



Adam J. Rodríguez, Psy.D.  
1020 SW Taylor Street, Suite 650 • Portland, OR 97205  
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(503) 308-9770

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## CONSENT TO TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please carefully read it and we can discuss any questions you have at our next meeting. If you decide to begin treatment with me I will ask you to sign this form, which will represent an agreement between us. Please keep a copy of this form for your reference.

### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular issues you bring to treatment. Progress depends on many factors, including motivation, effort, and other life circumstances. Treatment length varies depending on the nature and severity of the issues being addressed, as well as the previously mentioned factors.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to any or all of the following, including: symptom reduction, characterological change, improvement in relationships, substantial and enduring mental growth, greater sense of wholeness, a subjective sense of wellbeing, a greater sense of inner freedom and creativity, a deepened sense of inner aliveness, a more robust ability to face life's difficult aspects, a sense of hopefulness, and a sense of inner richness. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45-minute session (an appointment hour of 45 minutes duration) per week at a time we agree on, (or 50 minutes for couples), although some sessions may be longer or more frequent. Because the success of therapy depends on the regularity and



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continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. On rare occasions I may have to reschedule our regular session time. If this occurs I will attempt to find a satisfactory alternative time to meet with you; however, this is not always possible. I typically take one month off sometime during the summer, as well as a number of briefer breaks at other times of the year. I will notify you of these absences well before they occur.

## LICENSURE

I am a licensed psychologist in the states of Oregon (#2701) and California (PSY25105).

## CANCELLATION POLICY

Consistency is an essential aspect of therapy. I meet with patients at least once per week. Once we agree on a regular time(s) to meet during the week, I will reserve those hours for you. **I will not charge you for sessions you cancel with at least 24 hours notice, up to three weeks per calendar year.** For all other sessions where you provide me with 24 hour notice, and you would like to reschedule for another time, I will do my best to accommodate your request. Please know that my practice is generally full or close to full, so rescheduling may sometimes not be possible. **If rescheduling is not possible and you have already missed three weeks for the calendar year or you are unable to provide 24 hours notice, you are responsible for payment for the missed session(s).** If you are using insurance to pay for therapy, insurance companies will not pay for missed sessions and so you are responsible for the missed session, at the insurance rate of reimbursement.

## PROFESSIONAL FEES AND BILLING PRACTICES

My standard fee for an individual 45-minute session is \$180.00 and for a couple 50-minute session is \$200.00. Payment is due by check or cash at the end of the session, or may be made monthly **at the beginning of the month**, unless other arrangements have been made. I do not accept credit cards, including HSA or FSA, although I am able to provide an invoice which you may submit to these accounts for reimbursement. I charge the individual session fee for other professional services you may need, such as report writing, telephone consultations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized (e.g. school IEP meetings), and preparation of records or treatment summaries. **If the time spent is 15 minutes or less, then there will be no charge, but if it is over 15 minutes, you will be charged for the full time spent. I raise my fee \$5 each calendar year, effective January 1.**

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party, at the rate of \$400.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.



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## INSURANCE

I currently accept insurance from a few insurance panels. Many insurance companies subcontract their mental health benefits out to other insurance providers and while I may not directly cover your plan, you still may be able to use your insurance.

Confirmation of mental health services through your insurance is not a guarantee of payment. If your insurance company denies payment, my office will do everything it can to address the situation and to obtain proper reimbursement. **If your insurance company is ultimately not willing to reimburse for services, you will be responsible for any fees incurred during treatment, at the rate of reimbursement for your insurance company.**

**If you choose to have me bill your insurance company, by signing below, you are authorizing me to release any medical or other information to your insurance company which is necessary to process claims and the payment of medical benefits. You are also authorizing me to submit insurance claims for the psychotherapy services I provide to you.**

If I am not a provider for your insurance company, you still may be able to get reimbursement for out-of-network mental health services. If I am not in your network and your health insurance carrier allows you to choose an out-of-network provider (generally a PPO or POS plan), I am willing to do “courtesy billing” in which I submit the request for reimbursement to your insurance company. You are responsible for paying the session fee at the time of services rendered; however, based on your policy, your insurance may reimburse you some percentage of the fee.

## CONTACTING ME

The best way to contact me is by phone at (503) 308-9770. Although I am often not immediately available by telephone, a message can be left at this number at any time of day or night and I will be paged. I check my voicemail frequently during business hours. I will make every effort to return your call within 24 business hours.

I also receive email at [adam@dradamrodriguez.com](mailto:adam@dradamrodriguez.com). Be aware that I may not respond to your emails, but I will do my best to read them before our meetings. Emails are ideal for arranging or changing meeting times with me; however, I would strongly encourage you to avoid using them to discuss aspects of our work in therapy. Please bring these thoughts to our actual sessions where we can discuss them. I do not address clinical issues through email.

## EMERGENCIES

Although you can leave me a message at any time, I am often not available to call you back quickly. If you have an emergency requiring immediate attention and feel that you cannot wait for me to return



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your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. The Mental Health Crisis Line may be reached 24 hours a day. In Multnomah County, call (503) 988-4888. In Clackamas County, call (503) 655-8585. In Washington County, call (503) 291-9111. In Clark County, call (800) 686-8137. You can also visit the Urgent Walk-In Clinic between 7:00am – 10:30pm Mondays through Fridays at 4212 SE Division Street, Portland. You may also call 911. If I will be unavailable for an extended time, my voicemail will provide you with the name of a colleague to contact, if necessary.

### **CONFIDENTIALITY**

In general, the privacy of all communication between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are situations in which I may take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. Child abuse entails physical abuse (anything that leaves a mark or bruise), neglect (failure to provide food, clothing, supervision, shelter, or medical care) and sexual abuse (this includes sexual contact with an adult, but there are also some circumstances where I have to report when two teenagers are having sexual contact). Elder abuse is reportable when the person is over 65 and they are being physically abused (anything leaving a mark), are being isolated, neglected (including self-neglect), sexually abused, or have been abandoned. Lastly, dependent adults are anyone over 18 whose care is dependent upon others. These precautions are laws of Oregon established in order to protect those who may not be able to protect themselves. If I were to ever make a report of abuse, I would discuss it with you first, unless I thought it might endanger someone, including myself.

If I believe that a patient is threatening serious bodily harm to another, I may take protective actions. These actions may include contacting the police and/or seeking hospitalization for the patient.

Lastly, if a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. I will discuss this with you and we may look at the option of hospitalization if I am concerned that you are in danger of committing suicide.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking action. I may occasionally find it helpful to consult other



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professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **ENDING TREATMENT**

You have the right to terminate therapy or take a break at any time. If you choose to do so, I encourage you to talk with me about the reason for your decision and to allow us to bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychologists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

### **COMPLAINTS AND GRIEVANCES**

You may report unprofessional behavior or violation of the laws governing the practice of psychology to: Oregon Board of Psychologist Examiners, 3218 SE Pringle Road, Suite 130, Salem, OR 97302; phone: (503) 378-4154; web address: <http://www.oregon.gov/obpe/pages/index.aspx>. Investigation Request Forms are available at: [http://www.oregon.gov/obpe/Forms/Investigation\\_Request\\_Form\\_02-12.pdf](http://www.oregon.gov/obpe/Forms/Investigation_Request_Form_02-12.pdf)

You may report unethical behavior to: APA – Office of Ethics, 750 First Street, NE, Washington, DC 20002-4242; phone: (212) 336-5930; FAX: (202) 336-5997. You may report violations of the Privacy Rule of the Health Information Portability and Accountability Act (HIPAA) or of Dr. Rodríguez's Notice of Privacy Practices to: Secretary of the US Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201.

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**CONSENT TO TREATMENT**

I acknowledge that I have read and understand the information included above in Dr. Rodríguez’s Consent to Treatment and I agree to abide by its terms during our professional relationship. I have received a copy of the Patient Bill of Rights and Dr. Rodríguez’s Notice of Privacy Practices. I have had the opportunity to discuss any concerns with Dr. Rodríguez, and I consent to treatment.

**Rate:** \_\_\_\_\_ or \_\_\_\_\_ (Health Insurance Company Name)

**Patients:**

1. _____	_____	_____
2. _____	_____	_____
Name	Signature	Date

**Guardian (if necessary):**

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Adam J. Rodríguez, Psy.D.		Date