

*Dr. Jessica E. Wilson*

LICENSED CLINICAL PSYCHOLOGIST

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## INFORMATION AND CONSENT

Welcome! This document contains important information about my professional services. Please read it carefully and discuss any questions you have with me.

### **THERAPIST**

I, Dr. Jessica E. Wilson, have a Doctorate of Psychology in Clinical Psychology from Nova Southeastern University, a Masters of Science in Clinical Psychology from Nova Southeastern University, and a Bachelors of Arts in Psychology from University of Colorado. I am a licensed clinical psychologist in the state of Oregon (OR #2617). My office colleagues and I share office space, but do not operate as a group practice.

To maintain best practices, I consult with other licensed psychologists, mental health professionals, and members of a multicultural psychologist consultation group. All of these individuals are all legally bound to keep all information discussed confidential.

### **PSYCHOLOGICAL SERVICES**

Services offered by a clinical psychologist can include individual, couple's, family, and group psychotherapy or counseling. Assessments for the purpose of diagnosis, emotional readiness for a career or medical procedure, or establishing cognitive and neurological functioning are also provided by psychologists. All of these experiences can be very different, and create a different relationship between client and therapist.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

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 significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. For example, one risk of marital therapy is the possibility of choosing to divorce.

Our first few sessions will involve an evaluation of your needs. By the end of our initial meeting, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow,

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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 who fits your needs.

Psychodiagnostic assessments use objective measures to determine diagnoses based upon patterns of symptoms, behaviors, and personality traits. This process involves an interview to understand your history, administering a certain number of tests by paper, computer, or one on one. Once this is completed, these are scored and all of the information is written into a report. The report may either remain neutral or include recommendations, depending on why it was requested.

## **YOUR RIGHTS**

As a client seeking mental health services, you have certain rights. These include your right to seek a second opinion from another therapist or your right to terminate this therapy at any time. You are also entitled to receive information regarding the methods of therapy, techniques used, the duration of therapy if known, and the fee structure. Please ask if I do not fully provide you with this information or if you have any questions. The practice of psychology in Oregon is regulated by the Oregon Board of Psychologist Examiners. This is the organization that protects your rights and through which complaints and concerns can be filed. You can find more information about your client rights here:

[www.oregon.gov/obpe/Pages/faq\\_consumer.aspx](http://www.oregon.gov/obpe/Pages/faq_consumer.aspx)

## **THERAPEUTIC RELATIONSHIP**

Your relationship with me is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that I not have any other type of relationship with you.

Social and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services may compromise the relationship and should not be shared between us if they would do so. Additionally, sexual intimacy is never appropriate in a therapeutic relationship. Any circumstances of sexual intimacy within a therapeutic relationship should be reported to the professional grievance board listed above.

## **MEETINGS**

I normally conduct an evaluation so 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 50-minute session per week at a time we agree on, but sessions may be more or less frequent dependent on need. There is no charge for appointments cancelled prior to their scheduled time.

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Appointments cancelled late or no-showed are charged a fee of \$50 unless in case of an emergency.

### **PROFESSIONAL FEES**

Individual Psychotherapy: Standard fees for 50 minute individual sessions are \$150. If you are using insurance, your copay will be determined by your insurance company. If not using insurance, a limited number of sliding-scale and low-fee slots are available for clients who cannot afford to pay full fee for service. For clients who do not currently have funds to afford services, a trade agreement for goods of an agreed upon fee may be discussed on a limited basis. This agreement must not feel like exploitation, nor should it create a secondary relationship with your therapist. This agreement will be re-assessed as financial or insurance situations change.

Your fee per 50 minute session is \_\_\_\_\_. This fee should be paid on the day of your session.

Assessments: Standard fees for interview assessments for beginning therapy or medical procedure readiness are \$200 an hour. If you are using insurance, your copay will be determined by your insurance company. If not using insurance, a limited number of sliding-scale and low-fee slots are available for clients who cannot afford to pay full fee for service.

Psychodiagnostic Assessments: Standard fees for testing are \$150 an hour. This includes time spent in-person completing tests, time spent scoring tests, and time spent writing the final report. If you are using insurance, your copay/coinsurance will be determined by your insurance company. Please note that some issues such as plan exclusions, high deductibles, and what percentage of coinsurance you are responsible for all can result in testing not being covered or being more expensive despite being in-network. I will be able to determine if this is the case for you after your first appointment.

### **CONTACTING ME**

I am typically not immediately available by telephone. When a voicemail is left, I will make every effort to get in touch by the next day. If you are difficult to reach, please inform me of some times when you will be available. Do not text the phone number you receive SMS reminders from; it is an automated number and I do not receive them. I am usually available by e-mail at [jessica.wilson.psyd@gmail.com](mailto:jessica.wilson.psyd@gmail.com).

In emergencies, please call 911 or your county's crisis line (Multnomah: 503-988-4888, Multnomah via text: 503-201-1351, Clackamas: 503-655-8585, Washington: 503-291-9111, Clark: 360-696-9560). If I will be unavailable for an extended time, I will provide you with resources or the name of a colleague to contact if necessary.

### **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.

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Because these are professional records, they might be misinterpreted by untrained readers. If you wish to see your full records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **CONFIDENTIALITY**

In general, law protects the privacy of all communications between a client and a psychologist, 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 treatment. In some proceedings, such as child custody or those in which your emotional condition is an important issue, a judge may court order my records/testimony if they determine it is relevant. I am legally obligated to respond to this request.

There are some situations in which I am legally obligated to take action to protect others from harm, especially if the client seems unable to care for themselves. In those situations I may be obligated to seek hospitalization for them or to contact a support person who can help. If such a situation occurs in your treatment, I will make every effort to fully discuss it with you before taking any action.

Also, please note that cellular phone and e-mail communications are vulnerable to breeches of confidentiality due to their modes of information transmission.

Please feel free to voice any questions or concerns that you might have, either in response to this form or at any time during our work together. I look forward to working with you.

### **AGREEMENT**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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|                     |                  |      |
|---------------------|------------------|------|
| Client Name (Print) | Client Signature | Date |
|---------------------|------------------|------|