

Brian H. Farr, MA, LPC
818 NW 17th Ave, Suite 10
Portland OR 97209 503-887-7498

CONSENT FOR COUNSELING SERVICES

I have read the Professional Disclosure Statement describing the counseling practice of Brian H. Farr, MA, LPC. I request and give consent to receive counseling services as described by the Disclosure Statement (below). **These services may be delivered via face-to-face meetings in my office, or via interactive audio, video or data communication.**

I acknowledge receipt of the HIPPA “Notice of Policies and Practices to Protect the Privacy of Your Health Information” (below).

I have been informed about the limits of confidentiality in counseling sessions. In particular, I understand that Mr. Farr may be required to disclose my protected health information (PHI) if he judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm to myself or other individuals. This disclosure of PHI may include government mandated protective services for children, elderly, or disabled individuals. If I have any questions or concerns about confidentiality, I will discuss them with Mr. Farr before I reveal sensitive, personal information.

I understand that there are risks and consequences of participating in interactive audio, video or data communication, including the possibility, despite best efforts to ensure high encryption and secure technology, that the transmission of my information could be disrupted or distorted by technical failures or could be interrupted by unauthorized persons or unforeseen technical problems.

I understand that interactive audio, video or data communication may not be as complete as face-to-face services. I accept that interactive audio, video or data communication is not able to provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

In the event that Mr. Farr becomes disabled and is unable to contact me, I authorize Mr. Farr’s designated professional colleague to contact me by telephone or written letter for purposes of notification and future scheduling. I understand that Mr. Farr is only available for consultation during specified office hours; furthermore, I understand that if I experience an emergency when this office is closed, Mr. Farr’s telephone voice message will direct me to contact the Multnomah County Crisis Line at 503-988-4888.

I understand that Mr. Farr **does not provide** legal advice, tax advice or advice concerning specific business decisions, financial transactions or investments.

I agree to pay Mr. Farr for counseling services as described in the Disclosure Statement. I understand **full payment is expected from me at each session.** Returned checks will be subject to a \$10 service fee. Finally, I agree to pay Mr. Farr in full for any scheduled appointment if I do not provide **24 hours advance notice of cancellation.**

PROFESSIONAL DISCLOSURE STATEMENT

Philosophy and Approach: I believe all individuals who have been impacted by mental health, addiction, or behavioral disorders can reduce or eliminate the negative consequences of those disorders. I believe these individuals can also develop internal and external resources that will allow them to create better lives for themselves and the people close to them. I have an unshakable belief in the resiliency of individual human potential. I employ a variety of therapeutic interventions in my counseling practice, including cognitive-behavioral techniques, strengths-based solution focus, motivational interviewing, and relevant insights from developmental psychology and contemporary neuroscience.

Formal Education and Training: I hold a Masters Degree in Counseling Psychology from Lewis and Clark College. Course work included theory and philosophy of counseling individuals, families and groups; human growth and development across the lifespan; diagnosis and treatment of psychological disorders; models of addiction treatment and recovery; career counseling and development; and cultural diversity.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics as set forth in OAR Chapter 833, Division 60. To maintain my license I participate in on-going continuing education and training on subjects relevant to this profession. I also utilize professional supervision when appropriate. I will be happy to answer any questions you have about the Code of Ethics, my continuing education and/or professional supervision.

Fees: Fees for professional counseling services are \$130 per fifty-minute session for individuals and \$145 per fifty-minute session for couples.

As a client of an Oregon licensee you have the following rights:

- + To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- + To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- + To obtain a copy of the Code of Ethics;
- + To report complaints to the Board;
- + To be informed of the cost of professional services before receiving the services;
- + To be assured of privacy and confidentiality while receiving services as defined by rule and law (see attached Notice of Privacy Practices), including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee;
- + To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists:

3218 Pringle Road SE, Suite 120, Salem OR 97302
(503) 378-5499 lpct.board@oregon.gov

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I 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, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or your psychiatrist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. 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. I may also use and disclose your PHI to contact you regarding scheduling, appointment reminders, overdue bills, or to return your telephone calls.
- “*Use*” applies only to activities within my office such as applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, *payment*, and *health* care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI **without** your consent or authorization in the following circumstances:

- **Child Abuse:** If there is a child abuse investigation, I may be compelled to turn over your relevant records. Additionally, I am required to report suspected abuse according to Oregon law.
- **Adult and Domestic Abuse:** If there is an elder abuse or domestic investigation, I may be compelled to turn over your relevant records. I may be required to report suspected abuse.
- **Health Oversight:** The Oregon State Board of Licensed Professional Counselors and Therapists may subpoena relevant records from me should I be the subject of a complaint.
- **Judicial or Administrative Proceedings:** In response to a subpoena or a court order or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement, I may release your relevant records.

- **Serious Threat to Health or Safety:** I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I will limit disclosure of the otherwise confidential information to only those individuals/organizations and only that content which would be consistent with the standards of the profession in addressing such problems.
- **Workers Compensation:** If you file a workers compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that in the complaint.
- **Required by Law:** I may use or disclose information as required by federal, state or local law officials.

IV. Patient's Rights and Psychotherapists Duties

Patient's Rights:

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses and disclosures of protected health information about you. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- *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, upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of your PHI that may be used to make decisions about your care for as long as the PHI is maintained in the record. I may deny your request to inspect and/or copy in certain limited circumstances, and if I do this, you may ask the denial decision to be reviewed.
- *Right to Amend:* If you believe that there is some error in your PHI or that important information has been omitted, you have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request and the reason for it must be made in writing, I may deny your request if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. On your request, I will discuss with you the details of the amendment process.
- *Right to and Accounting:* You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent or authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the amendment process.
- *Right to a Paper Copy:* You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Clinician's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice, and these changes will apply to PHI already on file.
- If I revise my policies and procedures, I will have a current copy available in my office and you can also request one from me and I will mail it to you.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me and we will discuss the situation. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at my office, Brian H. Farr, 1020 SW Taylor Street, Suite 820, Portland OR 97205. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. You will not be penalized for exercising your right to file a complaint.

VI. Effective Date

This notice went into effect June 21, 2004.