

# Karyn L. Aho, Ph. D.

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492 East 13<sup>th</sup> Ave Suite 102 • Eugene, OR 97401 • Office: 541-342-5558 • Fax: 541-342-5565

## **Informed Consent & Payment Information**

### **Treatment**

Psychotherapy is a collaborative process during which we work together to find options and strategies to assist you in reaching your goals for treatment. Your active participation is a key factor in achieving successful outcomes. I will jointly create a plan for treatment based on your needs and goals. The process of psychotherapy has both potential risks and potential benefits. The potential benefits would be to reach the goals that brought you into treatment. These goals might help you feel better or change a behavior or transform a relationship. It is important to know, too, that there are potential risks in the psychotherapy process. These might include a temporary worsening of symptoms, emotional discomfort, or unintended changes in relationships. These difficulties typically subside as our work together progresses. Sometimes people change in ways not initially envisioned. Please feel invited to bring up any needs, requests, concerns, or questions at any time. Remember, you always retain the right to request changes in treatment or to refuse treatment at any time.

### **Couples and Family Counseling**

When multiple people or family members are present for a therapy session, each participant is required to provide signed consent to treatment. Additionally, if a records request is submitted, all participants must sign a Release of Information allowing the records to be released. If all participating parties do not agree to release the records, the records will not be released.

### **Confidentiality**

The information you share with me during your counseling sessions are confidential. This means that I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client with me without your full knowledge and usually your signed consent. However, there are several circumstances in which legal and ethical standards may require me to break this rule of confidentiality.

These exceptions include:

- When I believe you intend to harm yourself or someone else
- When I believe a child, elderly person, or disabled person will be abused or neglected
- When I am required by a court of law through a court subpoena to provide confidential information for some kind of court proceeding.
- If you are seeking reimbursement through an insurance carrier and this company requires additional information about sessions in order to review and process a claim for payment.

### **Telehealth**

Telehealth is the delivery of health services with the provider and recipient of these services being in separate locations and the services being delivered over electronic media. These services may include videoconferencing, email, text messaging, visual environments, and other mediums. In order to utilize telehealth services, it is necessary that you have access to an Internet service and that you have a technological device such as a computer, laptop, smart phone, or mobile tablet. If you are taking part of my Telehealth options, please review and sign the separate Telehealth Informed Consent form

### **Communications**

I am normally in the office between 10am and 5pm Monday through Friday seeing clients and check my phone message regularly. My email address and texting options are not a crisis resource and should only be used for scheduling or cancellations. If I am unavailable at the time you call, I will attempt to return your phone call in 24 hours. If you need immediate assistance or emergency care, please call the area 24 hour crisis lines: Whitebird at 541- 687-4000, or Sexual Assault Support Services at 541-343-7277. Also, in case of emergency you may call 911 or walk into your local Emergency Room or Urgent Care Center.

I subscribe to several digital services that can allow us to communicate more privately through the use of encryption and other privacy technologies. These options are available at no cost to you however, each requires some setup before they can be used. You may also choose to opt out of secure communication services and receive unencrypted communications. If you wish to communicate with me via unencrypted email or text message, please read and sign the Consent for Non-Secure Communications form. This form is also found on my website.

The most effective ways of reaching me:

- **Phone:** office landline 541-342-5558.
  - You may leave messages on the confidential voicemail
- **Text message:** smart phone 541-543-9300
  - Secure/encrypted - Signal is a free app that you can download to your computer or smartphone.
  - Non secure – Normal text message
- **Email:**
  - Secure/encrypted hushmail email address: drkaho@karynah.com
  - Non secure general email address: aho.karyn@gmail.com

## Fees & Payment

The full fee for a 60-minute psychotherapy session is \$180 and for a 45-50 minute session the fee is \$140.

If you have coverage through your health insurance plan, my office will bill them for you as a courtesy. Ultimately, what your insurance pays is between you and your insurance company, you are responsible for your balance. You will need to check with your insurance company to ensure that Behavioral Health is covered by your individual or group plan and if I am a provider on their panel. Most but not every plan will cover Behavioral Health. If your insurance plan does not have specific coverage, please contact the office as soon as possible.

Please be prepared to make your copay or co-insurance payments at the time of your appointment or make other arrangements before your appointment. I can accept a payment from you during your telehealth or in person session.

I have partnered with both Stripe and Square for credit card processing. You may also prefer to bring in cash or a check to my office. Checks can be mailed to my office address at 492 E. 13th Ave., Suite 102, Eugene, OR 97401.

I would appreciate a minimum of 24 hours of notice for cancelling an appointment. Appointments cancelled with less than this notice or scheduled appointments that you fail to attend will be subject to a \$50 fee. Your insurance company does not cover missed appointments and thus, this fee is not covered by your insurance. Please DO cancel an appointment if you are ill with a cold or the flu (or have a child who is ill and requires your care). Cancellations and appointments missed due to an emergency will not be subject to this late-cancellation fee.

## Acknowledgement & Signatures

I have read and understand the above statement of policies.

My signature below authorizes the release of any medical or other information necessary to submit insurance claims for my treatment on my behalf. I agree to assume financial responsibility for any and all charges my health insurance company does not pay for services. This includes co-pay, co-insurance, policy deductible, and all non-covered services and the outstanding balance after the insurance company has submitted their payment.

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

\_\_\_\_\_  
Date