAIL, TEXT OR OTHER NON-SECURE MEANS**

I do not use electronic communication (email, text, etc.) to communicate confidential client information. These methods, in their typical form, are not confidential means of communication. It may be useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication, for scheduling, requesting a contact, etc.. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- o People in your home or in public places who can access your phone, computer, or other devices that you use to read and write messages
- o Your employer, if you use your work email to communicate with me
- o Third parties on the Internet such as server administrators and others who monitor Internet traffic.

Please talk with me about alternative methods of communication to keep your communication safe and confidential. Please note that I cannot provide therapeutic interventions via text, therefore, if you need support or consultation please call me and leave a detailed message to ensure a timelier response. If you are experiencing a life threatening mental health emergency, Please call 911 or go to your nearest emergency room.

I consent to allow Jan Eaton-Bennette, LCSW to use unsecured email to transmit to me the following protected health information:

- Information related to the scheduling of meetings and other appointments
- Information related to billing and payment
- Records I specifically request to be sent by non-secure means, for my own convenience

## **MINORS**

If you are a minor, under 14 yrs. of age your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. If you are a minor over the age of 14, you are legally able to consent for your treatment and are entitled to confidentiality. Please note that even though you are legally entitled to consent to your treatment and are entitled to confidentiality, your parent or guardian may still be entitled to be informed regarding the treatment process; particularly if there are safety concerns. I do make all reasonable efforts to maintain your confidentiality; while seeking to include your legal guardian or whomever you have designated as your "parent" at your discretion, in your treatment process. I have a separate informed consent document for your review and signature.

## **TERMINATION; ENDING THERAPY**

Ending therapeutic relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will seek to discuss and explore with you the reasons and purpose of terminating prior to initiating to terminate the therapeutic relationship. If therapy is terminated for any reason or you request another therapist, I will provide you with names of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

## **CUSTODIAN OF RECORDS**

In accordance with Oregon Board of Social Workers rules and Oregon State law and in the unlikely event of my immediate death, I designate Monica Parmley, LCSW [license # 4121] to be my Custodian of Records. Monica will then be granted legal access to client's medical record whom before my death was engaged in services, for purposes of terminating services with client or transitioning client to another provider. Monica does not have legal access to these records for any other purpose other than in the event of immediate death and for these purposes only.

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I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment but am required to sign in order to receive communication electronically. I also understand that I may terminate this consent at any time.

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I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jan Eaton-Bennette, LCSW, LLC Practice Policies. I understand that if I have any questions regarding the notice of Practice Policies I can contact Jan Eaton-Bennette, LCSW at (503) 893-2580

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\_\_\_\_\_ Signature, Print Name, Date

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