

Douglas Wilson Johns, MSW, LCSW
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WELCOME

Thank you for reading & signing this legally mandated disclosure statement.

Thank you for the opportunity to support you and your partner in the growth of your relationship. I will do my utmost to provide a safe environment for mutual exploration and self-expression. Because my priority is in keeping our therapeutic relationship as fresh and alive as possible, I initially recommend weekly therapy sessions as the best structure for achieving the growth you desire. I also request that before you stop therapy you schedule a final closing session with me so that you may review your experience, provide me with feedback regarding my skills, and intentionally complete our work together. Please ask me any questions you may have about these guidelines.

The focus of my work is on your relationship. Because of this I do not meet individually with either member of the couple, even if one of you is temporarily ill. It is my experience that working in this way helps keep the energy and intention where it needs to be within the relationship. Neither will I keep secrets from you or your spouse/partner. If you communicate with me individually I will feel free to share all information with your partner. Please let me know if you require a referral to an individual therapist for concerns you are not yet ready to explore in couples therapy.

FEES & PAYMENT

Our initial session together is 80 minutes for a fee of \$225. Thereafter my fee is \$150 per 50 minute session. Fees are due at the start of each session. I accept check, cash, and credit card. I do not accept debit cards. Please have your cash or check payment (made out to Compassionate Ent., LLC) ready before the session starts so that your session time is not infringed upon. If you would like to use your credit card (VISA or Master Card only) for payment, I require a copy of your credit card information be kept on file in my locked cabinet. My fee for a missed appointment without notification is \$100. If you would like a credit card receipt for our sessions, please let me know. Credit card receipts are provided at the session following the date a card is charged or by mail. Your credit card statement will show a charge to Compassionate Enter LLC.

BUSINESS

I ask that all business communication take place at the beginning of each session. This includes check or cash payment for the session, adjusting schedule conflicts, etc. Doing so helps ensure that our session ends on time so I may prepare and transition for the next client.

INSURANCE

Medical insurance does not cover couples therapy or marriage counseling. I provide a detailed explanation for this at my website MarriageCounselingPDX.com/newclients. If you have any questions, please feel free to call and speak with me. As your couples therapist I am focused on your relationship first and foremost. That intent is not congruent with insurance mandates requiring that I assign you a Psychiatric/Mental Health Diagnosis and a written determination that treatment is Medically Necessary. Medical insurance reimbursement requires the clinician to focus treatment on an individual's specific diagnosis (depression, anxiety, etc.) and to document the course of treatment including interventions utilized toward improvement or decompensation affecting the client's progress.

PLEASE NOTE: Some Medical Savings Accounts or Flex Fund Accounts may permit funds be used for couples therapy. Please inform me if you would like receipts for these accounts.

CONFIDENTIALITY

I will not release any identifying information about you to third party without your expressed written consent. If you would like me to speak with another health professional specifically about you (therapist, physician, etc.) I will not discuss your spouse/partner without her/his written consent as well. You acknowledge and agree to the following: 1. Any and all content from your couple sessions may only be released to a third party (attorney, etc.) with the expressed written consent of both you and your spouse/partner, and 2. You will not attempt to compel me to be a legal or expert witness to any legal proceeding.

SCHEDULING & CANCELING

I prefer a commitment to weekly scheduled sessions and I give scheduling preference to clients who meet weekly. Without weekly scheduled sessions I can not guarantee your preferred meeting time will be available. I require a minimum 48 hours notice for canceled sessions or you will pay \$100 for the missed session. The exception to this is an acute illness/emergency in your family (you, your spouse/partner, or someone

dependent on your care, i.e., a child or elder). If either you or your partner is remaining at home because of an illness (a cold, flu, etc.), please telephone me to cancel as soon as possible so I may adjust my schedule. You will not be charged.

INFORMED CONSENT

I have read and agree to the preceding disclosure. I accept responsibility for the payment of all services provided to me and my partner by Douglas Johns, MSW, LCSW and I give my consent to participating in marriage/couples therapy. I acknowledge that this contract for services makes no specific claims for the effectiveness of services provided, for any ancillary therapeutic interventions, nor for specific outcomes of any services provided. I understand that Douglas Johns is a "Mandatory Reporter" in the state of Oregon who may be legally compelled to break confidentiality for any of the following: 1. Disclosures regarding threats to anyone's physical safety and well-being, 2. Disclosures regarding sexual abuse, and 3. If a judge court-orders access to records.

Signature of Client

Date

Please print your name here.

COUPLES COUNSELING QUESTIONNAIRE

Today's Date _____

Your Name _____ Birth Date _____

Address _____ Home Number _____

_____ Work Number _____

Your Email (optional) _____ Cell Number _____

Your Spouse/Partner's Name _____

What brings you to therapy now?

What are your previous experiences with individual or couples therapy? What was helpful/unhelpful?

If couples therapy is helpful, what will you notice that's different? What new thing(s) will begin?

What do you already do that helps?

Do you have any questions or concerns about sexual intimacy?

Are there any other conflicts about money, children/parenting or home life you want to talk about?

Are there religious or spiritual concerns you would like to discuss?

Please identify traumatic events (deaths, abuse, losses, etc.) you or family members have survived?

Do you have concerns or questions regarding medications? Please list medications currently taken.

In case of emergency I give my permission to contact _____

Phone numbers _____ Relationship _____

TO SERVE YOU BETTER

It is customary for me to sometimes consult with another professional like myself to ensure I am providing quality service. This professional must respect the same laws of confidentiality described above. In such an instance your real name will not be used. May I have your permission to consult with another professional as I deem necessary regarding our meetings? NO: [] YES: []

Signature

Date