



Portland Processwork Clinic

find meaningful change

Clinic Policies and Grievance Procedure

Confidentiality: Whatever is said in your counseling sessions is confidential with the following exceptions:

1. We are legally required to report suspected physical or sexual abuse and neglect of children and elders.
2. We are legally required to report serious threats of harm to yourself or others.
3. If ordered by the courts to testify or to provide treatment records.
4. If you have signed a release of information form authorizing us to share relevant information with somebody, like a teacher or doctor.
5. Your counselor will receive regular team supervision at the Portland Processwork Clinic to ensure that you receive the best service possible.

Appointments: Our sessions will be 50 minutes in duration, usually once per week at a time we agree on. Some sessions may be more or less frequent as needed. If you need to cancel or reschedule a session, please contact the counselor as soon as possible but at least 24 hours ahead. If you give us less than 24 hours notice, you will be charged for your missed appointment.

Grievances: Please discuss any grievances or concerns you have about the counseling or anything else with your counselor. If you disagree with the course of counseling or otherwise feel unresolved with your counselor you have the right to contact the director or request a hearing meeting with the clinic staff. Please see the grievance procedure.

Grievance Procedure: Please know that your concerns are very important to us and will be taken seriously. We encourage you to discuss any concerns about our services and service planning with your counselor. If a problem cannot be resolved, please contact the Clinic Director:

Sonja Straub, Ph.D.

Portland Processwork Clinic, 2049 NW Hoyt St, Portland, OR 97209
Confidential voicemail: (503) 727-2456, E-mail: SonjaStraub@rconnects.com

I have read and understood this policy agreement and received a copy of the Clinic Policies and Grievance Procedure. I consent to counseling services at the Portland Processwork Clinic under these conditions.

Client's/ Guardian's signature

Date

Counselor's signature

Date