

Matt Carges, LMFT(CA#39092)

2250 NW Flanders Street, Suite 301 Portland, OR 97210

503-422-1571 mattcargeslmft@hotmail.com

The following is a summary of information that individuals, couples, parents, and youth should know and be aware of as part of your treatment. It is important that you both understand your individualized goals of treatment and also participate in all aspects of your care.

Philosophy and Approach: I provide collaborative, in-depth talk therapy with individuals and couples dealing with issues ranging from depression, anxiety, loss and trauma to trouble with relationships, and difficult life transitions. I have extensive experience and training providing family therapy to effectively resolve relational, developmental and parenting struggles.

The process of therapy for both short and long term work involves us working together to understand problems and conflicts, while mobilizing strengths and strategies that promote change. While my focus is primarily on the present, understanding the influence of past experiences and relationships is an important part of the process. Our work together will be active, straightforward and respectful of each individual's style and beliefs.

Confidentiality: What is discussed in therapy is confidential and will not be discussed outside of sessions unless a Release of Information is signed. The exceptions to this confidentiality are as follows:

- I am mandated by law to report suspected child abuse or neglect.
- I am mandated by law to report to law enforcement and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.
- I will report to a doctor or the hospital in the event of a medical emergency.
- I may be required to testify in the event of a court subpoena.
- Reporting imminent risk of suicidal behavior to the appropriate caretakers.

Exceptions to confidentiality will be discussed in therapy prior to reporting whenever safe and appropriate.

When working with couples or families, I will not hold secrets from treatment participants to their detriment. I will work with the holder of the secret to divulge potentially painful secrets in a respectful and dignified manner.

Communication outside of sessions: I will try to return phone calls within 24 hours, if not same day. I prefer to use the phone and email mainly for scheduling of appointments or coordinating care with others. Email is not considered secured communication. If you communicate confidential information via unsecured e-mail, I will assume that you have made an informed decision, and will view it as your agreement to risk that such communication may be intercepted. Otherwise, I can invite you to join a Secure Patient Portal, where you will be asked to log in to communicate electronically. I do not charge for brief conversations and emails, be it with you or consenting others. Should the need arise, I am happy to increase the frequency of our scheduled therapy appointments as my schedule permits.

Vacations: I will provide two weeks notice for vacations that would interrupt the normal session schedule. If I become ill, you will be notified of the cancellation as soon as possible and a make up session will be scheduled at your convenience.

Fees and missed appointments: My fee is \$150.00 per 50 minute session. Balance due at the beginning of each month for the previous month's work. I will complete all required paperwork and help facilitate reimbursement of 3rd party payers; however, I will expect direct payment from you and cannot guarantee reimbursement from your insurance provider. I request at least 48 hour notice for cancelations and will charge my session fee for missed appointments when not rescheduled within the same week (missed appointments that are charged are not billable to your insurance).

Consent for treatment

By signing below, I authorize Matt Carges, L.M.F.T. to provide therapy to _____, and agree to the terms of therapy described above.

I understand that I am also assuming ultimate financial responsibility for the cost of the treatment.

I also agree that I have had the opportunity to discuss the potential benefits and risks of the therapy to be done by Mr. Carges.

This consent can be revoked at any time in writing.

Signature

Date