

FAMILY COACHING AND COUNSELING AGREEMENT

This Agreement is entered into by and between Elk Family Reflections, LLC and its owner Brad Osborn, CADCI, QMHA, SUDP, CAS, CAI (herein referred as EFR), provider of coaching and counseling services for behavioral health, substance use disorder, emotional trauma, family codependency, and the Applicant, as indicated herein.

Our program is located in Portland Oregon; our phone number is 970-319-8001

Applicant Name (FIRST, MIDDLE, LAST):		
Date of Birth:	Phone 1:	Phone 2:
Address:		
City:	State:	Zip:
Email:		Pronouns:
Emergency Contact:		Emergency Contact's Phone Number:

ELK FAMILY REFLECTIONS DISCLOSURE STATEMENT

EFR and the applicant have discussed the counseling and the coaching process and conditions, what will be expected of both the applicant and EFR.

Intensive coaching is a strategic, organized approach to reaching an individual with a serious behavioral health or other problem who has struggled to find the appropriate clinical support. Intensive coaching is a compassionate process to reach a person in need.

Our experience will be a direct communication about a life-threatening illness with a goal of preparing the person for treatment and recovery. We will build motivation for change in the individual and in those who care about that person. We will clearly address the concerns and negative consequences while offering resources for lifestyle change and freedom from the disease in order to take care of ourselves and all involved going forward.

Treatment and Aftercare

A vital component of coaching is having treatment options immediately available when the individual makes the decision to accept help. Connecting people in behavioral health or other crisis with the expert treatment, aftercare and follow-up services is essential to all involved with this process.

While the individual completes treatment, an individualized aftercare management plan will be set up prior to treatment being completed. This realistic, long-term aftercare plan for recovery ensures the therapeutic beginnings of treatment will continue and is essential to prevent relapse into negative behaviors.

It is imperative that we help the individual in early recovery to seamlessly re-enter their community and live a normal, healthy life, free of negative symptoms and behaviors.

Mandatory Disclosure

The following disclosures are made to each person receiving services by Elk Family Reflections:

I. This information is being provided to you as required by the Behavioral, Mental, Health, and Addiction Certification Boards of Oregon, Washington, and Colorado.

II. The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by state agencies. The grievance board for each state can be contacted at:

Oregon: CADCII – Certified Alcohol & Drug Counselor II
QMHA I – Qualified Mental Health Associate I
The Mental Health and Addiction Certification Board of Oregon
<https://www.mhacbo.org/en/contact-us/complaints/>

Colorado: CAS – Certified Addiction Specialist
The Board of Addiction Counselors Examiners
<https://dpo.colorado.gov/FileComplaint>

Washington: SUDP – Substance Use Disorder Professional
Washington State Department of Health
<https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx>

III. Services are being provided to you by: Brad Osborn CADCII, QMHAI, SUDP, CAS, CAI
Located in: Portland, Oregon
Phone: 970-319-8001
Email: brad@efrherd.com

IV. The regulatory requirements applicable to mental health professionals are as follows:

- Certified Alcohol and Drug Counselor II in Oregon (CADCII), and Substance Use Disorder Professional in Washington, and Certified Addiction Specialist in Colorado (CAS) must have a bachelor's degree in the behavioral health sciences or field; complete additional training, and 2000 hours of clinically supervised work experience; or have been qualified within state reciprocity rules.
- Qualified Mental Health Associate (QMHA I) meets core competencies for integrated Behavioral Health & Primary Care, SAMHSA-HRSA DSW Core Competencies, and Centers for Medicaid & Medicare Services (CMS).
- Brad Osborn has met the educational and supervision requirements of the ARISE Network Certification (CAI) which includes NAADAC membership and adherence to the Code of Ethics.
- Electronic/Technology Informed Consent. A thorough e-therapy informed consent shall be executed at the start of services which includes: There are risks and benefits of engaging in the use of distance-services, technology, and/or social media.
- Elk Family Reflections provides Telehealth via Zoom Video Communications. This platform, although not likely presents with the possibility of technology failure, if this happens, an alternate method of service delivery would be via telephone, followed by email/text. Risks associated with providing Telehealth treatment services include: Limited quality of care; Technological difficulties; Client and coach/counselor alliance could be harder to establish/maintain; Confidentiality could be compromised; Anticipated response time could be affected; When the services are not available follow up calls/texts will be completed; Elk Family Reflections currently provides services from the Pacific time zone from Oregon; Services are provided in English only; Please consult with your insurance company if utilizing benefits as it is possible there could denial of insurance benefits if Telehealth is being used.

_____ My initials acknowledge my consent for services via Telehealth, that I have been educated on the risks associated with these services.

V. You are entitled to receive information about the methods of coaching, therapy, the techniques used, the duration of therapy.

VI. You may seek a second opinion from another clinician or may terminate services at any time.
VII. In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board listed above.

VIII. The information provided by you during therapy sessions is legally confidential in the case of professional counselors, except as provided in 42 C.F.R., Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and except for certain legal exceptions that will be identified by the licensee, registrant, or unlicensed psychotherapist should any such situation arise during therapy.

IX. Current fee schedule for services are provided in the Elk Family Reflections Family Process Agreement form.

X. **ALL FEES PAID ARE NON-REFUNDABLE ONCE SERVICES BEGIN TO BE PROVIDED.**

XI. **Current fee schedule for services:**

\$190 hourly beginning with a 6-hour retainer commitment of \$1140, or \$150 in 10-hour increments of \$1500 paid in advance, for Coaching, Assessment, Counseling or Intervention & Aftercare Planning Process.

**** EFR is committed to working closely with motivated individuals and families, ensuring that no one is turned away from the support they need due to financial barriers.**

XII. Services are billed to the next 6-minutes, the hour is broken into 10 billing increments.

XIII. Hotel and travel expenses which have been agreed upon by both parties will be reimbursed to EFR by the family prior to travel beginning.

XIV. Additional hours will be billed at the same rate, \$190 hourly, or \$150 in 10-hour increments of \$1500 paid in advance. ** Unless indicated differently in paragraph XI.

XV. This Family Coaching and Counseling Agreement will last until the process has been completed and/or treatment has been completed and an aftercare plan is in place, or as agreed upon by EFR and/or the Applicant.

XVI. Sessions Face to Face, via phone or Telehealth will be scheduled as availability allows only.

XVII. All team members are encouraged to actively participate in the Family Process and Aftercare planning including meetings, phone sessions, email, or text messaging contacts.

XVIII. EFR will record time spent working on the family process and provide documentation upon request.

XIX. There is an expectation that all participants will agree to respect each group member's confidentiality.

XX. The applicant understands and willingly agrees to participate fully with the above Coaching agreement. It is understood that consent may be withdrawn at any time and the process may be discontinued, however all fees paid are non-refundable once services begin to be provided.

This clinician, Brad Osborn, CADCI, QMHA, SUDP, CAS, CAI has no reason to suspect that the applicant is not competent to consent to the agreement being considered.

By signing below, you, the applicant and client acknowledge that you have read and understand the terms of this Treatment Agreement in its entirety, including the relationship for treatment services from EFR.

Executed on this _____ day of _____, 20 _____

Client Signature: _____

Printed Name: _____