



# Portland Processwork Clinic

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## Payment Agreement, Clinic Policies, Grievance Procedure and Consent to Counseling Services

The Portland Processwork Clinic endeavors to provide high quality counseling and personal growth services for individuals, couples, families and groups.

We offer a sliding scale fee for clients in need, based on the client's financial situation and clinic's availability of lower scale time slots. Fees are determined by the intake counselor in accord with financial information that is given by the client at the time of intake. Fees may be adjusted as the client's income changes. The sliding scale fee for services is based upon monthly income, number of dependents in the household, current monthly bills, and payments.

### Payment Agreement:

Name of client: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Special financial considerations, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is responsible for payments if not yourself? \_\_\_\_\_

**I AGREE TO PAY \$ \_\_\_\_\_ PER SESSION PAYABLE AT THE TIME OF THE SESSION  
UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**

Payments for virtual appointments are made via PayPal (we will send you an invoice through PayPal) or by check or cash if seen in person.

If you need to reschedule or cancel an appointment please contact the counselor as soon as possible. If we do not have 24 hours notice, or you miss your appointment, you will be charged the full fee for the session.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

2049 NW Hoyt St.  
Portland, OR 97209  
503-321-5002  
[portlandprocessworkclinic.org](http://portlandprocessworkclinic.org)



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## 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](mailto: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.**

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Client's/ Guardian's signature

Date

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Counselor's signature

Date

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