

Practice Policies

Greg Osberg-Pate Therapy LLC
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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. **You will be responsible for the entire fee if cancellation is less than 24 hours.**

The standard meeting time for psychotherapy is 50-53 minutes. Requests to change the 50-53 minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Because each appointment time is reserved exclusively for you:

Cancellations, reschedules, or late arrivals with less than 24 hours' notice will be charged in full. If you arrive late, your session will still end at the originally scheduled time.

A no-show is defined as:

- Missing your scheduled session without notice, or
- Arriving 15 minutes late or more without communication.

I understand that life happens. If you know you are running behind, please send a quick message as soon as possible. I will do my best to accommodate within your scheduled time when feasible, but the full session fee will still apply for missed or late sessions unless otherwise arranged.

TELEPHONE ACCESSIBILITY

The best way to reach me between sessions is by sending a message through the SimplePractice client portal, as this is the most reliable and secure method of communication. You may also leave a voicemail at 503-610-6086 if needed; however, please note that voicemail is not the preferred way to reach me, and responses may take longer. I am often not immediately available, and I will do my best to respond within 24 hours whenever possible during my regular business hours. However, please note that it is not always possible for me to respond within that timeframe. Messages received outside of business hours, such as on weekends or holidays, will be returned during the next business period.

Please remember that phone, voicemail, or email should not be used for urgent or emergency matters. Greg Osberg-Pate Therapy LLC is not an emergency or crisis service.

To help set expectations and maintain consistent boundaries:

- Video or in-person sessions are preferred whenever possible, as they provide the best conditions for therapeutic connection and support. (Currently I am only offering telehealth services but you will be notified if I begin offering in-person services.)
- Phone sessions may be offered if needed, such as when connection issues prevent meeting by video or in person.
- Messages will be returned as soon as possible during regular business hours, though response times may vary depending on client and clinical needs.
- Emergencies or crises should not be handled through voicemail, email, or text. If you are in crisis or experiencing a life-threatening emergency, please call 911 or go to your nearest emergency department.
- For community-based and police-alternative crisis options, please visit:
<https://www.inclusivetherapists.com/crisis>

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our

therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

While electronic communication can be convenient, it also carries potential risks to confidentiality and privacy. I cannot guarantee the security of any form of communication through electronic media, including text messages or email. If you prefer to communicate via email or text for limited purposes such as scheduling or cancellations, I am willing to do so. Please be aware that:

- These methods are not fully secure and may pose confidentiality risks.
- I may not be able to respond immediately, though I will do my best to reply in a timely manner.
- Please do not use email or text to discuss therapeutic content or request assistance in an emergency.
- By choosing to communicate through electronic means, you are accepting these risks knowingly and acknowledge that you are responsible for the security and privacy of your own communication devices.

TELEHEALTH SERVICES

In the State of Washington, "services by electronic means" are defined as "the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment." "Telemedicine" may include the use of audio-only telephone, but does not include facsimile (fax) or email communication. (RCW 70.41.020)(For Telehealth standards of practice in Oregon, you can find them at OAR 339-010-0006)

If you opt in to use information technology for some or all of your treatment, you need to understand that:

- If you choose to participate in telehealth services, please understand the following rights and conditions:
- You retain the option to withhold or withdraw consent for telehealth at any time without affecting your right to future care, treatment, or benefits.
- All existing confidentiality protections are equally applicable to telehealth services.
- Your access to all medical or clinical information transmitted during a telehealth consultation is guaranteed, and copies of this information are available for a reasonable fee.
- Dissemination of any identifiable images or information from your telehealth sessions to researchers or other entities will not occur without your consent.

BENEFITS AND RISKS OF TELEHEALTH

There are potential risks, consequences, and benefits of telemedicine.

- Potential Benefits:
 - Improved communication and access to services.
 - Increased convenience and reduced travel time or cost.
 - Better continuity of care and flexibility in scheduling.
 - The ability to connect despite illness, mobility, or location barriers.
- Potential Risks may include:
 - Limitations in my ability to make certain visual or environmental observations that may be clinically relevant.
 - Possible technical difficulties such as poor internet connection, audio/video disruptions, or device malfunctions.
 - Reduced access to nonverbal and contextual cues that can inform assessment, diagnosis, and treatment interventions.

Because telehealth limits these in-person observational elements, some information that could be clinically important may not be available unless you share it verbally.

TECHNICAL ISSUES AND LICENSURE LIMITS

If the connection during a telehealth session is poor or disrupted, I will make every effort to continue the session using an alternative method such as a phone call.

By signing this document, you acknowledge and consent to these alternative methods of communication when needed, and you understand the potential risks involved with using different platforms.

If technical issues prevent continuation of the session despite reasonable attempts, a reschedule may be offered.

However, if you choose to decline an offered alternative (such as a phone call or rescheduled time), you will be responsible for the full session fee.

Please note that therapy services may only be provided while you are physically located within the State of Washington or Oregon where I am licensed to practice. If you are temporarily or permanently outside of these states, please discuss this with me. Sessions cannot be conducted until you return to Oregon or Washington. By signing this agreement, you acknowledge that you understand and agree to receive telehealth services only when physically present within the state of Washington or Oregon.

MINORS If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. **In WA state, at the age of 13, clients are able to consent to services on their own. In OR state, at the age of 14, clients are able to consent to services on their own.**

TERMINATION

Ending relationships can be difficult, and a thoughtful termination process helps provide closure and maintain the integrity of our work together. The appropriate length of the termination phase depends on the length and intensity of treatment. I may recommend ending therapy after appropriate discussion if:

- The psychotherapy is no longer being effectively used.
- There is consistent nonpayment or unresolved balance.
- Progress indicates that your goals have been met or your needs are better served by another provider.

I will not terminate therapy without first discussing the reasons for termination and exploring options for continued support or referrals. If therapy is ending, I will provide you with a list of qualified psychotherapists or other referrals, and you are free to choose another provider independently. If there is no contact or scheduled appointment for three consecutive weeks without communication, and no prior arrangements have been made, for legal and ethical reasons the professional relationship will be considered discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.