



Portland, OR
email@skimphd.com
Phone: 503-449-6707
FAX: 844-965-9260

Soonie A. Kim, Ph.D.

Informed Consent and Practice Policy

The following statement answers some important and frequently asked questions concerning therapy. If you have further questions after reading this, or other concerns not covered here, feel free to ask me about them at your first appointment. Please keep one copy of this statement for your records. The original, signed and dated, will be kept in your file. It is very important that you read the entire statement carefully before signing.

Service Delivery Policies and Procedures

After completing a mental health assessment you will be provided information on service options. These include but are not limited to: 1) No treatment indicated, 2) treatment indicated but not with Dr. Kim (referrals provided if available), or 3) one or some combination of the following: individual therapy, family therapy and group therapy. After your assessment you also have the right to be informed of your mental health diagnosis, as well as the right to discontinue treatment at any time. However, I encourage you to discuss the latter choice openly with me first. Similarly, I may need to terminate your treatment if, in his my judgment, you are not benefiting from treatment or are non-compliant with treatment requirements.

Possibilities, Risks and Benefits

The goal of mental health treatment is to decrease targeted symptoms. There are some risks to treatment: Symptoms can worsen before they improve or may persist even after treatment is complete. New symptoms or treatment issues may emerge during the course of treatment. Progress related to mental health symptoms or issues can result in changes that have the potential to disrupt life patterns or interpersonal relationships. There are also benefits to treatment: Individuals participating in mental health treatment often learn skills to help cope with difficult emotions, change unhealthy patterns of thinking, improve interpersonal relationships and demonstrate a positive impact in overall well-being and personal wellness.

Complaints and Grievances

Any client who has a grievance arising from their treatment with me may present their grievance, verbally or in writing. I will investigate the nature of the grievance and seek to reach an acceptable and reasonable resolution in a timely manner. If the client is dissatisfied with the resolution suggested, he/she may submit the grievance in writing, to an unbiased third party professional. All grievances will be kept confidential unless the law requires that they be disclosed, and if disclosure is so required, they will be disclosed to as few persons as possible. The receipt, investigation and action taken regarding the grievance shall be documented in the client's chart. Additionally, clients are encouraged to take their grievance outside the program (e.g., to a licensing board, a state professional organization, a client rights advocacy group, the state insurance commissioner) if at any point they feel it is necessary to do so.

Confidentiality

I abide by the laws and ethical principles that govern privilege and confidentiality. I will not disclose to anyone anything you tell us, not even the fact that you are a client in therapy, without your written permission via a signed release of information form. There are a few exceptions to this standard:

1. It is legally required of us that I act to prevent physical harm to yourself or others when there is "clear and imminent" danger of that happening.
2. I am legally required to report cases of ongoing child, elder and disabled abuse.
3. I will tell the police and courts about any crime committed by a client of mine, or against any person who works for me, or about any threat to commit such a crime.
4. I may have to release clinical information regarding you to insurance carriers as required for payment or review of a claim.
5. I may have to release your records when ordered to do so by court subpoena. However, I will discuss the details of privilege with you beforehand and request a written release from you if I judge this to be in your best interest.
6. Occasionally, I may use a fax machine or email to send treatment plans, and other evaluations to your insurance company, specific agencies or other providers. Although I make every attempt to safeguard this information, faxed and emailed information is not necessarily guaranteed confidential.

Appointments and Cancellations

Individual sessions are arranged by appointment only. I will meet you at the exact time agreed upon. If I am late, I will make up the missed time or prorate your bill. If you are late, I will charge the full fee and you will lose that portion of time from your session. Cancellation of sessions should be avoided. If you need to cancel an individual therapy appointment, you will not be charged if you notify me 48 hours in advance. If you no-show/no-call or late-cancel an appointment, you will be charged the full fee. Fees charged for missed sessions are not reimbursable by insurance companies. Cancellations can be phoned into my office any time, day or night. Please be aware voicemail messages are date and time stamped.

Telephone Calls and Emergencies

My voice mail service enables you to call my office at any time, day or night, and leave a message for a return call. I check my phone messages at least twice a day, including weekends, and return calls as soon as possible. When I am not available (e.g. on vacation or ill), I will arrange for substitute coverage. In the case of a life-threatening emergency, call the Crisis Line at 503-988-4888 (Multnomah County), 503-291-9111 (Washington County), or 503-655-8401 (Clackamas County) or go to the nearest hospital emergency room.

Safety Policy

Safety of both myself and my clients is of utmost importance. As such, any act of aggression to self, others or property while on site shall be considered a critical incident. A corrective action plan will be implemented to address the incident which may involve a written apology, compensation for damages, taking legal action, and/or immediate termination of services. Please note that minors must be accompanied by a responsible adult at all times while on office premises and that it is the caregivers responsibility to monitor the actions and whereabouts of the minor at all times.

Fees and Payment

There are charges for all therapy services, including individual and group appointments, consultations, preparation of special reports or treatment summaries, or other services you may request. I do not have a sliding fee scale, but do offer a few low fee slots for clients in financial hardship. Dr. Kim’s fee schedule will be provided to you at the point of referral. Once informed, you will be asked to sign a form indicating acknowledgement and agreement with Dr Kim’s financial policies.

Dr. Kim reserves the right to change terms or parts of this consent at any time and will post any changes in the waiting room with ample notice.

By signing below, I am indicating I have read, understand, and agree to the information presented in this informed consent.

Signature

Date

Printed Name

Witness Signature

Date

I have reviewed the posted HIPAA privacy act and a copy has been made available to me.

_____ **Initial**

I have reviewed the posted Advanced Directive Act and a copy has been made available to me.

_____ **Initial**

I have reviewed the posted Client Rights and Responsibilities and a copy has been available to me.

_____ **Initial**