

# Somatic Psychotherapy

## PROFESSIONAL DISCLOSURE STATEMENT & INFORMED CONSENT – MEDICAID CLIENTS

This document contains important information about my qualifications, methods, business policies, and the mutual expectations of our professional relationship. Please read it carefully and jot down any questions you have so we can discuss them. Once you sign this, it will constitute a binding agreement between us.

### **Credentials, Experience, and Methods**

I am a Licensed Clinical Social Worker (#L5191) and hold a master's degree in social work from Portland State University, a master's degree in transpersonal studies from the Institute of Transpersonal Psychology, and a bachelor of arts in biology from the University of Colorado. Additionally, I am a Certified Hakomi Therapist. My professional memberships include the International Hakomi Institute, U.S. Association for Body Psychotherapy, and the Mental Health Resource & Education Network. I adhere to the National Association of Social Workers Code of Ethics as well as the Ethical Standards of the U.S. Association for Body Psychotherapy. These ethics and standards are intended to protect the welfare of my clients and the community I serve. These standards are available to you upon request.

I am both trained and experienced in the areas of anxiety, depression, complex trauma, eating disorders, loss & grief, chronic pain, spiritual transformation, life transitions, relationships, sexuality, and LGBT issues. I work with adolescent and adult individuals, couples, and groups. I employ solution-focused, narrative, and several body-centered, mindfulness-based psychotherapies, including Hakomi, Lifespan Integration, and Brainspotting. Each of these methods respects the client as the best authority on his or her healing process and operates on the premise that the body-mind is always moving toward healing.

Therapy is a joint effort that is successful with your hard work, energy, and courage. It provides a safe place to explore reactions, thoughts, and feelings about yourself and your life and to explore how past experiences have shaped the ways you view yourself and the world around you. The ensuing self-understanding and self-acceptance supports you in shedding old ways and developing new ways of responding to life. It can have benefits and risks. Since it may involve exploring unpleasant aspects of your life or yourself, you may temporarily experience increased discomfort, such as anxiety, sadness, guilt, anger, or frustration. During the process of change, relationships may become strained. As you experience yourself more deeply and engage in life more authentically, however, there is often a sense of relief and spaciousness even if difficult emotions are present. Psychotherapy can lead to improved self-awareness and self-acceptance, improved coping skills, increased effectiveness in life, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees about what you will experience.

After our first few sessions, I will initiate a discussion about your satisfaction thus far with our work. I do this because therapeutic success depends in part on the degree to which you feel safe, accurately seen, and collaboratively engaged with. This discussion gives you an opportunity to clarify what is working and what is not, and it gives me an opportunity to understand your needs better and to adjust my approach if needed. As therapy involves a large commitment of time, money, and energy, these check-ins help us work as efficiently as possible. If at any time you feel an ongoing sense of dissatisfaction with our work that we don't seem to be able to remedy together, I will be happy to give you the names of other mental health professionals whose work I respect.

### **Business Policies**

Sessions range from 45 to 60 minutes, with the typical length being 55 minutes. Decisions about length and frequency of sessions and duration of care are guided by my professional judgment as well as your needs and constraints.

Medicaid insurance prohibits collection of money from actively covered clients by service providers. As such, when an OHP client no-shows or makes a late cancellation, I am unable to collect the normal fee I impose on all other clients in similar instances. Unlike an agency, I am not able to absorb this loss of income without financial hardship. I require 24 hours' notice by telephone for cancellations. Exceptions to this are unforeseeable situations, such as being contagiously or painfully ill or other medical emergencies involving you or a family member for which you are responsible. A missed session for which 24 hours' telephone notice is not given and that is not an exception is an indication that you are not valuing our work together. I reserve the right to immediately terminate services in such an instance. In this event, referrals to other therapists will be provided upon request.

It is the client's responsibility to know about their Medicaid status and to alert me and my biller immediately of any changes in status. If services are provided to you while your Medicaid status is not active, you are responsible for paying at the time of service my hourly rate or a rate we have agreed to. If payment for past services rendered is denied by Medicaid due to Medicaid status being inactive at the time services were provided, you are responsible for paying my hourly rate or a rate we agree to before further services are rendered.

Texting and email are not protected forms of communication. Please limit texting to appointment setting, changing, and confirmation as well as other logistical communications. Know emails involving therapeutic content are not private and may not be received by me in a timely matter. Urgent therapeutic communications with me must be made by phone/voice-mail. Non-urgent therapeutic messages to me can be emailed at your discretion.

Outside-of-session services (telephone conversations with you or with other professionals on your behalf; report writing; records or treatment summary prep; attendance at meetings or consultations regarding your care) must not exceed 15 minutes once per month. I do not typically get involved in court cases, custody disputes, or mediation. If I am called by a judge or an attorney to testify in a case in which you are involved, this work is outside of our therapy work together and is not covered by Medicaid. Therefore, payment from you is due prior to any services rendered at a fee of \$200 an hour to cover all time required for communications and other preparation, travel, waiting, and giving testimony.

When I am unavailable, my telephone is answered by a confidential answering machine that I monitor frequently when in town. I make every effort to return calls within 24 hours, with the exception of weekends, holidays, and when I am out of town. If you are in crisis and need a call back immediately, please leave me a message stating this and then also call 911 or a helpline at 541-774-8201 or go to the ER. For clients requiring extra support, I will provide a backup therapist's name when I will be inaccessible for more than a few days.

## **Confidentiality**

Discussions between you and me, and even the fact that you are in therapy with me, are confidential. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first and following your lead in our interaction. If we do greet, I will not disclose how I know you.

All information shared will be kept confidential with the following exceptions, during which I may breach confidentiality:

- a) You give written permission to disclose information. All individuals (aged 14 and older) who have participated as clients in couple's or family therapy will be required to give written consent to disclose in response to any request for disclosure of records.
- b) When I am working with both partners in a couple's relationship (individually or together), any information disclosed by one individual in the absence of the other is exempt from confidentiality from the absent partner.
- c) I am providing the required information to my biller and your insurance company for insurance billing purposes, if applicable.
- d) When I consult with colleagues to enhance my work with you, such consultation is done in a confidential setting and with identifying information about you omitted.
- e) Client files are turned over to my custodian of record, Laura Heesacker, who can be reached at 520-401-9349 in the event of my incapacity or death.
- f) A public entity serving the interests of public health and safety requests records.
- g) I believe you are an imminent danger to yourself or another.
- h) I learn that you are involved in or knowledgeable about the abuse, neglect, or exploitation of a child, elderly person, or disabled person.
- i) I am ordered by a court to disclose information.
- j) You bring accusations of misconduct or a negligence suit against me.

## **Mutual Expectations**

As a client, you have the right to:

- Freedom from discrimination on the basis of race, color, religion, gender, national origin, handicap, or other unlawful category while seeking and receiving services.
- A safe, healing environment in which you feel clearly seen, compassionately supported, and wisely guided.
- A collaborative relationship with me in which you are recognized as the primary expert about your life and in which you actively participate in and are fully informed about our work together.
- Freely discuss any questions, discomforts, or concerns you have during our sessions.
- Discontinue our work together at any time and for any reason, though this decision is most fruitful for you if done in relationship with me.
- Confidentiality in the therapeutic relationship as described above.
- Understand my credentials, methods, and business policies as outlined in this document.
- Submit complaints to the Oregon Board of Licensed Social Workers at [oregon.blsw@state.or.us](mailto:oregon.blsw@state.or.us) or 503-378-5735.

As a client, you have the responsibility to:

- Actively participate in and be fully informed about our work together, including the contents of this document.
- Keep appointments or cancel **by phone** at least 24 hours in advance unless there is an exception as outlined in the Business Policies section above.
- Immediately notify my biller and me of any changes to your Medicaid status.
- Pay my hourly rate or a rate we agree to for any services rendered while you are not covered by Medicaid.
- Inform me of changes in address or telephone number.
- Inform me if you are seeing another mental health professional so collaborative treatment can be provided.
- Inform me if you are taking psychotropic medications or using other mind-altering substances during our work together.

### Endings

Therapeutic endings are an important part of the process. Typically, my clients and I agree it is time to wind down or end. Planned endings provide an opportunity for reflection on and consolidation of growth. They also allow processing of the mixture of feelings that may attend the end of an important therapeutic relationship. Finally, they allow for discussion of possible future work together as time goes by. In the rare and difficult instance that I believe an ending should occur but you do not, I will do my best to help you understand the reasons for my decision and to provide you with suitable referrals. In the event that no formal ending has occurred and we have had no contact for 6 months, your clinical file will be closed and you will be, for liability reasons, no longer considered my client. You may, at any time, chose to resume contact, and the file will be opened if more services are desired. Despite clinical status, billing files remain open until bill is paid in full.

I have read the above information and understand the terms of this agreement. I seek and consent to the psychotherapeutic services of **Fern Snogren**.

\_\_\_\_\_  
Signature of client or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or representative

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Description of representative's authority

Copy requested & provided to client/parent/personal representative