Client Information Sheet

Name:_______________________________________ Today's date:__________

Address____

City:__________________ State:_________________ Zip:__________________

Phone: (work)_____________________ (home)_____________________________

Date of Birth:____________ Age last birthday:_______ Gender________

Ethnic background:________________ Native language:_______________

Social Security Number:__________________________

Height:________ Weight:_________ Eye color:__________ Hair color______

School/Employer________________________ Highest grade completed_______________

Persons you live with:

Name Age Relationship

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Emergency contact:

Name:______________________________________ Phone:______________

Who referred you? ____

Fee Agreement

Fee Agreement:
The services I may receive are listed below. I agree to the following terms and fees for services offered.

Type of Service	
Mental Health and/or Chemical Dependency Assessment	$200.00
Individual Session	$160.00 per hour
Family/Couple Session	$160.00 per hour
Group	$85.00 per hour

Consultation and Services Outside of the Counseling Context
Beyond taking notes and billing insurance, I will bill clients at my hourly rate for telephone consultation, support team meetings, the creation of support plans, or other services outside of the counseling context that exceed 20 minutes of time. These services are not billable to insurance, and must be paid out of pocket.

Payment of Fees
I understand that self-payment fees are due at the time of service unless arrangements have been made with Stephen in advance.

Missed Appointments
I understand that if I do not cancel my appointment 48 hours in advance, I will be responsible for the appointment fee at or before the next appointment. (OHP/Medicaid clients excluded)

Payment Responsibility
I have read and understand the above policies on fees, payment responsibility and missed appointments. I understand that I am responsible for payment of all treatment charges on my account. I agree that in the event costs and/or fees are incurred in the collection of my account, I will pay all such costs and fees.

______________________________ ______________________
Client Signature Date

______________________________ ______________________
Parent or Guardian Signature Date

Stephen T. Grant, L.C.S.W.
2306 NE Glisan St., Suite 204
Portland, OR 97232
(503) 752-9943

Philosophy and Approach: I work with individuals and their families utilizing a strategic family systems approach. This means that I perceive an individual's counseling issues within the context of functioning in a family. This enables me to work positively and in a non-blaming way with my clients. My focus is on working toward solutions and developing skills. As a Licensed Clinical Social Worker (LCSW) of the Oregon State Board of Clinical Social Workers, I will abide by its Code of Ethics.

Formal education and training: I hold a Master's degree in Social Work from Portland State University, and I am licensed by the State of Oregon. My major course work includes group therapy, solution focused therapy, narrative therapy child and family counseling.

As a client of a Licensed Clinical Social Worker you have the following rights:
• To expect that an LCSW has met the minimal qualifications of training and experience required by state law;
• To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
• To obtain a copy of the Code of Ethics;
• To report complaints to the Board;
• To be informed of the cost of professional services before receiving the services;
• To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against agency;
• To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Social Workers at 3218 Pringle Road S.E., Suite 240, Salem, OR 97302-6310. Telephone: (503) 378-5735

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Agreement and Consent for Treatment: I request and authorize Stephen Grant to provide me with individual/family counseling and/or chemical dependency treatment. I have a general knowledge of the nature and purpose of my therapy. I acknowledge that no guarantee has been made relative to the results that may be obtained.

_____________________________   _____________________________________
Client Signature and Date   Parent or Guardian Signature and Date

Stephen Grant, L.C.S.W.
2306 NE. Glisan St., Suite 104
Portland, OR 97232
Ph: (503) 752-9943   Fax: (207) 209-7656

Release Of Information

Client Name____ Date____________________

I authorize Stephen Grant to contact:

Name____ Telephone_______________________

Address____

For:

1.______Release of information FROM person or agency above.

2.______Release of information TO person or agency above.

The following information may be released:

________Medical ________Social-Psychological
________History ________Evaluation
________Termination or Discharge Summary________Chemical Dependency Information
________Other (Please Specify)____

____

____

For the following purpose:____

____

____

I understand that such information cannot be released without my specific consent to the release of the above information. This authorization expires on_________________or unless revoked earlier in writing.

____ ________________________
Client Signature Date

____ ________________________
Parent or Guardian Signature Date

Stephen T. Grant, L.C.S.W.
2306 NE Glisan St., Suite 104
Portland, OR 97232
(503) 752-9943

CODE OF ETHICS

(1) My primary professional responsibility is to the client. I make every reasonable effort to advance the welfare and best interests of families and individuals. I must respect the rights of those persons seeking assistance and make reasonable efforts to ensure that my services are used appropriately;

(2) I recognize that there are other professional, technical, and administrative resources available to clients. I make a reasonable effort to provide referrals to those resources when it is in the best interest of clients to be provided with alternative or complementary services or when the client requests a referral;

(3) I will not deny professional services to anyone on the basis of race, religion, sex, political affiliation, social status, sexual orientation, or choice of lifestyle;

(4) I will not provide services to a client when my objectivity or effectiveness is impaired. Whenever my objectivity or effectiveness becomes impaired during a professional relationship with a client, I will notify the client orally or in writing that I can no longer serve the client professionally and must make a reasonable effort to assist the client in obtaining services from another professional;

(5) I respect the right of a client to make decisions and help the client understand the consequences of the decisions. I will advise a client that all decisions are the responsibility of the client;

(6) I will terminate a client relationship when it is reasonably clear that the treatment no longer serves the client's needs or interests;

(7) I recognize the potentially influential position that I have with clients and must avoid exploiting the trust and dependency of these persons. I make every effort to avoid dual relationships. Examples of such dual relationships include, but are not limited to, provisions of counseling or therapy to persons with whom I have had a sexual relationship, relatives, students, employees, or supervisees, and business or close personal relationships with students, employees, supervisees, or clients:

(8) I will not engage in or solicit sexual acts or a sexual relationship with a client;

(9) I will not engage in sexual or other harassment of a client, former client, or supervisee, nor in any verbal or physical behavior that is sexually seductive or sexually demeaning to the client or former client;

(10) I will inform a client of a divergence of interests, values, attitudes, or biases between a client and the licensee that is sufficient to impair their professional relationship. Either the client or the therapist may terminate the relationship.

(11) I will hold in confidence all information obtained in the course of professional services. Exceptions are a) Reporting suspected child abuse; b) Reporting imminent danger to client or others; c) Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies; d) Providing information concerning case consultation or supervision; and e) Defending claims brought by client against agency

(12) I will provide clients reasonable access to records concerning them and take due care to protect the confidences of others contained in those records. Following guidelines set forth in ORS 107 and ORS 675.765(1), unless otherwise ordered by the court, parents shall have access to the client records of juveniles who are receiving professional services from the licensee;

(13) I will fully inform clients regarding fees to be charged, methods of payment available, and regardless of financial support, be provided with adequate and humane service.

Confidentiality Statement

The work that we do in the therapeutic setting is confidential and private. I will not share anything about you with anyone else unless I have your written permission to do so.

Often it is helpful to have your permission to exchange information about you with others. If this is the case, I will explain why there is a need and what information will be shared. You are free to decide if you wish to give permission for them to be contacted by signing a Release of Information form.

It is very important to know that some things by law CANNOT BE KEPT PRIVATE.

Here are some EXCEPTIONS to confidentiality.

1. If I am subpoenaed to testify in court, I may have to give information without your permission. This happens only in a few instances, usually around issues of child custody or possible criminal behavior.

2. If I suspect that harm has come to a child, adolescent, or elderly person, or that a child, adolescent, or elderly person might be harmed in the future, State law requires me to make a report to the authorities.

3. If I learn that someone or something might be seriously harmed in the future or that a client intends to commit a crime of violence, it is my responsibility to protect others by informing them and the authorities.

Each of these situations happens only rarely. But it is important that you understand both your rights to privacy and the limits to these rights. I encourage you to discuss any concerns you may have about privacy with me at our first meeting or at any time it may be of concern for you.

My signature verifies that the confidentiality information is clear to me.

______________________________ __________________
Client Signature Date

______________________________ __________________
Parent or Guardian Signature Date