



## Turtle Dove Counseling

Hood River Hypnosis & DBT

541-386-4298 office

971-285-5679 cell

541-727-5379 fax

Jane Rekas, LCSW, CHt

11 Third St. Ste. 100

mail to: 1312 13<sup>th</sup> St. Apt. A

Hood River, OR 97031

janerekas@hotmail.com

janerekaslcsw.com

### DBT GROUP CONSENT TO TREATMENT

#### Your Responsibilities as a Group Therapy Client

You are responsible for coming to group on time. Groups last for 90 minutes. An intake assessment is \$150, billed to insurance. The fee is \$45 for each group, billed to insurance. Copays are waived for group if you have Medicare insurance, or if specifically requested.

#### Insurance

Insurance is not a guarantee of payment. I am a preferred Provider with Regence BCBS, UBH, ODS, Comp Psych EAP. I do take Medicare. (I am *out of network* for Providence Behavioral Health). I can bill Premera through Regence. I am **not** currently on the panel for CIGNA, LifeWise, Clear One, Pacific Source, Reliant. It is always best for you to call your insurance and ask who are local providers on their panel.

#### Confidentiality

With the exception of certain specific circumstances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential.

#### The following are legal exceptions to your right to confidentiality.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step.

By signing this consent to treatment, you are also agreeing to keep **confidential** the identity and anything shared by group members.

#### My Training and Approach to Therapy

I have a Master's Degree in Social Work earned in 1992 at Portland State University. I am a Licensed Clinical Social Worker (#2544) in Oregon State. I am trained in self psychology, cognitive behavior therapy, solution focused therapy, insight oriented, with specialties in mood and trauma disorders (anxiety, PTSD, depression), DBT for BPD, ADHD, women's issues, grief and loss, recovery (eating disorders, addictions and codependency). I am also a Certified Hypnotist, 2011.

#### Client Consent to Psychotherapy

I have read this form and the HIPAA Policy, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$45.00 per group, particularly if it is not covered or reimbursed by my insurance. I agree to undertake group therapy with Jane L. Rekas, LCSW.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

To be signed by clients age 14 or older. If client is a minor, below this age, parents sign.

Mother/Parent/Legal Guardian: \_\_\_\_\_

Father/Parent/Legal Guardian: \_\_\_\_\_

*"Happiness is a choice that requires effort at times."*