

Dear Client, Thank You for Completing These Forms!
Birgitta von Schlumperger PhD, Corporate Consulting Group, Inc.
Birgitta@CorpConsultingGrp.com, 503-226-0828
Online Therapy, Consulting and Coaching Services
Confidential Updated Client Information, please print clearly:

Client Name: _____ DOB: _____

Gender: M F Marital Status: _____ Driver's license: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ Email: _____

May messages be left for you at home? _____ Work? _____ Cell? _____ Email? _____

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).

Insurance Information - Please provide a copy of your insurance card(s) and driver's license front and back with your completed intake forms. Thank you!

Primary Insurance Carrier: _____ Phone: _____

Claims Address: _____ City: _____ Zip: _____

Name of Insured: _____ Relation to Client: _____

Insured ID #: _____ Group #: _____ Insured's DOB: _____

Phone: _____ Insured's Employer: _____

Insured's Address: _____ City: _____ Zip: _____

Secondary Insurance Carrier: _____ Address _____

City: _____ Zip: _____ Name of Insured _____

Relation to Client _____ Insured ID #: _____ Insured Group # _____

Insured DOB: _____ Phone: _____ Employer: _____

Insured's Address: _____ City: _____ Zip: _____

I hereby authorize the release of all medical information necessary to process an insurance claim. I hereby authorize my insurance carrier to make payments directly to, Birgitta von Schlumperger, Ph.D.. I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise written by Birgitta von Schlumperger, Ph.D.. I understand the financial policy established by Birgitta von Schlumperger, Ph.D. I understand that balances left unpaid over 90 days from the date of service may be assessed a 1.5% rebilling / past due account fee (minimum \$5.00) per month and / or may be referred to a collection agency to facilitate payment.

Signature: _____ **Date** _____

Client Name _____ **DOB** _____ **Date** _____

Your Occupation _____ Education _____ Employer _____

Who else lives in your household (name, DOB) _____

Partner's name & occupation _____ Education _____ Employer _____

Your emergency contact (name, phone) _____

Please describe the problem that brought you here today:

Do you have any concerns/problems in the following areas?

Social support, friendships: No _____ Yes _____ please describe:

Educational/professional/occupational: No _____ Yes _____ please describe:

Housing/living arrangement: No _____ Yes _____ please describe:

Financial/economic: No _____ Yes _____ please describe:

Access to health care services: No _____ Yes _____ please describe:

Legal: No _____ Yes _____ please describe:

Other psychosocial and environmental issues: No _____ Yes _____ please describe:

How much are you bothered by the following symptoms?

(0=not at all to 10 = severely)

Depression _____ Feeling hopeless _____ Extreme sadness _____

Feeling tearful _____ Trouble concentrating _____ Change in sleeping habits _____

Lack of enjoyment of usual activities _____ Physical Pain _____

Memory problems _____ Lack of energy _____ Change in eating habits _____

Weight changes _____ Mind racing _____ Perfectionism _____ Anxiety _____

Client Name _____ **DOB** _____ **Date** _____

How much are you bothered by the following symptoms?

(0=not at all to 10 = severely)

Self-esteem problem ____ Feeling stressed ____ Trouble performing your job ____

Easily irritated ____ Feeling guilty ____ Feeling fearful ____ Concentration problems ____

Obsessions or compulsions ____ Problems getting along with friends or family ____

Feeling nervous ____ Muscle tension ____ Problems with anger ____

Sudden panic ____ Using more alcohol or drugs ____ Acting violently ____

Thought of hurting yourself or others ____ Thoughts of killing yourself or others ____

Have you been in counseling before? _____

Who did you see? _____ Dates _____

Explain what happened:

Other times in counseling? Who did you see? _____

Dates _____ Explain what happened:

Medical Information

Who is your primary care provider? _____ Phone _____

Date you last saw this person _____ For what _____

Please list all medications you take, what does, and for how long (prescription and over the counter):

Are you allergic to anything?

Do you use, or have you used any of the following (if yes, how much and for how long)?

Client Name: _____ **DOB** _____ **Date** _____

Tobacco in any form _____

Alcohol _____

Current number of drinks per day or per week _____

Caffeine drinks (coffee, tea, cola) _____

Recreational drugs _____

Do you exercise and how often? _____

Family mental health, medical and substance abuse history:

Anything else you would like for me to be aware of:

THANK YOU FOR COMPLETING THIS FORM!

For after-hour emergencies, please call my office at 503-226-0828 AND my land line at 1-971-324-0024, as I turn my cell off at night. If you cannot get a hold of me, please call Metro crisis at 503-988-4888 and/or 988. If you have a life-threatening emergency, please call 911 and go to the nearest emergency room. Do not wait for me to take lifesaving action, as I might be unavailable.

Notice of Privacy Practices from the desk of Birgitta von Schlumperger, Ph.D.

Corporate Consulting Group, Inc. (503) 226-0828, (503)-317-7160 cell
PO Box 106, Wheeler, OR 97147, Birgitta@CorpConsultingGrp.com

Protecting Your Confidential Health Information Is Important to Me

PHI” (Protected Health Information) refers to individually identifiable health information. **PHI** includes any identifiable health information received or created by my office or me. **“Health information”** is information in any form that relates to any past, present, or future health of an individual. This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Information. Your Rights. My Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Thank you!

Get an electronic or paper copy of your medical record

- You can ask to see or get a paper (I do not keep electronic) copy of your medical record and other health information I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me **not** to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I have shared information

- You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge reasonable,

cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice**
 - **Choose someone to act for you**
 - **File a complaint if you feel your rights are violated**
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly by mail.
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - I will make sure the person has this authority and can act for you before I take any action.
 - You can complain if you feel I have violated your rights by contacting me. I appreciate you letting me know if you feel I have done anything to violate your rights and commit to addressing your concern immediately.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care (only with your written consent unless it is an emergency, and I am required by law to protect)
- Share information in a disaster relief situation (unlikely to apply to my practice)
- Include your information in a hospital directory (does not apply)
- *If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to your health or safety or if you threaten someone else's safety.*

In these cases, I never share your information unless you give me written permission:

- Marketing purposes (does not apply)
- Sale of your information (does not apply)
- Most sharing of psychotherapy notes (only with your written consent)

In the case of fundraising:

- Does not apply to my practice.

My Uses and Disclosures

I typically use or share your health information in the following ways.

Treat you

- I can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you asks another doctor about your overall health condition. (Unless it is an emergency, I will ask for your written consent.)

Run my practice

- I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Example: I use health information about you to manage your treatment and services.

Bill for your services

- I can use and share your health information to bill and get payment from health plans or other entities.

Example: I give information about you to your health insurance plan so it will pay for my services.

How else might I use or share your health information?

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- I can/should share health information about you for certain situations such as:
- Reporting suspected abuse, neglect, or domestic violence, elder and child abuse (present and past)
- Preventing or reducing a serious threat to your or someone else's health or safety (duty to warn)

Do research

- I can use or share your information for health research (not applicable to my practice)

Comply with the law

- I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy laws.

Address workers' compensation, law enforcement, and other government requests (generally does not apply to my practice)

- I can use or share health information about you:
- For workers' compensation claims (I don't do this type of work)
- For law enforcement purposes or with a law enforcement official (with your written permission, subpoena, or during an emergency)
- With health oversight agencies for activities authorized by law (with your written permission, subpoena, or during an emergency)

- For special government functions such as military, national security, and presidential protective services (with your written permission, subpoena, or during an emergency)

Respond to lawsuits and legal actions

- I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me that I can in writing. If you tell me we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html
- I can change the terms of this notice, and the changes will apply to all the information I have about you. The new notice will be available upon request, in my office, and on my web site.

CLIENT ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Thank you for taking the time to review this information. If you have any questions, please ask me. If you do not have questions, please acknowledge your receipt of this Policy of Privacy Practices by signing and returning this form. **Thank you! I very much appreciate your help with this!**

I, _____ have received and read the Copy of Privacy Practices
Client name

from Birgitta von Schlumperger, PhD and my questions have been answered to my satisfaction.

I want a copy _____
Initials

I decline a copy _____
Initials

I give permission to be contacted by **NON-HIPAA** compliant email or text, I have been informed of the risks associated with using non-HIPAA compliant email and text and have been offered alternatives:

Yes _____
Initials

No _____
Initials

Client Signature **Date**

**Birgitta von Schlumperger, Ph.D.
Corporate Consulting Group, Inc.**

Online Therapy, Consulting and Coaching Services

PO Box 106, Wheeler, Oregon 97147
Phone (503) 226-0828

Information Letter and Treatment Consent

Dear Client, welcome to my practice! I offer online telehealth psychotherapy, consulting, and coaching services. As most of my clients are not local, I rarely have in-person sessions. I appreciate your trust and the opportunity to be of service to you. This letter is designed to answer some frequently asked questions about my practice and our relationship. As you read it, please feel free to mark any places that are not clear to you or write in any questions which come to your mind, so we can discuss them. My name can be a bit of a tongue twister. Some people think of a “beer and guitar” as a mnemonic for my first name. Some people call me “Dr. Von, or Dr. B.” No worries about how to pronounce my name. I am open to new versions.

As a psychologist, therapist, consultant, and coach, I welcome and am honored to treat adults of any age, gender, marital status, race, color, religious beliefs or creed, ancestry, national or ethnic origin, physical or mental disability or handicap, veteran status, sexual orientation, health status, having a criminal record unrelated to present dangerousness. I do not discriminate nor engage in any action in violation of federal, state, or local laws or executive orders. This is both a personal commitment and is made in accordance with federal, state, and local laws and regulations. If you believe you have been discriminated against, please bring this matter to my attention **immediately**. I can ethically only provide psychotherapy service in the State of Oregon but can offer coaching and consulting (non-medically oriented and billed) services outside Oregon.

1. Psychological treatment

You can only make the best decisions if you have enough information and understanding of how psychotherapy might work. Let me discuss some aspects of psychotherapy as I see it. I offer individual counseling. I also work as an organizational consultant, trainer, and coach.

Therapy is a large commitment of time, money, and energy and so a therapist should be carefully chosen. I strongly believe you should be comfortable, encouraged, and optimistic with the therapist you choose. You have the right to ask me about other treatments for your condition and their risks and benefits. If you could benefit from any treatments I cannot provide, we will discuss other options. If, at any time you wish another professional’s opinion or wish to consult with another therapist, I will support you.

Psychotherapy requires your active involvement and efforts to change your thoughts, feelings, and behaviors. Offering your views and responses when they are important to you, even if I do not ask, is one of the ways you are an active partner in your therapy. There is no instant, painless, or passive cure, no “magic pills.” Instead, there might be homework assignments, exercises, practice sessions, record-keeping, and perhaps other projects.

I may suggest that you see another professional in addition to me. For example, I may suggest that you see a physician for evaluation or prescription of medications or consider other resources. I will fully discuss my reasoning and recommendations with you ahead of time and the decision is ultimately up to you.

I take essentially a collaborative and cognitive-behavioral approach to therapy. Depending on your specific concerns and resources available, we might focus primarily on the most immediate problems and solutions or might engage in therapy that is oriented toward longer-term change, personal growth, and insight. Insurance companies only reimburse for services that are considered “**medically necessary**” which means the symptoms must be acute and must meet a diagnosis. If you want to work primarily on personality change, self-growth, and self-development issues, you will most likely have to pay for these services by yourself, as they would not be considered “medically necessary”. Your input and feedback are essential in planning your care. Throughout our work we will decide together how to best serve you, considering your resources and your needs.

As with any treatment, there are both benefits and risks associated with psychotherapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness; recalling unpleasant aspects of your history; missing work or school; or appearing or being judged as inadequate. Difficulties with people important to you may occur; family secrets may be disclosed; and, despite our best efforts, therapy may not work out well. Some changes may lead to worsening of your problems or even losses. In therapy major life decisions are sometimes made, including decisions involving separation within families, development of other types of relationships, changing employment settings and changing lifestyles. These decisions are a legitimate outcome of the therapy experience because of an individual's calling into question many of her or his beliefs and values. As your therapist, I will be available to discuss your assumptions, problems, or possible negative side effects of our work together.

Despite this, you should know that psychotherapy has been repeatedly scientifically demonstrated to be of benefit for most people and in most situations. Benefits might include the lifting of a depression or no longer feeling afraid or angry or anxious. You will have the opportunity to "talk things out" with someone who can be objective. Relationships and skills may improve dramatically. You may be better able to cope with social or family relationships, and so receive more satisfaction from them. You may better understand your personal goals and values and thus grow as a person and become more mature.

2. Tele-meetings

I usually schedule **45 to 50** minutes for the first introduction and information-gathering tele session and then tele-meet at about weekly intervals for 45- 50 minutes each time. Sometimes it is advisable, due to limited resources and depending on your situation, to schedule tele-meetings less frequently. We will jointly figure out what works best for your needs. I will try to inform you of my vacations or any other reasons why I may not be in the office as much ahead of time as possible. Sometimes unforeseen schedule changes might arise, and I apologize for any negative impact. Feel free to ask about my schedule in making your own plans. Please also inform me if and as your schedule changes.

Your session time is reserved for you. Reality does not always allow us to keep our promises, but a canceled appointment is an interruption in our work that will delay completing it. I am rarely able to fill a canceled hour unless I have several days' notice. If you must cancel your appointment, please give me at least **48 business hours'** notice. Please be advised that if you fail to give me at least 48 (preferably more) business hours' notice, I will charge you the **full session fee**, as I cannot absorb such financial losses. Insurance usually does **not** cover missed or late canceled appointments. This policy sometimes causes a client to feel upset or frustrated with me. Please only start treatment with me, if you can agree to this policy, as I will enforce it regardless of the cancellation reason to help me manage my own financial obligations responsibly. I will make every effort to accommodate your scheduling needs. Please make sure that you have privacy, safety, and the appropriate equipment to assure a stable connection for our tele session. I will do the same. If a visual connection is weak, we can talk by phone. While tele sessions are convenient, it can be helpful to allow for some transition time before and after the session for some reflection and self-care rather than shifting immediately to another activity.

3. Fees

In any professional relationship, payment for services is an important issue. The first session is called an intake and is billed at \$300.00-\$350.00. My current regular fee for individual therapy is \$200.00-\$250.00 per 45-50-minute session. Overtime will be billed on a pro-rated basis. I do not charge for brief (5-7 minutes) telephone conversations but will bill my usual fee on a prorated basis for any additional time that I spend on your behalf, either in person or telephone, in talking with attorneys, school officials, and courts, or by appearing at hearings, staffing, screenings and so forth. Depending on your insurance coverage, the fee might be different, but never higher than that.

4. Billing, insurance, and payments

You are responsible for verifying your insurance coverage, deductibles, reimbursement rates, co-payments, and other aspects.

Please send your copayment by check to PO Box 106, Wheeler, Or 97147. I do not accept credit cards and cannot use Venmo due to confidentiality. I will expect you to pay for any services rendered to you until the time you terminate the relationship. **Please periodically check with your insurance regarding your tele health coverage.** Some clients prefer to pay once a month, rather than send a check after each session and I am ok with that, as long as we have a reliable system. A 1.5 % late fee could be applied to the unpaid balance for any month. If you

run up a bill and fail to pay me, I will discontinue therapy and refer you to other community service options and might turn over the account to a Small Claims Court or a Collection service. Please call me if you need to make special payment arrangements, so that we can avoid any difficulties in this area. A \$35.00 charge (or what the bank charges me) will be applied to any check that is being returned due to insufficient funds,

If you have health insurance that may pay a portion of my fee, I will bill your insurance for you. There are usually certain forms that need to be completed either once or throughout treatment to bill your insurance. However, please bear in mind that **you are responsible** and not your insurance company, for paying the fees we agreed upon. If the insurance company does not make timely payment, then payment will be expected from you as my patient. While I might double-check with your insurance carrier to verify your coverage, I am **not** responsible for establishing your benefits. If there is any problem with my charges, billing, your insurance, or any other bureaucratic/financial aspect, please bring it to my attention and I will do the same with you. Such problems can interfere with our work and must be resolved openly and without delay.

If you have more than one insurance coverage, I will bill your **primary** one but not the secondary one. I will expect you to pay me as co-payment whatever the first insurance policy does not cover. You need to bill your **secondary** insurance once you have received the primary carriers' billing statements.

5. Contacting me

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).

My normal business hours are 8 a.m. to 5 p.m. Mondays through Wednesdays, but I might adjust my office hours as needed. During normal business hours, please call my voice mail at 503-226-0828 (503-3177160) and leave your message including your phone numbers. You can also text me at that number, but please be advised texting to my numbers is not HIPAA compliant and you need to consent to using this non-HIPAA compliant form of communication. Same goes for email. As mentioned above, if you use email or SMS, you give permission and consent. It is best not to use these communications modes for protected information. As I am able, I will call you back to assess your need and arrange a call back. If it is a crisis, please say so when you leave your message. **If you have a crisis and need to get a hold of me after 5 p.m. and on the weekends, call my office and leave your message and, in addition, please call 1-971-324-0024**, as I turn my cell phone off at night. I will call you back as soon as I can. That could be anywhere from a few minutes to several hours.

In an urgent or life-threatening emergency, please either call the police or go to the nearest emergency room and identify yourself in crisis. You may also call **Metro Crisis at 503-988-4888**. Washington County at **(503) 291-9111**, Clackamas County at **(503) 655-8401**, Clark County at **(800) 626-8137**, Columbia County at **(866) 866-1426** and **the national crisis line at 988**. During an emergency call, I will focus on the most immediate issues with you at that time and then follow-up during our next appointment time. Except on weekends and after 5 p.m., I am committed to returning your call as soon as possible. If warranted, I will make special arrangements for telephone communication and this service will be charged at my usual rate.

6. Saying good-bye

Termination is inevitable. It should not be done casually, as it can be made a valuable part of our work. Either of us may terminate our work if we believe it is in your best interest. I ask that we meet for at least one session after you wish to terminate to review our work together, our goals and accomplishments, any future work to be done, and our options.

7. Confidentiality

What a client tells a therapist has always been treated as private. However, the situation is not so simple that I can promise you that *everything* you tell me will *never* be revealed to anyone else. It is more complicated, because

there are times when the law requires me to tell others, and there are some other limitations on our confidentiality. We need to discuss all of these, so that there are no misunderstandings and no incorrect assumptions. Because you cannot unsay what you have told, you must know about these rules at the beginning, so that you do not tell me something you wish you had kept secret. These are important issues, so please read these pages carefully. Then we can discuss, at our next meeting, any questions or concerns you might have.

As you know, what you tell me, since I am a professional therapist, is *almost* always **confidential**. That is, my professional ethics prevent me from telling anyone else what you told me (unless you give me permission to tell them). Furthermore, it is also **privileged**; that is, the law prevents me from telling anyone else. These rules are the ways our society recognizes and supports the privacy of what we talk about. However, there are a few rare exceptions to our confidentiality that I will now describe.

A. There are some legal and ethical rules I must obey which say that I must not keep some information confidential.

1. There are laws written to protect persons from harm when, in a therapist's professional judgment, there is a danger to those persons from a client.

a. If I come to believe that you are **threatening serious harm** to another person or yourself, I am required to try to protect the other person or persons and you.

b. In an **emergency**, where your life or health is in immediate danger, I may release, to another professional, information that would protect your life without your permission, if I cannot get it. If I do so, I will discuss this with you as soon as possible afterwards.

c. If I believe or suspect that a **child**, an elderly person, or a disabled person is being **abused** or has been abused (by your neglect, assault, battery, or sexual molestation, I must file a report with the appropriate state agency regardless of the timing of the event.

e. If any of these situations might be an issue for you, please let us discuss the legal aspects in detail and do this before you tell me about anything on these types of topics.

B. In general, if you get involved in **court proceedings** you can prevent me from testifying about what you have told me. This is called privilege, and it is always your choice to invoke it or to waive it (that is, allow me to testify). However, there are some situations where the judge may require me to testify because the judge believes the court needs my information to make a good decision:

1. In child **custody** or adoption proceedings where your fitness as a parent is questioned or in doubt.

2. Where your emotional, mental, or psychological condition is important information for a court's decision.

3. During a **malpractice** case or a disciplinary board hearing against a therapist.

4. In a **civil commitment hearing** where you might be admitted to a psychiatric hospital.

5. When you are seeing me for **court-ordered psychological evaluations or treatment**. In this case we need to discuss confidentiality fully because you do not have to tell me what you do not want the court to know.

C. There are a few other points about your confidentiality you must know about:

1. I may sometimes **consult** about your treatment with other professionals, like psychologists. I do not reveal your name, and the other professional is also legally bound to maintain the confidentiality of your information.

2. I am required to keep **treatment records**, like the notes I take when we meet. You are entitled to review, with me, these records. If I believe some of what I have written would seriously upset you, I can leave it out, but will discuss this with you.

3. If you use your **health insurance** to pay a part of my fees, I must give the insurance company information about our therapy. They usually want your diagnosis, my fee, and when we meet, a treatment plan, summary of treatment. They might want to obtain a copy of the entire treatment record for quality assurance. While I believe the insurance company will act ethically and legally, I **cannot control** who sees this information at the insurer's office or in any office where you work.

4. If your account with me is overdue (**unpaid**) and you have failed to keep up with our arranged payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency or a lawyer would be your name, address, Social Security Number, Driver's license number, service, and the amount owed.

5. Should we do any couple's work, both parties will need to agree how to handle access to the record. Please be advised that I will not testify on behalf of one party against the other party during any lawsuit and/or divorce proceeding.

8. In cases where I treat several members of a **family** (parents and children or other relatives) the confidentiality

situation can become complicated, because I would have a mixture of responsibilities to different members. At the start we must clarify the purpose of our treatment and my role regarding your family or families. Only with this clarity can we figure out any limitations on confidentiality that might exist.

9. Any information that you share outside of therapy, voluntarily and publicly, will not be considered protected by a court.

10. If you want me to send information about our therapy to someone else, you must sign a **Release of Records form**.

11. If you apply for life, disability, or other insurance, you might be asked to sign a release giving the underwriter permission to view your records. On occasion, insurance application might be denied because of previous mental health conditions. Once you sign a release, your personal information might be filed with an insurance clearinghouse like the Medical Information Bureau, based in Westwood, Massachusetts. Any individual can inquire whether MIB retains a record on her/him. The number to call is 617-426-3660.

As you can see the laws and rules on confidentiality are complicated. However, you should now have enough information to enter treatment well informed. Also, please bear in mind that I am not able to give you legal, medical or financial or other advice that falls outside of my license. Thank you for your understanding!

8. Feedback

If at any time, you feel dissatisfaction with any aspect of therapy, please discuss whatever is troubling you, as soon as you can, so we can resolve the problem. Always feel free to give me feedback. I am here to be of service to you and your feedback helps me to do my best for you. I am committed to serving you as best as I can and continue to learn and improve.

9. My background

I am a licensed psychologist and have been in general private practice of counseling psychology since 1987. I have training and experience in individual therapy with adults. I also offer training and consultation to businesses on a variety of topics. I am **not** licensed to prescribe medications or to give medical advice.

- Doctoral degree in Counseling Psychology from the University of Oregon in 1985. The Ph.D. program in Counseling Psychology is approved by the American Psychological Association. I also completed a yearlong internship in Counseling Psychology at the U of O Counseling Center and a one year-long supervised post-doctoral residency.
- Licensed in Oregon since 1987, license number: 736. Member of the American Psychological Association.

10. Additional points

Like any health care professional, I have an ethical responsibility and am committed to answering professional questions that you might have. I fully abide by the Ethical Principles of the American Psychological Association and of this state. I am licensed and trained to practice psychology and not law, medicine, social work, or another profession and will be neither willing nor capable of giving you trustworthy advice from other professional points of view.

One reality of being a therapist is that I cannot now, nor can I ever be your "friend." I will not see you socially or enter into any business or other relationship besides the therapeutic one, no matter how rational or beneficial it may seem at the time.

If we run into each other socially, it is your perfect right not to acknowledge me in public (to avoid possible questions from someone who is with you or for whatever other reason).

In case of my disability or death, Dr. Kate Commerford has kindly agreed to handle my clinical and office affairs and assist in closing my practice.

Thank you for your careful review of this information and I look forward to working with you!

ACKNOWLEDGEMENT AND TREATMENT CONSENT

I have read (or had read to me) the issues and points stated above, discussed them where I was not clear about those points, had my questions fully answered, and understand and agree to comply with them, I hereby agree to enter into tele-psychotherapy with Birgitta von Schlumperger, PhD (Dr. von) as indicated by my signature.

Client Name

Client Signature

Date

Duty to warn and protect:

If Dr. Birgitta von Schlumperger reasonably believes that I am a danger, physically or emotionally, to myself or another person (for example, were I to experience a medical or other emergency during a session), I specifically consent for Dr. von Schlumperger to warn the person in danger and to contact the following person of my choosing:

_____ whose **relationship** to me is: _____

Trusted person

Telephone: _____, in addition to medical/law enforcement personnel, as deemed appropriate by Birgitta von Schlumperger, PhD in her professional opinion.

I, the therapist, having interacted for a suitable period, believe that this client is competent to give full consent to treatment. Furthermore, believing this client fully understands the issues raised above because I have personally informed the client of the above-stated issues and points, discussed them, and responded to all questions raised, I agree to enter tele psychotherapy with this client as is indicated by my signature here:

Birgitta von Schlumperger, PhD

Date

PLEASE RETURN A SIGNED COPY OF THIS CONSENT AGREEMENT TO ME AND I WILL GIVE YOU A COPY IF YOU LIKE.

Treatment information and consent form signature page, 2024, Birgitta von Schlumperger, PhD, CCG, Inc.

TELE HEALTH INFORMED CONSENT

Please Periodically Check with Your Insurance about Your Telehealth Coverage

What is Telemental Health?

“Telemental health” means, in short, the provision of mental health services with you (recipient of services) and me (provider of services) being in separate locations, and the services being delivered over electronic media.

Services delivered via telemental health rely on several electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

I provide telemental health services using the following tools depending on State, Federal and APA ethical and legal guidelines and your insurance’s rules and reimbursement policies and your set up.

<https://doxy.me/dravons> This is a HIPAA compliant video/audio platform.

A couple of minutes before our session, please copy <https://doxy.me/dravons> into your Chrome, Firefox or Safari 11+ browser and press “check in.”

You come to the welcome page. Type in your first name, or only initials for increased privacy.

As soon as I am available, I will connect with you. Please make sure that the microphone and camera are enabled. **If you have problems, text me or call my office at 503-226-0828/503-317-7160 and we can talk by phone to address how to connect.**

We will both need access to Internet service and technological tools needed to use the above-listed tools. We can continuously address any questions, concern, and issues you might have and discuss any risks, benefits, and specific application for you and your treatment.

Benefits and Risks of Telemental Health

Receiving services via telemental health allows you to:

Receive services at times or in places where the service may not otherwise be available.

Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.

Receive services when you are unable to travel to my office.

The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

Receiving services via telemental health can have the following risks:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

Internet connections and cloud services could cease working or become too unstable to use.

Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.

Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

Other things to consider: Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools. I may also be unable to help you in-person. There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between us at the time of service, and the technological tools used to deliver services. We will continually assess these potential benefits and risks, as our relationship and work progress.

Assessing telemental health’s fit for you

Although it is well validated by research, service delivery via telemental health is not a good fit for every person. We will continuously assess if working via telemental health is appropriate for you and your situation. If it is not appropriate, we will consider alternative treatment options that fit your needs better.

Please let me know if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. Bringing your concerns to me allows us to figure out the best solution for you. Of course, you always have the right to stop receiving services by telemental health at any time without prejudice. My commitment to you is to offer you the best quality of service and support.

Your telemental health environment

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

Our communication plan

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, I have the following policies regarding communications:

The best way to contact me between sessions and after hours is to call my office: **503-226-0828, my cell phone: 503-317-7160 and land line 1-971-324-0024 (only after hours in an emergency)**. Please leave a message at multiple places. If you are comfortable with text and email which are **non-HIPAA** compliant, please also send an email to **Birgitta@CorpConsultingGrp.com**. I check my emails/texts frequently. If you do not want to use those options, we will communicate only via phone messages.

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. **By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).**

Please note that all textual messages, e.g. emails and text messages, will become a part of your health record. I may coordinate care with one or more of your other providers with your informed consent. I will always use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

Our Safety and Emergency Plan

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and our sessions.

Let's talk about who you want to designate as an emergency contact. You will need to provide permission so I can communicate with this person about your care during emergencies. This is even more essential when receiving telemental services.

As needed, we will also develop a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that we create plans together and that you follow them when you need to.

If you are an existing client and **have a crisis and need to get a hold of me after 5 p.m. and on the weekends, please** call my office (503-226-0828) and leave your message and, **in addition, please call 1-971-324-0024**, as I turn my cell phone off at night. In a life-threatening emergency, please either call the police or go to the nearest emergency room and ask for the psychiatrist, psychiatric resident, or house officer on call. You may also call **Metro Crisis at 503-988-4888**. Washington County **(503) 291-9111**, Clackamas County **(503) 655-8401**, Clark County **(800) 626-8137**, Columbia County **(866) 866-1426** or **the national number at 988**.

Your Security and Privacy

Except where otherwise noted, I try to employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when we communicate, use devices and service accounts that are protected by unique passwords that only you know. Also, please use the secure tools and platforms that meet the standards for confidential communications.

Recordings

Please do not record video or audio sessions without my written consent. Making recordings can quickly and easily compromise your privacy and should be done with great care. I will **NOT** record video or audio sessions.

I have read the above, have addressed my questions and understand that potential benefits and risks of telemental health. I request and consent to the use of telemental health from Birgitta von Schlumperger, PhD and agree to abide by the recommendations to assure my privacy, safety and security.

Date: _____

Name: _____

Client Signature _____

JUST FOR YOUR INFORMATION: CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

E-mail and texting are not secure or confidential types of communication and confidentiality of information communicated via e-mail and texting cannot be assured. A non-encrypted e-mail is vulnerable to unauthorized access. 2013 HIPAA Omnibus Final Rule provides the explicit expansion of patient/client rights and autonomy and the specification that you, as my client, have the right to consent to receive normal, unsecured emails from me, your provider, if I first inform you of the risks and you still give consent to use unsecured email/text. **By providing me with your email address you agree to communicate via non-secure email. By providing me with your phone number for texts, you agree to communicate via non-secure SMS messaging (texts).**

Prior to starting call or video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of call/videoconferencing (e.g., limits to patient confidentiality) that differ from our in-person sessions. Body language and other non-verbal cues may be less apparent during telehealth sessions. My ability to respond to emergencies may be affected by the fact that we are not in the same room.
- Please inform me before any session (48-hour minimum cancellation policy would apply) if you will be or are located outside of Oregon at the time of the session. In most cases, I will need to reschedule our session, if you are outside of Oregon, as I am not licensed in any other state to offer psychotherapy.
- Please inform me if anyone else will be attending the session, either on or off screen.
- Confidentiality still applies to our call/ telepsychology services, and neither one of us will record the session without the written permission from the other person.
- We agree to use the call/video-conferencing platform selected for our virtual sessions, and we will discuss any needed instructions for how to use it. I use the HIPAA compliant <https://doxy.me.drvois> platform.
- You need to use a webcam or smartphone during the session if we agree to video conferencing. You can also opt for phone only, but video is preferred.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during our session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- If you need to cancel or change your call/tele-appointment, my usual cancellation policy applies.
- Like for an in-person therapy session, you might like to spend a few minutes preparing and getting into a reflective mood to get the most of our time together.
- Always feel free to give me feedback and input about how to serve you better.
- Let's discuss a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- As appropriate and depending on your situation, we might need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event that you experience a crisis situation.
- As your psychologist, I may determine that due to certain circumstances, calls or telepsychology is no longer appropriate and that you would be best served working with someone who offers in-person convenient for your location.

Thank you for the opportunity to work with you!