



**PORTLAND DBT INSTITUTE, INC**  
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## **INFORMED CONSENT STATEMENT & OFFICE POLICY**

The following statement answers some important and frequently asked questions concerning our program at Portland DBT Institute (PDBTI). If you have further questions after reading this, or other concerns not covered here, feel free to ask your therapist about them at your first appointment. Please keep one copy of this statement for your records. The original, signed and dated, will be kept in your file. It is very important that you read the entire statement carefully before signing.

### **Service Delivery Policies and Procedures**

After completing a mental health assessment, you will be provided information on service options. These include but are not limited to: 1) No treatment indicated, 2) treatment indicated but not with PDBTI (referrals provided if available), or 3) one or some combination of the following: individual therapy, family therapy, group therapy, and medication management. After your assessment you also have the right to be informed of your mental health diagnosis, as well as the right to discontinue treatment at any time. However, we encourage you to discuss the latter choice openly with your therapist first. Similarly, your therapist may need to terminate your treatment if, in his or her judgment, you are not benefiting from treatment or are non-compliant with treatment requirements. A full copy of all our service delivery policies and procedures including those pertaining to cultural competence, family involvement, and developmentally appropriate services will be made available to you upon request.

### **Possibilities, Risks and Benefits**

The goal of mental health treatment is to decrease targeted symptoms. There are some risks to treatment: Symptoms can worsen before they improve or may persist even after treatment is complete. New symptoms or treatment issues may emerge during the course of treatment. Progress related to mental health symptoms or issues can result in changes that have the potential to disrupt life patterns or interpersonal relationships. Psychiatric medication, if prescribed, can have side effects that may need monitoring or management. There are also benefits to treatment: Individuals participating in mental health treatment often learn skills to help cope with difficult emotions, change destructive patterns of thinking, improve interpersonal communication and demonstrate a positive impact overall behavior and personal wellness. DBT research finding regarding treatment benefits can be found on the Behavioral Tech, LLC website at [www.behavioraltech.org](http://www.behavioraltech.org) or ask your therapist for information specific to PDBTI's treatment outcome research.

### **Complaints and Grievances**

Any client who has a grievance arising from their treatment at PDBTI may present their grievance, verbally or in writing, to the Associate Director. The policy for the submission and review of complaints and grievances will accompany the intake paperwork. Grievance forms, as well as a notice listing contact information for oversight agencies can be easily accessed in the waiting room and/or by asking any PDBTI staff.

### **Confidentiality**

We abide by the laws and ethical principles that govern privilege and confidentiality. We will not disclose to anyone anything you tell us, not even the fact that you are a client in the program, without your written permission via a signed release of information form. There are a few exceptions to this standard:

1. It is legally required of us that we act to prevent physical harm to yourself or others when there is "clear and imminent" danger of that happening.
2. We are legally required to report cases of ongoing child, elder and disabled abuse.
3. We will tell the police and courts about any crime by a client committed at our program, or against any person who works for us, or about any threat to commit such a crime.

4. We may have to release clinical information regarding you to insurance carriers as required for payment or review of a claim.
5. We may have to release your records when ordered to do so by court subpoena. However, we will discuss the details of privilege with you beforehand and request a written release from you if we judge this to be in your best interest.
6. Occasionally, we may use a fax machine or email to send treatment plans, and other evaluations to your insurance company, specific agencies or other providers. Although we make every attempt to safeguard this information, faxed and emailed information is not necessarily guaranteed confidential.
7. PDBTI staff consult together weekly about your treatment progress. If we need to consult outside our program, we would obtain your permission first and be careful to conceal your name or other identifying information.

### **Appointments and Cancellations**

Individual sessions are arranged by appointment only. We will meet you at the exact time agreed upon. If we are late, we will make up the missed time or prorate your bill. If you are late, we will charge the full fee and you will lose that portion of time from your session. Cancellation of sessions should be avoided. If you need to cancel an individual therapy appointment, you will not be charged if you notify your therapist 24 hours in advance. If you no-show/no-call or late-cancel an appointment, you will be charged the full fee. Where 24-hour notice is given, the charge for a missed group session is \$30.00. No show/no call or late cancelled group sessions are charged at the full rate. Fees charged for missed sessions are not reimbursable by insurance companies. Per OMAP requirements, OHP clients will not be assessed out-of-pocket charges including missed session fees and insurance past due amounts. Cancellations can be phoned into the office any time, day or night. Please be aware voicemail messages are date and time stamped. If you miss four consecutive sessions (no show or cancellation of scheduled individual or group sessions), regardless of the reason or notice given, you will be out of the program. You may reapply for services after what would have been your graduation from Phase I of the program (approximately a six-month period).

### **Telephone Calls and Emergencies**

Our voice mail service enables you to call our office at any time, day or night, and leave a message for a return call. We check our phone messages at least twice a day, including weekends, and return calls as soon as possible. When your individual therapist is not available, he/she will leave a phone number where he/she can be reached or will arrange for substitute coverage. If you require emergency skills coaching, page your individual therapist immediately. He/she should return your call within the hour. If you are unable to reach your individual therapist, page your skills group leader, and if you are unable to reach your skills group leader, page your individual therapist's supervisor. If you are unable to reach these PDBTI contacts, call the Crisis Line at 503-988-4888 (Multnomah County), 503-291-9111 (Washington County), 503-655-8401 (Clackamas County), or 503-585-4949 (Marion County), or go to the nearest hospital emergency room.

### **Safety Policy**

Portland DBT staff and client safety are of utmost importance. As such, any act of aggression to self, others or property while on site shall be reported as a critical incident to a program manager and/or the director. A corrective action plan will be implemented to address the incident which may involve a written apology, compensation for damages, taking legal action, and/or immediate termination of PDBTI services. Please note that minors (children under 18 years old) must be accompanied by a responsible adult at all times while on PDBTI premises and that it is the adult's responsibility to monitor the actions and whereabouts of the minor at all times.

### **Fees and Payment**

There are charges for all program services, including therapy, consultations, preparation of special reports or treatment summaries, or other services you may request. We do not have a sliding fee scale, but do offer a few low fee slots for clients in financial hardship. Financial policy and procedures including program fees will be provided to you at the point of referral and/or intake. Once informed, you will be asked to sign a form indicating acknowledgement and agreement with PDBTI's financial policies and procedures. We require that you inform

us immediately of any change in your insurance plan or benefit coverage, including OHP. If for any reason, your insurance does not cover services rendered, you are responsible for your bill. If you have questions about your insurance benefit coverage it is your responsibility to contact your insurance company for information and clarification.

As a client participating in comprehensive DBT treatment or EST (Enhanced Skills Training), you are also considered a "member". The membership cost of \$75.00 is a required fee essential to offset the cost of DBT services and materials that are not reimbursed by commercial insurance. This fee will not be charged until you have committed to treatment at PDBTI and will be collected upon registration for group. As with any outstanding balance, you will receive a statement reflecting this charge until it is paid in full. Clients with the Oregon Health Plan and Kaiser HMO do not have to pay the membership fee as a benefit of their plan coverage.

**Data Collection Permissions**

We are continually seeking to improve our services and give back to the field. For these reasons, we would like your permission to use your data for research purposes. This may include additional voluntary communication from and data collection by PDBTI staff after the termination of treatment. Any research done will be done without any identifying information, data and results using your information will be kept completely anonymous. Data collection will take the form of surveys and questionnaires.

**PDBTI reserves the right to change terms or parts of this consent at any time. We will post any changes in our waiting room with ample notice. By signing below, I am indicating I have read, understand, and agree to the information presented in this informed consent.**

\_\_\_\_\_  
**Client Printed Name**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I have reviewed the posted HIPAA privacy act and a copy has been made available to me. \_\_\_\_\_ **Initial**

I have reviewed the posted Declaration for Mental Health Treatment and a copy has been made available to me. \_\_\_\_\_ **Initial**

I have reviewed the posted Summary of Service Delivery Policies and Procedures and a copy is available to me. \_\_\_\_\_ **Initial**

I have been offered a voter registration card. \_\_\_\_\_ **Initial**

I have received a copy of the Client Rights and Responsibilities and have had my rights fully explained and my questions answered. \_\_\_\_\_ **Initial**

I have been offered the complaint and grievance policy and a copy of the grievance form. \_\_\_\_\_ **Initial**

\_\_\_\_\_  
**Client Printed Name**

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

\_\_\_\_\_  
**Date**