

Lydia Byhardt Bollinger, LCSW

www.RememberTheJoy.com

RememberTheJoy@yahoo.com

971-409-5613

OR SW Lic: 3452

Remember the Joy!

- Supporting Kids
- Coaching Parents
- Moving from Surviving to Thriving
- Increasing Joy!

Information Regarding Services, Confidentiality, and Fees

Services Provided: I consult with families to maintain healthy relationships and understand children’s development. I coach parents to work with their kids’ strengths and cope with their challenges. I provide individual and group counseling, classes and trainings with children, families, and adults. I am trained in play therapy, family therapy, group work, early childhood development, and trauma counseling.

I am a Licensed Clinical Social Worker and subscribe and adhere to the Oregon Board of Clinical Social Work’s code of ethics and State Laws (<http://www.oregon.gov/BCSW/laws.shtml>).

Confidentiality Statement

I am bound legally and ethically to ensure your confidentiality. This applies to both adults and child/teen clients. Consultation/counseling services may include **out of home observations** with or without the parent/guardian present. These observations and requests for information may only occur with your written consent and release of information for each location.

Under certain conditions, I am legally and ethically obligated to release information about a client whether or not the client approves. I will notify you if confidentiality is broken or your records released because of any of the following four reasons.

Exceptions to confidentiality include:

1. **Suspected abuse** (physical, sexual, or neglect) of children, the aged, and the disabled: I am required by law to report suspected abuse to the Oregon Department of Human Services.
2. **Potential homicide or suicide:** In instances where a client threatens homicide I may have to notify the intended victim and police. Likewise, if a client is thought to be at high risk for suicide, family and/or authorities may need to be notified in order to protect the client.
3. **Court-order:** I must release a client's records if a judge issues a court order compelling me to do so.
4. A **non-custodial parent** wants access to their child’s record.

Records: Both the law and the standards of my profession require that I keep appropriate consultation and treatment records. I will keep brief written progress notes and typewritten reports, which are kept in locked file cabinets. **You have the right to have access to your records.** It is my policy to review your records with you. I am always willing to release your records to another mental health professional with your written permission, once you know what they contain.

Fees for Services Provided

The fee for coaching/consultation/counseling/observation is \$95 per 50 minute session in the office. Home visits within 10 miles are \$115. 6 week classes are \$150 paid in advance. 8 week classes are \$200. You will not be reimbursed for classes you do not attend. You will be charged the full amount for scheduled sessions that have not been canceled 24 hours in advance. Telephone conversations with you or on your behalf are prorated on the per-session rate after the first 15 minutes.

I agree to the above terms. Client or Parent Signature: _____

Consent to Receive Consultation/Counseling Services:

I, _____, have read and understood the intake information and the information regarding services. I agree to receive services from Ms. Lydia Byhardt Bollinger, LCSW, under the above terms.

Client or Parent Signature: _____ **Date:** _____