



The Northwest Catholic Counseling Center
8383 NE Sandy Blvd, Suite 205
Portland, OR 97220
503-253-0964
www.nwccounseling.org

Welcome to The Northwest Catholic Counseling Center. Our staff is committed to providing professional counseling to you in an environment that will nurture change and growth. The following information will clarify certain policies and provide answers to questions you may have.

Office Hours:

Counseling services are scheduled by appointment, Monday through Friday by calling 503-253-0964. Evening appointments are available.

Confidentiality:

Counseling sessions are strictly confidential. All records, as well as any information discussed during your sessions, are confidential. Information may be released with your signed permission. There are exceptions to the laws of confidentiality. These exceptions are stated on a separate form. Your signature on this form indicates you understand and agree to those exceptions.

Out of respect for your confidentiality our staff does not accept “friends” or contact requests from current or former clients on any social networking sites.

Fees:

Your fee for counseling will be determined before your first session. This fee will be based upon your income and number of dependents and may be renegotiated if your financial situation changes. The Northwest Catholic Counseling Center is a non-profit organization. Fees are our main source of income. We receive no significant support from any church, organization or foundation. We are able to provide a sliding fee scale for those in need because of the ongoing generosity of friends and former clients. Therefore, payment is due at the time of service. If you choose to use your insurance, we will bill it for you as a courtesy. You are responsible for any pre-authorization and for informing us of any changes in your insurance. You are responsible for any deductibles.

There is a \$20.00 charge for all returned checks. There is a \$45.00 charge for missed appointments unless the therapist receives notice of cancellation 24 hours in advance of the appointment time. In case of an after-hours emergency, you may leave a message on our recorder. The number is 503-253-0964.

Professional Credentials:

The Northwest Catholic Counseling Center has master level therapists with clinical experience. All therapists routinely review their clinical work in supervision. Our

consulting psychologist regularly reviews treatment plans and consults with therapists. A psychiatric mental health nurse practitioner is also available for medications.

Counseling Process:

The counseling process takes into account the emotional, physical and spiritual dimensions of each individual.

Counseling sessions are normally 50 minutes in length unless otherwise arranged. During the initial session, you and your therapist will discuss the concerns that brought you here. Together, goals and treatment methods will be explored and a plan agreed upon. As goals and treatment plans develop, the therapist will assist you in trying to foresee the consequences of your choices. But whatever your choice, it will be your decision. Counseling can be a difficult, yet growth-filled experience. It will help you learn what you can do now about the situations or feelings disrupting your life.

You can expedite treatment by providing information about yourself and your relationships. We can assist you best when we understand you and your world of experiences.

To help you achieve your goals, your therapist may suggest individual, couple, or family counseling. Play therapy may be the treatment of choice for some children. Since the counseling process is based on a cooperative relationship, please raise any questions or uncertainties you have about counseling, such as the focus of treatment, what is expected of you, what you can expect from your therapist, treatment methods, and how treatment ends.

If another agency or resource is more appropriate, we will assist you in accessing those resources.

Complaint Process:

It is your right to ask your therapist any questions you have regarding treatment, as well as any policies of the Center. If problems develop with your therapist and attempts to resolve them are unsuccessful, you can request a treatment review by your therapist's supervisor. Your treatment records will be reviewed and discussed with the therapist, followed by a joint meeting with you. You may also file a grievance form. All complaints are confidential.

It is our hope that this information is helpful. If you have additional questions, please don't hesitate to discuss them with your therapist.



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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.

Our Duty to Safeguard Your Protected Health Information

Identifiable information about your past, present, or future health, the provision of health care or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI and give you this notice about privacy practices that explain how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

Additional copies of this notice are available in the waiting room. It is also posted on our website at <http://www.nwcounseling.org>.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. We have a limited right to use and/ or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization. If we disclose your PHI to an outside entity to perform a function on our behalf, we must have in place an agreement from that entity that it will extend the same privacy protection to information that we must apply to your PHI. However, the law provides that we are permitted to make some disclosures without consent or authorization. The following describes and offers examples of our disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations

For Treatment: We may disclose your PHI to doctors or other health care personnel who are involved in providing your health care.

To Obtain Payment: We may disclose your PHI in order to bill and collect payment for your health care services.

For Health Care Operations: We may be required to provide information to a government agency for study. This is highly unlikely but if it were to occur, your name will be removed from what is sent.

Uses and Disclosures of PHI Requiring Authorization

For disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization, unless the disclosure falls within one of the exceptions described below. Authorization can be revoked at any time to stop future disclosures except to the extent that we have already acted upon your authorization.

Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent

When Required by Law: We must disclose PHI to report suspected abuse, lawsuits, or other legal proceedings where we have received a subpoena and to government agencies monitoring HIPPA compliance.

To Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, we must disclose PHI as necessary to law enforcement or other persons who can reasonably present or lessen the threat of harm.

For Specific Government Functions: We must disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, Worker's Compensation programs and for national security.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

To Request Restrictions to Disclosures: You have the right to ask that we limit how we disclose your PHI. We will consider your request, but are not legally bound to agree. To the extent that we do agree, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit disclosures that are required by law.

To Inspect and Request a Copy of Your PHI: Unless access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon written request. If you request copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied.

To Request Amendment of your PHI: If you believe there is a mistake or missing information in your PHI, you may request, in writing, that we correct the record. We will respond within 60 days. We may deny the request if we determine the PHI is: 1. Correct and complete; 2. Not created by us; 3. Not permitted to be disclosed. Any denial will state the reason for denial.

To Find Out What Disclosures Have Been Made: You have a right to receive a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or pursuant to your written authorization. Your request can relate to disclosures going as far back as seven years.

Couples Counseling: In regard to couples counseling, confidentiality belongs to both parties. No information will be released unless a signed consent form is received from both parties.

If you believe we have violated your privacy rights you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. A complaint will not affect your quality of care with us.

If you have questions about this notice, please contact our Clinical Manager at 503-253-0964. Our ethical commitment to your privacy goes beyond federal law. We will make every effort to inform you of routine disclosures.