



**Jean Thompson Vanlue, M.A., LPC, LMFT**  
**528 Cottage St. NE, Suite 300, Salem, OR 97301**  
**503-316-9130**

[Jean Thompson Vanlue, LLC](#)

## **Informed Consent to Treatment and Office Policies**

Thank you for considering me as a helping resource at this time in your life. It is important for us to get to know each other, assess your situation and decide together whether or not I am the best person to help you. If we are not a good match, I will help you locate other resources if you so desire. Before we can begin working together, there are a few things you need to know about me and about how therapy works.

It is my goal to provide a caring, understanding and trusting environment in which you can gain insight. I will assist you in identifying and expressing emotions and thoughts in a safe setting. I will support you in decision-making, help you learn and practice skills for improving personal relationships, and assist in identifying the factors from your past which may be hindering your growth and ability to reach your goals in the present. My role is not to direct, but to facilitate. Only you will know what works for you and is best for you. My job is to help you get on a track that will lead to a resolution of whatever brings you here. I do not blame or look for pathology. I endeavor to help people build on their strengths and to do what works best for their unique situation.

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Ttherapy requires your very active involvement, work, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I welcome your honest and open feedback and views on your therapy and progress.

At the beginning of treatment, I will discuss with you my working understanding of the issues and therapeutic goals. You have the right to ask about other possible treatments for your condition and their risks and benefits. It is not within my scope of practice to provide psychological assessments, custody evaluation recommendations, medication or prescription recommendations or legal advice.

**Confidentiality:** All information disclosed in sessions is confidential and may not be revealed to anyone without your written permission except in these circumstances where required or allowed by law: information required by insurance companies to process your claims; in defense of complaints brought against me; known or suspected abuse or neglect of a child (including children who witness domestic violence); abuse or neglect of disabled or elderly adults; situations where I am concerned that you are a likely risk to gravely harm yourself or someone else (I may warn potential victims, notify others who can keep you safe, or arrange for your safety with authorities); and in court matters. If more than one client is present in any session of therapy associated with your case, I must receive written permission from each person in order to release information. If I receive a subpoena from an attorney, I will do all I can to protect your confidentiality, but a judge is able to order me to testify and/or share records. On occasion, I consult with qualified colleagues regarding my clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained. If you

would prefer that I not obtain consultation for you, please let me know this.

Court activity: I strongly believe that it is in the best interest of clients of all ages that the therapy room is a safe place to speak freely. People generally do not feel safe if they are concerned that information revealed in therapy may be used in court. It is important for you to know that I will not be a party to any legal proceedings against current or former clients or testify for one client against another. My goal is to support my clients to achieve therapy goals- not to address legal issues that require an adversarial approach. By signing below, you are agreeing not to involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misusing treatment for legal objectives.

Others in Session: If you choose to invite a person or persons to be present during your session, your confidentiality *may* be compromised. You invite with the understanding that I will use my clinical discretion and reasoning if I choose to share or reveal confidential and/or sensitive information. I will not discuss confidential information with the visitor any time outside the session.

Referrals: Should you or I believe that it is appropriate for you to see another professional during the course of therapy, I will assist you in identifying potential service providers. Referrals may be made for a number of reasons, including the client's or the therapist's identification of any source of conflict in the relationship, a client need which requires a greater degree of expertise or a different area of counseling specialization, or a need for medication evaluation by an MD or other prescriber.

Professional Boundaries: The counseling relationship is a professional relationship. It should not, therefore, become a social or business relationship. I request that my clients do not invite me to social events, ask me to patronize their businesses or ask to barter services. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, etc.). Likewise, I will not make requests of you. I believe that adding clients as friends or contacts on these sites may blur the boundaries of our therapeutic relationship and can compromise your confidentiality and our respective privacy. If we encounter one another outside the counseling setting, I will protect your privacy by not initiating interaction with you. If you initiate it, I will of course be glad to respond.

Communication: Receipt of email and text communications may be delayed; these methods are for non-urgent communication only. You may leave messages on my phone, 503-316-9130, which is protected by a complex password, remote tracking and remote erasure. If you wish to communicate with me by email, please use the contact form on my website (<http://jeanvanlue.com/contact>) to initiate an encrypted (confidential) email thread on Hushmail (or you may reply to an existing thread between us).

Our work takes place during our appointed sessions. Contact between sessions should be limited to scheduling, referrals, billing and non-clinical questions. Please use texting only for scheduling purposes only as it is not encrypted. Please note that all text and email messages you exchange with your provider regarding any topic other than scheduling/billing must be uploaded to your health record.

You can typically expect a response to a voice mail or email on my next work day (T-W-Th) during business hours. I may occasionally reply at other times, but please be aware that this will not always be possible. There may be times when I am unable to receive or respond to messages, such as when out of cellular range or travelling.

Insurance Billing: As a courtesy service, I provide insurance billing through Heritage Billing Services. Clients who carry insurance should remember that professional services are rendered to and charged to clients and not to insurance companies. Insurance companies do not cover treatment of all issues/conditions/problems which are dealt with in psychotherapy- it is your responsibility to verify the specifics of your coverage. You are responsible for all fees not paid by a third party payer (insurance) and it is expected that you will pay the portion of the fee not covered by insurance at the time of service. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality and privacy as the information is likely to be reported by the insurance company to a nationally-accessed medical data bank. Also, many insurance companies require submission of reports or treatment goals at specified points in therapy.

Missed Appointments: Since the scheduling of an appointment involves the reservation of time specifically for you, 48 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without sufficient notification. Missed sessions cannot be billed to insurance.

Length of sessions: Individual sessions typically last approximately 45-50 minutes; couple sessions are typically 45-55 minutes. Sessions of each type that last longer will be billed accordingly and are typically not paid by insurance.

Records Retention: I store paper records for seven years before destroying them. Records from October 2014 forward are stored in a cloud-based Electronic Health Record (EHR) that has been certified as compliant with federal standards for security; electronic records will be maintained for a minimum of ten years. Other policies about records are covered in detail in the Notice of Privacy Practices (HIPAA) brochure.

While it would be wonderful if everyone who attends therapy reaches the goals they desire, I cannot guarantee success. Change is difficult and often involves some risks that are not always predictable. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, difficulty sleeping, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Sometimes a change or decision that is positive for one family member is viewed quite negatively by another family member. I will do my best to help everyone leave therapy with the best possible outcomes. If therapy does not seem to be helping, we will talk about alternatives for you.

If you have any questions about me, the way I work, or anything else associated with therapy, please ask. It is my desire that your time spent in counseling will be instructive, profitable, healing and life-changing. It will be an honor to participate in this process with you.

I affirm that I am able to or have accessed a copy of the Notice of Privacy Practices (HIPAA) brochure at [www.jeanvanlue.com](http://www.jeanvanlue.com) or have been provided a paper copy upon request, and I hereby consent to the use or disclosure of my protected information as specified by HIPAA.

I am contracting to pay for completed sessions. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation to complete a maximum or minimum number of sessions.

I affirm that I have reviewed the information and conditions in this Informed Consent to Treatment and Office Policies. I understand the information and agree to comply with the conditions; I agree to enter into therapy with Jean Vanlue.

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Signature of Client

\_\_\_\_\_  
Date

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Signature of Client

\_\_\_\_\_  
Date

Revised 4/2/24