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This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

MENTAL HEALTH THERAPY

Mental health therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

SESSIONS

After intake, I typically schedule one 50-60 minute session at an interval and time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will may be expected to pay for it unless you provide 24 hours advance notice of cancellation.

TERMINATION

You have the right to terminate treatment at any time. If problems arise in therapy, I ask that you discuss your concerns with me before terminating therapy. If I don't hear from you for 90 days, I will close my file on your treatment and will not provide any further services until you contact me.

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FEES

My hourly fee is \$180 for 50-minute sessions, \$200 for 60-minute sessions, \$300 for intakes, and \$200 for couples and family sessions. Stand-alone assessments for gender-affirming care (including updates) are \$300.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you may be expected to pay for my professional time even if I am called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.] If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I may withdraw from continued treatment or may send your account to collections. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out necessary forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; you are responsible for any copayment, co-insurance or deductible payments at the time of each session. You should also be aware that most insurance companies require you to allow me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire

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record. I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 7PM most weekdays, I probably will not answer the phone when I am with a client. I do work to return phone calls/emails within 24 hours. My telephone is answered by voice mail, that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room or call the Multnomah county crisis line at 503-988-4888. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Emails or texts. Email and text are not a secure method of communication and not appropriate for urgent communications. I typically will use email or text only for appointment reminders. I do not typically use email for communications about issues we discuss in therapy.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.

DIVORCED PARENTS

Please provide me with a current copy of any divorce decree or parenting time

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agreement so I can assess who has the legal right to authorize treatment for your minor children. Please keep in mind that any communications you send me may be able to be accessed by the non-custodial parent.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a licensed clinical social worker is protected by law. But there are exceptions. I may be required to disclose confidential information in the following situations:

- 1) Suspected abuse
- 2) Danger to yourself or others
- 3) Court orders or subpoenas
- 4) Legal proceedings where your emotional condition is an issue in the case.

COUPLES

If you are being seen as a couple, please remember that both clients have confidentiality rights and I will require a signed authorization from both clients in order to release my records.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient Signature _____ Date _____

Patient Signature _____ Date _____