

Lisa Popelka, MS, LPC  
503.853.0170  
811 NW 20th Avenue, Suite 303, Portland, Oregon 97209  
Licensed Professional Counselor - Oregon License No. C3014

## Appointment, Payment and Confidentiality Policies

Welcome: I am pleased that we have this opportunity to work together. I hope our work helps to fortify your sense of well-being as you develop more clarity, connection, and compassion in your life. Please read the following important information. I invite you to express any questions or concerns that you may have.

Our Work: My work with people is usually medium to long term. I have found that this type of work results in lasting in-depth life changes for people. This type of change is cultivated through commitment, consistency, and a safe, nurturing, honest, working relationship. I commit myself to creating a trusting space in which you feel seen, heard, and accepted by me. What I ask of you in return, is that you commit to investing in yourself - to be engaged in the process, allowing yourself as best you can, to be who you are. I recognize and deeply respect the effort it takes on your part to make this commitment. Together, we can create a container that supports your growth in the most optimal way. In my professional experience, I have found that this container develops best when we meet weekly - so that is what I ask of my clients. I encourage you to consider this, and if any questions or thoughts arise, please let me know so we can discuss these.

Fees and Insurance: Fees are due at the time of your appointment unless other arrangements have been made in advance, payable by cash, check, or credit card. If you pay by credit card, I will charge the card after the session and if you would like a receipt, I will provide it at our next session. For checks or cash, I appreciate payment at the start of the session. Some insurance companies may reimburse for services. If your insurance company covers some portion of your fee, I will assist you by providing billing statements and other necessary information. You are responsible for billing your insurance company and arranging to receive reimbursement directly. It is understood that you are ultimately responsible for payment of your therapy services.

Telephone consultations beyond 15 minutes in length are charged at my hourly rate.

There may be a bank service fee for any checks that are returned from the bank. I will notify you by phone if this occurs. Payment of this bank fee is due at your next appointment along with your regular fee.

Cancellations and Missed Appointments: If for some reason you cannot make your scheduled appointment, please cancel as far in advance as possible. I request that you let me know with a minimum of 24 hours notice. If an appointment is missed or cancelled with less than 24-hours notice, you are responsible for the full fee of the missed or cancelled appointment. If you need to cancel or reschedule an appointment, please call my office voicemail at 503.224.6559 to leave a message. Please do not use email to change our appointments, as that is a less reliable way for me to receive your message. If you don't receive a confirmation call back from me in a reasonable amount of time it means that I didn't receive your message and I ask that you call again.

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Emergency Procedures: If there is an emergency and I cannot be reached, please contact your physician, the emergency room at the hospital nearest you, or the mental health crisis line at (503) 988-4888.

Confidentiality: Counseling is most effective when people feel they can talk openly in an environment that is private. I am committed to the confidentiality and privileged communications of all clients. I will not share your personal information unless you sign a release that gives me permission to talk with a specific party. However, the following limitations and exceptions exist:

- 1.) You provide me with your consent to release information;
- 2.) I have reason to believe that you are a danger to yourself or to someone else;
- 3.) You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person;
- 4.) I am ordered by a court to disclose information; or
- 5.) I need to release specific information to your insurance provider in order to receive payment for services

I also present cases in group or individual consultation. I do my best to disguise the identity of my clients (I do not reveal names or use other identifying information) so that I may protect your privacy. Do you give me permission to present your case in group consultation? Yes \_\_\_\_\_ No \_\_\_\_\_ or individual consultation? Yes \_\_\_\_\_ No \_\_\_\_\_  
(please initial) (please initial)

May I thank the person who referred you? Yes \_\_\_\_\_ No \_\_\_\_\_ (please initial)

Please do not use email to communicate sensitive information to me. Email is not secure and confidentiality cannot be protected.

Termination: After the first couple of meetings, we'll assess if I can be of benefit to you. If at any point during psychotherapy, it's determined by either of us that I'm not effective in helping you reach your therapeutic goals, we'll discuss it and, if appropriate, and with your agreement, we'll terminate treatment. In such a case, I'll provide you with a number of referrals and, if I have your written consent, I'll provide her or him with the essential information needed to help with the transition. You have the right at any time to seek another professional's opinion, consult with another therapist, or terminate therapy.

I do request that we discuss termination together in session. If you decide that you would like to end therapy, I request that your last appointment with me to be in my office, not by phone or letter. This allows time for review of the work you have done in therapy and closure between us.

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Additional Issues: I appreciate the time you have taken to read this. It is important to be aware that sometimes people experience emotional discomfort or changes in relationships as a result of working toward goals of treatment. Please discuss any concerns you notice so that we can work together to help you cope with these changes and create a more positive outcome. One of the most important rights you have as a client is that you are always free to ask questions and communicate concerns as they arise for you now or at any point during your treatment. Please feel free to let me know directly how I can be of assistance to you.

I very much look forward to working with you.

Authorization for Treatment: I have read this form and have had the chance to discuss it with the therapist who is working with me. I understand the information stated, and I agree to participate in treatment under the conditions described. I give permission for Lisa C. Popelka, MS, LPC, to provide necessary treatment, or to make an appropriate referral for me, and I understand that I can end therapy at any time I wish.

Client:

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Print Name

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Signature

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Date Signed