DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

CLIENT FULL NAME _____DATE OF BIRTH_____

ADDRESS _____

CITY_____ STATE_____ZIP_____

PHONE_____HOME PHONE_____WORK _____

E-MAIL_____

Please Print Neatly

EMERGENCY CONTACT _____ CELL _____

CIRCLE BELOW

MAY I LEAVE A MESSAGE ON YOUR PHONE? YES NO

IF YES, MAY I LEAVE A MESSAGE REGARDING? APPT BILLING CLINICAL

WOULD YOU LIKE TO RECEIVE APPT. REMINDERS? CELL TEXT E-MAIL

RESPONSIBLE PARTY INFORMATION

NAME_____DATE OF BIRTH_____

RELATIONSHIP TO CLIENT_____ Check if Address is Same as Client_____

ADDRESS_____

CITY_____STATE_____ZIP_____

I AM RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED BY
BY DEBORAH KASS, MS, LCSW

_
_____ _____
SIGNATURE: **DATE:**

DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

OFFICE POLICIES

WELCOME

Please take a few minutes to review my policies and procedures. This information introduces you to my practice and may help answer your questions. If you have further questions or concerns, please don't hesitate to talk with me at any time.

APPOINTMENTS

Every effort will be made to determine a consistent time for appointments. If you need to change an appointment, a 24 hour notification is required. In the event of a late cancellation, I will try to reschedule your appointment. If that is not possible, you will be charged in full for a missed appointment.

EMERGENCY CARE

Should you feel that you are in crises and need immediate assistance, please call the Multnomah County Crisis Hot Line at (503) 988 – 4888 or go to the nearest hospital emergency room. Please do not use e-mail or text message for emergencies.

COMMUNICATION

I carry a cell phone with voice mail. Please note that you may press # to bypass the voice mail message. I encourage you to leave me a message; voice mail is checked regularly. If you text me regarding an appointment confirmation, lateness or cancellation, I will make an effort to respond via text or phone. While you may call at any hour, please note that if you call in the evening I may not receive the message until the morning. I return most phone calls on the same day and make every effort to return all calls within 24 hours.

E-MAIL

The Healthcare Insurance and Portability Act (HIPPA) requires that all e-mail communication between therapist and patient be encrypted. In compliance with this regulation your e-mail and phone number will be entered into my Secure Patient Portal. You will receive a "Welcome" e-mail from which you can register for this portal. From this personal profile, you may do the following:

- ***View upcoming appointments.***
- ***Select communication preferences.***
- ***Send emails through a secure, confidential connection.***
- ***Update contact information.***

As with any technology, the calendar and appointment reminder system of this Secure Patient Portal is occasionally inaccurate. Always note your appointment in your calendar and please don't hesitate to contact me to confirm your appointment time.

Communication of confidential or highly private information via unsecured e-mail, assumes that you have made an informed decision, and agreed to the risk that such communication may be intercepted.

DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

FEES

My fee is $140 per 50 minute session or $180 per 80 minute session. Consultations with other professionals are billed at $45 per 15 minutes. Payment is expected each session until you are an established patient. At that time, I will invoice monthly with payment due within 10 days.

Checks and credit cards are accepted forms of payment. If a balance accrues due to failure of payment, I will request a payment plan and a credit card authorization or seek payment through a collection agency.

By Signing Below I Agree to:

- **Authorize a Credit Card Billing Payment Plan in the Event of an Unpaid Balance.**
- **Payment of Services Rendered by Deborah Kass MS, LCSW**

_____ _____
Signature: Date:

RECEIPTS AND STATEMENTS

To ensure the best possible clinical service, I remain independent of insurance companies. Should you choose to pursue insurance reimbursement, I will provide you with an insurance ready receipt.

My signature below attests to my understanding of these office policies.

Name _____ Date_____

DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

CONSENT TO TREATMENT

CREDENTIALS

In 1983 I completed a Bachelors Degree in Creative Arts Therapy from Northwestern University. Subsequently, in 1987 I earned a Masters Degree in Clinical Social Work from Columbia University and an additional Masters Degree in Special Education and Early Childhood from Bank Street College of Education. While in New York City, I trained at the Mount Sinai Adolescent Health Center as well as the Jewish Family Service. After moving to Portland, I worked on the Adult and Adolescent In-Patient Psychiatric Units at Portland Adventist Health Center. I have been in private practice for over 20 years and was a full-time parent for ten years.

I am currently a candidate in the Adult Psychoanalytic Training program at the Oregon Psychoanalytic Institute (OPI). This training requires my participation in 4 years of post-graduate academic studies along with supervised psychoanalytic clinical cases. If you are interested in psychoanalysis, please don't hesitate to ask for more information.

As Director of PdxParenting and creator of the curriculum "Kids Who Feel Smart," I provide affordable research based education that promotes strong family relationships. Using a contemporary understanding of temperament and developmental psychology, workshop curriculum includes topics such as Building Self-Esteem, Sibling Rivalry and Teen Brain. More information about "Kids Who Feel Smart" can be found at my website under PdxParenting.

RISKS AND BENEFITS

My approach to psychotherapy is based upon research and clinical experience that have proven to be effective with most but not all clients. I cannot, therefore, guarantee positive results for all who seek treatment. External factors, such as life events, medical issues and irregular attendance to appointments can interfere with progress. If I believe you could be better served by or with additional services such as a psychological evaluation, medication management or alcohol and drug rehabilitation with another therapist or program, I will assist you with referrals. In addition, at times therapy can lead clients to feel more upset as they are working through difficult feelings. I encourage you to talk with me about any questions or concerns you might have about the treatment I provide.

LEGAL DISPUTES

In order to keep our relationship strictly therapeutic, I do not participate in any legal proceedings involving current or former clients. I will not, except as required by law, testify in cases of divorce, custody competency, or any other legal actions. I do not conduct custody evaluations or abuse investigations. To best serve your legal needs, I will refer you for support in the event of legal disputes to an outside independent professional.

DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

CONFIDENTIALITY

The information you share with me remains confidential with limited exceptions. These exceptions are:

- **You have signed a release form of disclosure.**
- **You are a danger to yourself or others.**
- **The abuse of a child or elderly person is reasonably suspected.**
- **Court Order.**
- **You have committed a crime against me.**

Your signature below attests to your understanding and consent to these policies.

_____ _____

Signature **Date**

DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

INTAKE INFORMATION

How Can I Be of Service To You?

Please tell me a bit about your significant relationships.

Briefly Describe any Prior Experience with Psychotherapy.

Medical History: Major Illness – Surgery – Accidents.

Medications: Name and Dose.

DEBORAH KASS MS, LCSW
1020 SW TAYLOR AVE. - SUITE 405
PORTLAND, OR 97205
503.544.4355

Please mark all that apply:

Depression		**History of Substance Abuse**	
Extreme Sadness		**History of Self-Harm**	
Poor Concentration		**Change in Sleeping Habits**	
Memory Problems		**Lack of Energy**	
Change in Eating Habits		**Feeling Stressed**	
Eating More		**Excessive Energy/Euphoria**	
Eating Less		**Irritable**	
Purging		**History of Suicide Attempts**	
Weight Changes		**Nervousness**	
Work/School Issues		**Sudden Bouts of Panic**	
Lack of Meaning		**Muscle Tension**	
Poor Self-Esteem		**Anger Problems**	
Perfectionism		**Physical Complaints**	
Thoughts of Hurting Yourself		**Thoughts of Hurting Others**	
Visual Hallucinations		**Mood Swings**	
Hearing Voices		**Nightmares**	
Interest in Dream Work		**History of Violence**	
History of Abuse		**Sexual Concerns**	
Dissatisfaction with Relationships		**Obsessions or Compulsions**	

How will you know that Therapy has been helpful?