

Consent to Treatment

Gregory R. Culver holds a Master's Degree in Clinical Psychology and is a Licensed Professional Counselor in good standing with the Oregon Board of Licensed Professional Counselors and Therapists. You will receive a Professional Disclosure Statement which provides you with information about the counseling services available to you, as well as a procedure to contact the Board with questions or concerns. Treatment will typically involve assessment, therapy sessions and can include case management, referrals for psychological or psychiatric evaluations or referral to your primary care physician for issues related to your physical health.

As a client receiving mental health services, you have certain rights guaranteed by law. Information about you will be kept confidential except in certain circumstances specified by law (listed below) and those you agree to through a signed Release of Information. The following circumstances may require the release of specific information:

As a Mandatory Reporter, Mr. Culver is legally obligated to inform Child Protective Services, or other appropriate law enforcement agencies, if there is reasonable suspicion of child abuse, neglect or threatened harm against a child.

Mr. Culver is legally obligated to report to law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.

Mr. Culver is legally obligated to provide information to the court when a legitimate subpoena has been received.

To validate an insurance claim, your insurer may require information about diagnosis and treatment in order to process that claim.

If you present as a danger to yourself or others, Mr. Culver may breach confidentiality in order to provide information to medical professionals or law enforcement in order to ensure your safety and/or the safety of others.

Gregory R. Culver, MA, LPC
Licensed Professional Counselor

I have carefully read or have been informed of my rights, responsibilities and limitations to services that can be provided. I have had the opportunity to ask questions and to discuss these issues further and fully understand this information. I understand and agree to these conditions in order to participate in treatment.

I assume financial responsibility for services provided at the following, agreed upon rates:

_____ per hour including initial sessions, individual and family sessions.

_____ per hour for case management services.

I understand that I am required to pay the fee or co-payment (for insurance claims) at the time services are rendered. Mr. Culver is able to bill your insurance as an in-network or out-of-network provider, however you are personally responsible for the total amount that is owed in the event your insurer does not cover the cost of services provided.

Client/Guardian Name Date

Signature of Client/Guardian Date

Signature of Witness Date

Non-Discrimination Statement

Services will be provided to all clients without regard to race, religion, gender, national origin, physical or mental disability, age marital status or sexual orientation.

24-Hour Notice of Cancellation is Expected