

# Statement of Informed Consent

The following information covers some important issues in my therapeutic practice. If you have additional questions that are not answered here, let me know. At the end of this document, you will be asked to sign indicating your understanding and agreement to counseling services under these conditions. Please keep a copy of this information for your own records.

## Professional Status

As a Clinical Social Worker Associate, I am allowed to practice counseling and therapy in compliance with the regulations of the Oregon State Board of Licensed Social Workers. I adhere to the National Association of Social Workers code of ethics, these can be reviewed on line. I obtained a master of social work degree from Portland State University in 2015. Along with my private practice, I am Medical Social Worker for hospice. Contact me if you want a detailed outline of my experience and work history.

## Contact Information and Emergencies

My private practice hours are generally Monday through Friday, with evening and week-end appointments possible. When I am not available, you can leave a confidential voicemail message at 541-844-5038. I check my messages regularly and will do my best to return your message in a timely manner. You may also email me at kasejawilder@protonmail.com. This is an encrypted email service, this helps ensure your confidentiality. When you send email from your account, you are responsible for maintaining your privacy. Generally speaking, internet communication is not a secure forum and confidentiality cannot be assured in the same way as voicemail. The same is true for texting; it cannot be assured to be confidential. Crisis, emergency situations, or safety concerns (particularly client suicidality and/or self-harm) are the most appropriate reasons to access phone support; however I cannot guarantee immediate availability.

In the event of an emergency, you may leave me a message informing me of such but you should also seek more immediate assistance. Community crisis resources include:

**White Bird (541) 687-4000 or 800-422-7558 (This is local to Eugene, Oregon.**

**If you do not live in Eugene, please let me know if you need help accessing resources in your area.)**

**Or go directly to your local emergency room. If needed, call 911.**

If I am on an extended leave, I will inform you of my absence.

## Therapy Risks and Benefits

It is important to understand that there may be periods during the course of counseling when you may experience emotional discomfort, and/or changes in relationships. Improvement often does not happen immediately or in a constant manner. There may be a fluctuation of symptoms or progress over the course of treatment. You may request, at any time, a review of your treatment progress from me. You can also refuse any treatment with which you are uncomfortable. Be aware that counseling is not an exact science and no guarantees can be made regarding the outcome of treatment or procedures provided.

Best outcomes of therapy are associated with consistent attendance, active effort, and full participation. Collaboration, on your part as the client, and on my part as the therapist is also key to success. Research indicates that a positive relationship between therapist and client is paramount. Therefore, if at any time you feel uncomfortable or dissatisfied with our relationship or work, it is important that we discuss this so that we can make the appropriate adjustments to our work together or, if needed, I can assist you with referral to another professional.

By signing this agreement you are authorizing Kaseja Wilder CSWA, to provide counseling services to you. There are no “stupid questions,” please feel free to ask questions at any time; it is your right to be fully informed.

### **Appointments and Scheduling**

The fee for the counseling services is \$150 (contact me if you need to discuss this) and is payable at the beginning of each appointment. After the initial intake appointment(s), which typically last a total of 60-90 minutes, each appointment will usually be approximately 50-60 minutes in length.

It is important that you agree to notify, me, Kaseja Wilder at 541 844 5038 at least 24 hours in advance of an appointment cancellation. A cancellation made less than 24 hours prior to the appointment time or a failure to keep an appointment may be charged at the regular session fee. On occasion, I may also have to cancel or reschedule sessions. In such cases, I will attempt to contact you at least 24 hours in advance whenever possible.

### **Fees**

Fees, including any co-payment, are due in full prior to each session, unless we specifically agree to other arrangements. Please be advised, services may be interrupted or ended for failure to pay.

### **Confidentiality**

I will treat what you share with me in great care. Law protects confidentiality of all communications between a client and a therapist as well as documentation and records. Confidentiality guidelines are determined by Oregon State Law, federal HIPAA guidelines, and my professional social work ethics.

Please note, Oregon State Law asserts certain exceptions or limits to confidentiality for cases in which there is potential harm to the client or others.

- 1.** I am a mandatory reporter. Therefore, I am mandated by law to report any suspected physical, sexual, mental or emotional abuse or neglect of a child, developmentally delayed individual or elder to Child/Adult Protective services or the police.
- 2.** In situations in which I believe you represent a serious bodily harm to yourself or others, I may contact appropriate authorities or seek hospital treatment for you on your behalf.
- 3.** In situations in which you are contemplating or intending to commit an act of violence, I may need to take steps to protect the intended victim against such danger or to inform the police or both.
- 4.** If there becomes some legal involvement in your case, I may be ordered by the court to release records or testimony. In such cases, I will typically attempt to assert confidentiality; however, a judge may overrule this if they determine that this information is necessary. If

you commence a complaint or lawsuit against me, the law allows disclosure for my defense.

At times, coordination of assessment or treatment with other professionals or important people in your life may be beneficial to treatment. This would require me to exchange treatment information with them. In such cases, I will discuss this with you and you should know that law requires I obtain prior written permission from you before releasing any information about our work together. I also need to obtain written permission before I audio tape or video tape you, and before I do an internet search regarding any personal presence you may have on the web. You have the right to refuse to give permission or revoke permission in writing at any time regarding these situations. In general, the only reason for you to give permission regarding the above situations would be for the sole purpose of benefiting your treatment.

I am required to keep a file of our work together for clinical record and treatment operations. All information about you will be under my supervision and kept in a locked file in my locked office. I participate in regular clinical consultation with colleagues. We routinely discuss cases to assist each of us in providing good quality of services. Any identifying information is left out of these discussions, and again, great care is taken to ensure your confidentiality. All of my colleagues are also bound by the same confidentiality procedures identified above. Generally, no written record or documentation is made of these meetings, although I may note a consultation of your case in your file if indicated.

Please keep this portion of this form for your records.

Please sign and return this portion of this form

**Statement of Informed Consent**

By signing the Statement of Informed Consent provided by Kaseja Wilder, CSWA, the client acknowledges that they have read the statement, agree to abide by its terms, and has had any questions or concerns about its contents addressed by Kaseja Wilder, CSWA. Furthermore, client's signature below indicates that client has voluntarily entered into treatment. Client understands that, by law, they need not sign or enter into this agreement and that they may also choose to discontinue treatment at any time.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_

Please refer to the attached privacy notice for more detail regarding federal confidentiality guidelines.

Please initial here to indicate you received Notice of Privacy Practices. **Initials** \_\_\_\_\_