

**Rae Sidlauskas, MS, LMFT Intern**  
Corvallis Therapy, LLC ♦ Therapy for Families, Couples & Individuals  
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### **Consent to Participate in Therapy**

This document describes the terms of the agreement between us and our respective rights and responsibilities in the therapeutic relationship. You may withdraw your consent (in writing) at any time; doing so will mean that we can no longer work together. **Please do not hesitate to ask any questions about the policies detailed below.**

### **Goals and Termination of Therapy**

As the client, you have final decision-making authority regarding your therapeutic goals and whether you wish to continue therapy. In our first session, we will discuss your reasons for seeking treatment and the goals you wish to achieve during therapy. Periodically we will revisit those goals to discuss your progress and whether you feel therapy is helping you. If at any point you feel that you have accomplished your goals or that the therapy I provide is no longer helpful for you, we can terminate therapy and (if desired) I can provide you with referrals to other mental health services. There are many approaches to therapy and you may find another approach works better for you; additionally, the particular client-therapist relationship plays a major role in the success of therapy, so please don't hesitate to talk to me if you feel our relationship is not beneficial for you. In rare circumstances, I may elect to terminate therapy with you if the therapeutic alliance is not mutually agreeable. If this happens, I will offer you referrals to other practitioners.

When I am out of town for an extended period of time (more than 1 week), I will arrange for another therapist to cover my practice. This person would not stand in for our regular sessions but would be available in the event of a crisis situation.

### **Process of Therapy, Risks and Benefits, and Alternatives to Therapy**

Therapy can create a number of benefits in your life, including improved interpersonal relationships, resolution of the specific concerns that brought you to therapy, and a more authentic human experience. However, personal therapy is a challenging endeavor and requires active involvement, honesty, and openness on your part. Exploring your thoughts and experiences can be emotionally painful and may result in increased anxiety, depression, or other unwelcome moods (usually temporary). Additionally, I may challenge you to consider new perspectives, which could cause you to feel angry, upset or disappointed. In the process of therapy you may find yourself making life changes that you did not anticipate and which may engender new concerns. Finally, positive changes for one person are sometimes viewed negatively by others.

Some people find that they prefer not to explore their situations, identities, and relationships and choose not to continue therapy. Others find that they prefer a different therapeutic approach/technique, in which case I am happy to provide referrals. Other alternatives to therapy include self-help groups, medical treatment, or spiritual practices and support.

### **Confidentiality**

As discussed in my Professional Disclosure Statement, our conversations during therapy and your records are confidential with certain exceptions around abuse, danger to yourself or others, and legal proceedings. If appropriate, I will contact you to discuss any release of your information. Additionally, you may always request that I discuss your records with another health care provider; I will provide a form for you to make such a request in writing. You may also request to review your own files; at times, I may feel that reviewing

your files will be harmful to your stated therapeutic goals. I will discuss this with you but the final decision will be yours.

If the primary client is a minor child (under 18 years of age), the parent or legal guardian usually has the legal right to the client's record. However, when working with minors, I often conduct one-on-one sessions in which the parent is not present. I feel that regularly discussing the content of those sessions with the parent/guardian undermines the therapeutic relationship and diminishes the potential benefits of therapy. I will inform a parent/guardian of any danger to the minor's health and safety. **If you are the guardian of a minor child in therapy or are a non-emancipated minor in therapy, please ask any questions you have about the confidentiality of our sessions.**

I regularly consult with my supervisor and other mental health professionals about my cases in order to provide my clients with the best possible care. In such conversations I do **not** reveal identifying information about individual clients and your identity remains anonymous.

If you are engaged in couple or family therapy (where more than one individual is present for sessions), I see the family unit as my client. Although we may have individual sessions, I maintain a 'no secrets' policy and any information you reveal in an individual session is not considered confidential from the rest of the treatment unit (family, partners, etc.). This is both because openness and honesty are important components of therapy, and also because I may not always remember what was communicated to me in an individual as opposed to a group/family session. When possible, I will encourage you to communicate anything you reveal during individual therapy to the rest of the group/family yourself, rather than 'outing' you unexpectedly.

Finally, since Corvallis is a small town, we may occasionally run into each other in a public place (grocery store, bank, etc.). If this happens, I will not approach you or indicate that we know each other. If you wish to acknowledge me I am happy to chat with you but I will leave that decision up to you.

### **Fee Schedule**

My fee is \$90 for a standard 50-minute session and \$140 for a 90-minute session. If you feel you cannot afford this fee, please discuss your circumstances with me; a sliding fee scale may be available. Fees are due (cash, check or credit/debit card) at each session unless we have agreed on another arrangement in advance.

Our agreed fee and payment schedule is \_\_\_\_\_ until amended in writing.

Brief phone calls (e.g. to schedule appointments, discuss fees, or request records) are free of charge. I prefer to conduct therapy in person but will consider therapy-focused phone conversations in crisis situations or extenuating circumstances. Such phone calls will be charged as a standard appointment. I will inform you if I feel a phone conversation is moving in this direction so that you can decide whether to continue the discussion or wait until your next scheduled appointment.

I review my fee schedule on a yearly basis and may adjust in relation to inflation and/or in relation to fees charged for similar services in the surrounding area. I will discuss changes in my fees before charging you and I encourage you to bring up any circumstances that make it difficult for you to afford therapy.

### **Appointments & Cancellations**

Right now I have limited hours for appointments; I am generally available on Monday mornings, Friday afternoons, and occasional evenings and weekends. Since it is difficult for me to reschedule appointments without sufficient advance notice, you will be charged the full fee for appointments cancelled with less than 24 hours' notice. I may make exceptions in the event of illness, emergency or inclement weather.

I do not conduct therapy via e-mail, Skype, chat or other internet-based communications.

**Contacting Me**

You can contact me by phone or e-mail at any time; when I am with a client I do not answer the phone, so please leave a message. My voicemail is confidential and is not available to others. I generally check e-mail on a daily basis. Given the security risks, I suggest that you do not communicate confidential information via e-mail. I do not accept liability concerning confidentiality of any information you choose to include in an e-mail message.

Since I cannot always respond immediately to phone or e-mail messages, if you are experiencing an emergency please call 911, visit your nearest emergency room, or call the Benton County 24-Hour Mental Health Crisis Hotline (888-232-7192).

In order to maintain professional boundaries and to protect your privacy, I ask that you do not contact me via Facebook or other social networking sites. I will not respond to friend requests from clients or messages sent via this medium.

*Your signature below indicates that you have read the above information, have had the chance to ask any questions, and understand and agree to the policies laid forth. Your signature also acknowledges receipt of my Professional Disclosure Statement.*

Client Name	Client Signature	Date
Client Name	Client Signature	Date
Name of Parent/Guardian if client is a minor	Signature of Parent/Guardian	Date