



12110 Business Blvd Ste 34 Eagle River, AK 99577 P: (907)726.3535 F: (907)726.0627

INFORMED CONSENT

Please take a few minutes to read the following information.

Thank you for choosing Our Meadows and congratulations for taking the next step in improving you. We realize that starting counseling is a major decision and you may have questions. Please feel free to ask any question at any time during your treatment with our office. We will try our best to give you all the information you need.

OFFICE HOURS: Our clinic hours vary depending on the day and your provider may have their own individual schedule. Our clinic is typically open and staffed Monday through Thursday from 08:00 – 18:00 and Friday-Saturday 11:00-17:00. You may leave a confidential voicemail at any time. We check our voicemail during regular business hours. Please do not use fax, email, or voicemail for emergencies. We attempt to respond to voicemails on the same day; however, it may be up to one (1) business day before we return your call.

THE PROCESS OF THERAPY: Psychotherapy requires your active involvement, honesty, and openness to address and/or change your thoughts, feelings, and behaviors. Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one individual is viewed negatively by another. During therapy, your provider is likely to draw on various psychological approaches according in part to the issue that is being treated and their assessment of what may best benefit you. If you have any unanswered questions about any of the procedures used during your therapy, their possible risks, or our expertise employing them, please ask and you will be fully informed. Each individual provider has a unique set of skills, experiences, and tools from which they will conduct your therapy. Please discuss these considerations with your provider should you have any questions regarding their approach. You always have the right to ask about treatment options, request a different type of treatment, request a different therapist, or discontinue therapy at any time.

LEGAL PROCEEDINGS: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of confidential nature, it is strongly suggested that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney, nor anyone acting on your behalf contact our office to testify in court or at any proceeding, nor request a copy of your or your child's records. Litigation related services tend to interfere with the therapeutic relationship that our office strives to foster. Requesting a therapist to engage in legal proceedings can be particularly harmful to individuals who believe they are sharing information in a safe place. Court testimony can and often does damage a person's trust in their therapist. In the case of split families, court testimony usually ensures that at least one parent – generally the one that the child expresses the most anger, discomfort, or difficulty with – will believe that we are not doing a good job with the child. A therapist and child custody evaluator are not the same thing and should not be treated as such. Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation or court proceedings, the defendant may have a right to obtain psychotherapy records and/or testimony by your therapist. There are charges and separate fees for court testimony and other litigation related services which are not covered by insurance. If you become involved in legal proceedings that require this office's participation, you will be expected to pay for all professional time, including, but not limited to communication with any involved attorney; court testimony; and preparation; as well as any expenses or costs, such as transportation or parking.

COUPLES AND/OR FAMILY THERAPY: In couples and family therapy, or when different family members are seen individually confidentiality and privilege do not necessarily apply between couples or among family members. The provider will use their clinical judgment when revealing information.

MULTIPLE FAMILY MEMBERS IN THERAPY: Multiple family members may require therapy. If additional family members choose to engage in therapy with this office, we will strive to facilitate that with separate therapist for each member. If multiple family members request the same therapist, a discussion will be had with the first identified client prior to any decision being made. Ultimately, the provider will use their clinical judgment when making the final decision.

APPOINTMENTS: In the event that our office must cancel an appointment that we have scheduled, we will make reasonable attempts to reschedule you as soon as possible. It is our intention to end all sessions and phone calls at the scheduled time (appointment times vary between 16-120 minutes in length) and to be available for you at our agreed upon appointment time. However, given the nature of therapeutic work there are times that we may be required to go over the scheduled time with another client, which could run into the time that you had scheduled. Please know that in the event of need, we will do the same for you.

Client Name: _____ SIGNATURE: _____ Date: _____

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CONTACTING YOUR PROVIDER: Your provider is often not immediately available by telephone. This may be because the provider is seeing another client or due to other commitments. While your provider will usually be in the office between 8:30 a.m. and 5:30 p.m., your provider will not answer the phone when with other clients. When your provider is unavailable another office staff member or voicemail will answer the telephone. Messages are monitored and your provider or another staff member will make every effort to return your call on the same day you make it, except for weekends and holidays. If you are difficult to reach, please inform this office of sometimes when you will be available. If you are unable to reach your provider and feel that the situation is an emergency, contact your family physician, psychiatrist, call 911, 988 suicide and crisis line, or go to the nearest emergency room. If your provider is unavailable for an extended time (for example, on vacation or in extended training) you will be provided with the name of a colleague to contact, if necessary.

CONFIDENTIALITY OF COMMUNICATIONS: All information disclosed within sessions/appointments and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your consent, usually obtained in writing, except when the disclosure is required or permitted by law. At no time may any person or entity record, by any means, any session or conversation had in this office or in relation to this office.

We currently employ therapists with the licensure of Licensed Professional Counselor (LPC). Each Alaska licensure has its own statute regarding “Confidentiality of Communication”:

Licensed Professional Counselor (LPC): Sec. 08.29.200. Confidentiality of communications. (a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to (1) a communication to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities concerning a clear and immediate probability of physical harm to the client, other individuals, or society; (2) a case conference or case consultation with other mental health professionals at which the patient is not identified; (3) the release of information that the client in writing authorized the licensee to reveal; (4) information released to the board during the investigation of a complaint or as part of a disciplinary or other proceeding; or -3- (5) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information. (b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of (1) child abuse or neglect as required by AS 47.17; (2) harm or assaults suffered by a vulnerable adult as required by AS 47.24. (c) Information obtained by the board under (a)(4) of this section is confidential and is not a public record for purposes of AS 40.25.110 – 40.25.140.

USE OR DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS: Our Meadows, LLC (hereinafter “this office”) may use or disclose your “Protected Health Information” (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

“PHI” refers to information in your health record that could identify you.

“Treatment” is when this office provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when this office consults with another health care provider, such as your family physician or another psychologist or counselor.

“Payment” is when this office obtains reimbursement for your healthcare. An example of payment is when this office discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

“Health Care Operations” are activities that relate to the performance and operation of this office. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies only to activities within this office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

“Disclosure” applies to activities outside of this office such as releasing, transferring, or providing access to information about you to other parties.

USE OR DISCLOSURE REQUIRING AUTHORIZATION: This office may use or disclose PHI for purposes other than treatment, payment, or health care operations when your authorization is obtained. “Authorization” is written permission in addition to any general consent previously given that permits the specific disclosure. In those instances when this office is asked for

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information for purposes outside of treatment, payment or health care operations, this office will obtain an authorization from you before releasing this information. You may revoke all such authorizations of PHI at any time, provided each revocation is in writing.

You may not revoke an authorization, or such revocation may not be effective to the extent that (1) this office has already acted or relied upon the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

USE OR DISCLOSURE WITHOUT CONSENT OR AUTHORIZAION: This office may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If this office, in the performance of its occupational duties, has reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, this office must immediately report the harm to the appropriate authority.
- Adult and Domestic Abuse – If this office, in the performance of its occupational duties, has reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then this office must report the belief to the appropriate authority. This office must report incidents of abuse of disabled persons disclosed to this office by you.
- Health Oversight Activities – This office may disclose PHI to the Alaska Board of Psychologist and Psychological Associate Examiners or to the Department of Community and Economic Development in proceedings conducted by the Board or the Department where the disclosure of confidential communications is necessary to defend against charges before the Board or Department.
- Judicial and Administrative Proceedings – If you are involved in a judicial or administrative proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. This office will not release privileged information without 1) written authorization from you or your legally appointed representative or 2) a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. This office will inform you in advance if no privilege applies.
- Serious Threat to Health or Safety – This office may disclose PHI when you communicate an immediate threat of serious physical harm to an identifiable victim. If you present an imminent risk of serious harm to yourself, this office may disclose information necessary to protect you.

CLIENT'S RIGHTS AND PROVIDER'S DUTIES:

Client's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI. However, this office is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a provider at this office. At your request, this office will send your bills to another address.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in this office's client and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your provider will discuss with you the details of the request process.
- Right to an Accounting – You have the right to receive an accounting of disclosures of PHI. At your request, your provider will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of this notice from this office, upon request, even if you have agreed to receive the notice electronically.

Provider's Duties:

- This office is required by law to maintain the privacy of PHI and to provide you with a notice of this office's legal duties and privacy practices with respect to PHI.
- This office reserves the right to change the privacy policies and practices described in this notice. This office is required to abide by the terms currently in effect.
- If this office revises its policies and procedures, you will be notified.

Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH)

I understand that information regarding HIPAA and HITECH can be obtained off the US Department of Health & Human Services website (<https://www.hhs.gov/hipaa>). This website contains valuable and up to date information. I will visit this site and familiarize myself with the content before I started treatment with Our Meadows, LLC

Client Name: _____

SIGNATURE: _____

Date: _____

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REQUIRED DISCLOSURE OF CREDENTIALS & LICENSING INFORMATION

Licensed Professional Counselors (LPC). Board of Professional Counselors Division of Corporations, Business & Professional Licensing. Phone (907) 465-8444, Fax (907) 465-2974. Email: ProfessionalCounselors@Alaska.Gov P.O. Box 110806. Juneau, AK 99811-0806. Our Meadows LLC therapists are Licensed Professional Counselors. Alaska’s licensing board for LPC’s require the following information to be disclosed regarding our providers:

Trudy Reder: Office title at Our Meadows is “Behavioral Health Clinician”.
Southern New Hampshire University January 15, 2009. Master of Science in Community Mental Health.
Emphasis: Co-Occurring Disorders
University of Alaska Anchorage 2005. Bachelor of Science in Psychology and Human Services.
Emphasis: Counseling; Disabilities; Family and Youth

Derek Sandlin: Office title at Our Meadows is “Behavioral Health Clinician”.
Oral Roberts University December 2008. Master of Arts in Counseling
Oral Roberts University May 2004. Bachelor of Arts Psychology

DISCLOSURE OF FEES

Our published rates for typical services are as follows:

- Initial Assessment: \$330.00
- 16-37-minute Individual Session: \$170.00
- 38-52-minute Individual Session: \$230.00
- 53-89-minute Individual Session: \$315.00
- Additional 44 minutes Individual: \$230.00
- Family Therapy with Client 20-79 minutes: \$265.00
- Family Therapy without Client 20-79 minutes: \$260.00
- Additional 44 minutes Family: \$230.00
- Interactive Complexity: \$60.00
- Group Therapy 60 minute: \$105.00
- Court Minimum Appearance: \$2,750.00 * first 4 hours each day
- Additional Court per Hour/Hourly Miscellaneous Rate: \$315.00
- Late Cancellation/No Show Fee: \$125.00

Client Name: _____

Client (or parent/ guardian) Signature: _____ **Date:** _____

Printed Name (if Not Client): _____

Address: _____

Contact Phone Number: _____

Email: _____