

**Kristen McNeese, LCSW, LLC**  
Independent Practitioner  
516 High Street Oregon City, OR 97045  
Phone (503) 386-8033  
therapy@kristenmcneese.com

Informed Consent

Welcome! The information below is provided to assist you in understanding my services, procedures, practice policies, and your rights as a client. This document represents our professional agreement. Please read this information carefully and let me know if you have any questions.

*Our work together:* In my approach, I work in partnership with teenagers, adolescents and young adults to help them reach the goals they have set for themselves. Often, this work includes healing from past negative experiences and traumas, support during developmental milestones and issues connected to “stage of life” challenges. I have deep confidence in a person’s inherent knowledge of self, resilience and ability to heal and grow in order to be their whole self. I focus on client-centered work partnering with you as a guide in order to collaborate and create an individualized counseling process that feels right to you. The treatment approach modalities that I integrate draw from EMDR, narrative therapy, and mindfulness practices (including MBSR-T) for emotional regulation.

*My training and experience:* I am a licensed clinical social worker (LCSW) in the state of Oregon (license number L7356). I have experience working in the field of social work for over ten years, supporting individuals and communities in a variety of environments including the juvenile justice system, education and advocacy work, residential treatment, community-based work and non-profits. In my work I have developed a client-centered, strengths-based and trauma informed practice modality.

*Crisis:* I will provide you with crisis resources and create a safety plan with you, as clinically indicated and/or desired by you. There may be times that I am unable to respond to calls or emails in a timely manner. If you feel you are in immediate crisis please utilize crisis resources (***OregonYouthLine.org (877) 968-8491***) or ***call 911***. You can also contact the ***Clackamas County Crisis Line (503) 655-8585***, or go to the nearest emergency room.

*Transitions:* It is your legal right to end counseling services with me at any time. If you are considering ending services, I invite you to share feedback with me so that we can collaborate together on the next steps, including making changes, continuing to work together or referrals to other agencies/clinicians. I can also end counseling services if I believe that my services are not clinically appropriate for you and will provide referrals to other mental health resources.

*Please note: it is not uncommon for clients to take breaks from regular sessions or temporarily suspend services. This practice requests that clients inform the therapist of these details in advance, as no contact for 90 days or more will be considered a termination of services.*

Scheduling: To schedule appointments please contact me at 503-386-8033, you can also email me at [therapy@kristenmcneese.com](mailto:therapy@kristenmcneese.com) or through my website <https://www.kristenmcneese.com>. Please keep in mind that electronic forms of communication such as email are not as confidential as phone communication, so please be mindful of what you share in your electronic communication.

### Appointments

I schedule my own appointments. Appointments are approximately 50 minutes long. Office hours will vary and session times may change to coordinate schedules.

I use an answering service to answer phone calls to the office. If it is not urgent please leave a message and I will call you back. I usually check the line daily (Monday -Friday) and generally will return your phone call within 24 hours. In a crisis situation please follow the crisis procedure stated above.

### Cancellation and No-Show Policy

As a client, you are responsible for keeping your appointment and arriving on time. If for some reason you need to cancel your appointment please let me know as far in advance as possible and no later than 24 hours so that I can offer that session time to another client.

**An initial late cancellation (24 hours or less) or a missed appointment will be billed at \$50. A second late cancellation or missed appointment will be billed at your regular session rate.**

### Confidentiality

You have the right to be assured of privacy and confidentiality during the course of our work together. Any information shared with me will not be released to any person or agency without your written permission. The following exceptions to confidentiality apply:

- Reporting suspected abuse (physical, sexual, psychological)
- Reporting that client is a clear risk/danger to self or others
- Reporting that you have committed acts of child abuse or intend to commit such acts
- Reporting information required in court proceedings
- Defending claims brought by clients against the clinician
- Reporting information necessary to collect unpaid accounts

Please let me know if you have questions about confidentiality and discuss them with me before revealing the information in question.

Minors

If you are 15 to 17 years of age, you can consent to services and sign mental health paperwork without your parent(s) and or legal guardian(s)' consent. *If you are under the age of 15, your parent(s) and or legal guardian(s) must sign consent to treatment and other counseling forms.* If you are under the age of 18 your parent(s) and or legal guardian(s) may legally request access to written client records upon request.

Board Information: Ethics and Grievances

Oregon Board of Licensed Social Workers  
3218 Pringle Road SE, Suite 240 Salem, Oregon 97302-6310  
Phone: (503) 378-5735, Email: oregon.bls@state.or.us

Fee and Payment

Individual sessions are billed at a rate of \$125.00 per clinical hour (apx 50 mins). All charges are due at the end of each session by either cash, credit card or HSA card.

It is your responsibility to speak with your insurance company regarding the benefits you have and if I am eligible under your plan. A **monthly superbill** will be generated and emailed to you to use for reimbursement with your insurance. Brief phone calls will generally not be charged. Substantial phone calls will be billed at the hourly rate. Additionally, collaborative work with outside resources will be billed at the hourly rate.

Please note: a limited number of sliding scale spots may be available for those clients currently undergoing financial hardship.

Signature and Consent to Services

By signing this, I acknowledge that I have read the above, understood and had an opportunity to have any questions answered. You are acknowledging that you received a copy of these practices and understand that you are fully responsible for payment of all fees and are consenting to engage in services. ***(Parents/caregivers, please sign the following page)***

Client Name: _____ (please print)	Date: _____
Client Signature: _____	Date: _____

Parent/Guardian Name: _____ (please print)	Date: _____
Parent/Guardian Signature: _____	Date: _____