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## **Statement of Policies**

Thank you for choosing us as your mental health provider. The following are our policies. Please initial next to each.

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### **1) Confidentiality**

All information that clients communicate to us is kept strictly confidential except in the following circumstances:

1. The client or clients' guardian signs a release of information stating that the clinician can communicate with a particular person or entity.
2. A client presents as a danger to self or others.
3. There is evidence that there is or has been abuse or neglect of a child or vulnerable adult.
4. For the purpose of providing the highest quality of care, we may consult about clinical matters with other licensed mental health professionals, who are bound to keep the details confidential.

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### **2) Fees for service**

My fees are \$100 per 50 minute session. Additional fees for services are billed at 15 minute increments based on the hourly rate noted above.

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### **3) Policy regarding missed appointments and returned checks**

Clients are responsible for paying for their scheduled time unless they cancel more than 24 hours in advance. Returned checks will result in a \$40 charge.

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#### **4) Policy regarding legal/custody disputes**

We do not allow any records of treatment to be used in custody disputes, either during treatment or subsequent to treatment. We do not testify in Court, provide depositions, or otherwise provide legal testimony regarding custody matters.

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#### **5) Release of Records**

When any party wants access to their records all parties involved must consent to their release. Each party carries confidentiality, therefore all must agree to release them.

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#### **6) Client Email/Text informed consent**

The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

1. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
4. Employers and on-line services have a right to inspect emails sent through their company systems.
5. Email and texts can be used as evidence in court.
6. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

Trelstad Counseling cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. Trelstad Counseling is not liable for improper disclosure of confidential information that is not caused by intentional misconduct. Clients must acknowledge and consent to the following conditions:

1. Email and texting is not appropriate for urgent or emergency situations. Therapist cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. The client should call and/or schedule an appointment to discuss complex and/or sensitive situations rather than send email and/or texts regarding such situations.
3. All email will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
4. Therapist will not forward client's identifiable emails and/or texts to outside parties without the client's written consent, except as authorized by law.
5. Therapist is not liable for breaches of confidentiality caused by the client or any third party.

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**7) Video recording of sessions**

At times your therapist may request to video tape sessions for self-evaluation purposes or to document a session. In particular sessions with children may need to be video recorded. By initialing here you are giving the therapist permission to video record sessions as needed.

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**8) Termination of services**

If you have not been seen for 90 days your file will be considered inactive and your account will be closed. If you decide to resume services please contact your therapist and your file will be re-opened.

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**9) Crisis information**

Clients who are experiencing a mental health emergency and/or are in need of immediate assistance should call 911, go to the nearest emergency room, or contact an appropriate Crisis Center (Multnomah County Crisis line phone number is 800-716-9769. Washington County Crisis line is 503-291-9111).

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**10) Consent for Treatment**

I have read, initialed, and understand the above policies and procedures and informed consent information. I agree to the stated terms of treatment and hereby give my consent for treatment.

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Updated August 20, 2018***