



EIRod Center Short Term Services Agreement

We are excited to offer a new service for the students of Pleasant Hill! We have partnered with EIRod Center to offer short term, therapeutic services to students. We understand that the coming back to school has been difficult for some of our kids and we want to help them transition as easily as possible.

EIRod Center is a board certified, youth based, mental health clinic in Eugene that will be available on school campus during the day to see students. Sessions will be 30 minutes and are designed to help kids work through any feelings or concerns. We expect the children who sign up with EIRod to see one of their counselors 3 to 6 times over the course of as many weeks.

All of these services will be provided free of charge and during the school day, meaning parents won't have to drive kids anywhere!

Please read through the attached documents, sign them, and send back via email so we can offer these important services to your children.

Confidentiality Agreement

1. You have the right to confidential treatment. We will not notify or release information to anyone outside this facility without written permission. Any information given to the family, employer, or to other agencies has to be permitted by you. In addition, you have the right to refuse, revoke, or cancel any release signed, if you should change your mind.
2. Parent or legal guardian must provide consent for outpatient services to minors age 13 years of age or younger. Minors 14 years of age or older may provide informed consent for outpatient services independent of parental or guardian consent.
3. As a professional staff, we work together and therefore will exchange information and ideas to improve your treatment. These disclosures are limited to staff associated with our facility professionally.

EIRod Center follows State and Federal requirements for individual confidentiality except in the following circumstances:

- **Court Subpoena:** If you are involved in a court trial and the opposing attorney wishes to subpoena your records, they can. It is EIRod Center policy to not surrender your chart unless the attorney petitions the judge for a court order. We must comply or be subject to contempt of court. Even in this circumstance, the judge must not reveal the contents of your record to anyone unless it has direct bearing on the trial. Example: If you are involved in a child custody hearing and your spouse has your record subpoenaed to prove that you are chemically dependent, the judge would first have to decide whether it was relevant to the case before allowing the contents of the chart to be brought to trial.



- **Child Abuse:** This involves the State law requiring the disclosure to the Children's Services Division of any mistreatment of children to the point where it is determined to be "child abuse.
- **Endangerment:** If the staff believed you were about to attempt suicide, take someone's life, or injure someone, the Executive Director may over-ride confidentiality to alleviate the problem.
- **Life Threatening Emergency:** If you have been hurt, taken to the hospital and are unconscious, social information could save your life. In such a case, ElRod Center can use discretion to provide information needed. It is ElRod Center's intent to not use an individual's information in a harmful way but for you to get well. We will protect all information about you to the fullest extent allowed by law. If you have any questions about these expectations or about your right to confidentiality, please notify the counseling staff immediately.

Students Name: _____ Date: _____

Consent for Treatment

1. My participation in ElRod Center's Behavioral Health and non-therapy services are voluntary and I agree to participate. I understand that I can end treatment at any time.
2. I understand that my behavioral health provider may make recommendations that I don't agree with (e.g. modality of treatment, duration of treatment, frequency of visits, etc.).
3. I understand that ElRod Center cannot guarantee results (e.g. reduction in symptoms, improved relationships, reunification of family, etc.).
4. I understand that there may be some risks in participation in behavioral health services. I am aware that I can discuss any unforeseen risks vs. benefits with my behavioral health provider at any time. These may include but are not limited to:
 - A. Addressing painful emotional experiences and/or feelings;
 - B. Gaining new awareness and or perspective on a particular issue;
 - C. Being inconvenienced due to costs/fees of service.
5. I understand that ElRod Center utilizes canine therapy as part of treatment.
6. I understand that ElRod Center is a holistic faith-based organization and the foundations of the organization adhere to Christian beliefs. I also understand that ElRod Center will not incorporate faith-based practices in any of the classes or therapy sessions unless requested by the client to do so.



7. I also understand that ElRod Center is an inclusive agency that welcomes diversity and invites clients from all faiths and backgrounds to come and be part of this unique and progressive comprehensive program.

Professional Disclosure Statement

Philosophy and Approach: We are a nonprofit organization offering a variety of services that utilize the healing power of artistic expression, play and therapeutic intervention to promote mental, physical, and emotional wellbeing for the youth of the community.

Formal Education and Training: Clinical director, Marian Stiegeler has a (CACREP) Master's Degree in Mental Health Counseling from Capella University and a Master's level graduate certificate in play therapy from Capella University. This program will be supervised by Marian Stiegeler, LPC-S, CMHIMP and RPT (Registered Supervisor, Mental Health Integrative Medicine Provider, and Registered Play Therapist). Registered interns and Master's level interns will also be providing services for this program. All clinicians will have multiple levels of supervision.

Statement of Fees: There are no fees associated with this program. Should your child be referred for outside services, there may be additional fees. Additional fees would be dependent on the client's insurance.

I have reviewed ElRod Center's Mental Health Treatment fees and I am aware that they are subject to a sliding scale as negotiated if applicable. Please read each item carefully:

- I understand that my private insurance or OHP will be billed for additional therapy and that any cash paying clients will have rates negotiated at a sliding **scale according** to need.
- I understand that my copay is due at the time of service.
- I understand that if my account becomes delinquent for more than 90 days services will be suspended by the agency.
- I understand ElRod Center accepts insurance for eligible services.
- I understand that if I have no resources to cover the above costs I may be offered a grant or sliding scale discount.
- I understand that the fees and terms of this statement can be changed with 30 days' notice.

As a client of an Oregon professional counselor, you have the following rights:

- To expect that a licensee has met the qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;



- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, #120, Salem, OR 97302-6312 Telephone: (503) 378-5499 Email: lpct.board@oregon.gov Website: www.oregon.gov/OBLPCT

Release of Liability

I understand and agree enrollment in ElRod Center programs are voluntary and part of my own rehabilitation process involves performing tasks that may involve a risk of injury to myself. I hereby release ElRod Center, and all staff, volunteers, affiliates and associates thereof from any and all liability arising from any on-premises or off premises injuries which I might sustain while performing the tasks in which I have voluntarily agree to participate. I understand any injuries I may sustain as a result of my own negligence will not be attributed to ElRod Center or its staff, volunteers, affiliates or associates. I alone will bear the medical costs, and any other associated costs, for any such injury. This is a knowing waiver and release of liability. I have read the releases of liability and understand its terms. Parent or legal guardian must provide consent for outpatient services to minors age 13 years of age or younger. Minors 14 years of age or older may provide informed consent for outpatient services independent of parental or guardian consent.

Grievance Procedure

Grievance and Appeals Policy 309-019-0215. Each client will receive a copy of the Grievance and Appeals Policy when they receive their initial intake packet via email. The Grievance and Appeals Policy will be posted and available for clients to read in the lobby of the ElRod Center at all times.

1. Any individual or parent or guardian receiving services may file a grievance with the provider, the individual's coordinated care plan, or the Division.



2. The provider's grievance process shall: (a) Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry; (b) Assist individuals and parents or guardians to understand and complete the grievance process and notify them of the results and basis for the decision; (c) Encourage and facilitate resolution of the grievance at the lowest possible level; (d) Complete an investigation of any grievance within 30 calendar days; (e) Implement a procedure for accepting, processing, and responding to grievances including specific timelines for each; (f) Designate a program staff individual to receive and process the grievance; (g) Document any action taken on a substantiated grievance within a timely manner; and (h) Document receipt, investigation, and action taken in response to the grievance.
3. The provider shall post a Grievance Process Notice in a common area stating the telephone numbers of: (a) The Division 541-338-7928 (b) Disability Rights Oregon 503-243-2081 (c) Pacific Source Community Solutions Lane 800-431-4135 Trillium Community Health Plan 541-485-2155 or 877-600-5472 Board of Licensed Professional Counselors and Therapists 503-378-5499 (d) The Governor's Advocacy Office 503-945-6904.
4. In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.
5. A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.
6. The grievant is immune from any civil or practice criminal liability with respect to the making or content of a grievance made in good faith.



7. Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows: (a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division; (b) If requested, program staff shall be available to assist the individual; (c) The Division shall provide a written response within ten working days of the receipt of the appeal; and (d) If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

Service Agreement

1. I agree to participate to the best of my ability and to follow through with recommendations.
2. I will promptly report any changes in my living situation, address, and phone number.
3. My dress will be appropriate and will not include revealing or seductive themes and will not promote substance use or self-harm or harm to others.
4. Foul and offensive language, violence, or any other abuse is prohibited.
5. I understand that The Avodah Therapy Services and ElRod Center facility or staff are not responsible for any belongings that I may leave on the premises.
6. I understand that tobacco use is not allowed on any premises in which services are held.
7. I agree to keep confidential all information regarding persons participating in ElRod Center services.
8. I understand that my data may be collected through intakes, questionnaires, assessments, and attendance records for research purposes with the understanding that all identifiers will be removed to ensure confidentiality.
9. I understand that there will be a surveillance system installed in the facility, without audio enabled, for the sole purpose of security and no individuals will have their privacy hindered in any way.

Discontinuation of Services:

I understand that the following will be cause for ELRod Center to consider for immediate discharge:



- Any physical violence or threat while on Avodah/EIRod Center property or violence to another person.
- Possession of weapons, alcohol, drugs or paraphernalia, while on the Avodah/EIRod Center
- Use of any mood-altering substances, including alcohol, while on the Avodah/EIRod Center property.

Individual Rights and Responsibilities Policy 309-019-0115

Each client will receive a copy of their individual rights when they receive their initial intake packet via email. These rights will be posted and available for clients to read in the lobby of the EIRod Center at all times. The EIRod Center Clinical Supervisor will periodically review with the clinicians that they are following the rules during their one on one session.

- 1) In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:
 - A. Choose from services and supports that are consistent with the assessment and service plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual, and that provide for the greatest degree of independence;
 - B. Be treated with dignity and respect;
 - C. Participate in the development of a written service plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of the written service plan;
 - D. Have all services explained, including expected outcomes and possible risks;
 - E. Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;
 - F. Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
 - a. Under age 18 and lawfully married;
 - b. Age 16 or older and legally emancipated by the court;
 - c. Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs.
 - G. Inspect their service record in accordance with ORS 179.505;
 - H. Refuse participation in experimentation;



- I. Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
 - J. Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
 - K. Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
 - L. Have religious freedom;
 - M. Be free from seclusion and restraint;
 - N. Be informed at the start of services and periodically thereafter of the rights guaranteed by this rule;
 - O. Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;
 - P. Have family and guardian involvement in service planning and delivery;
 - Q. Have an opportunity to make a declaration for mental health treatment, when legally an adult;
 - R. File grievances, including appealing decisions resulting from the grievance;
 - S. Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
 - T. Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
 - U. exercise all rights described in this rule without any form of reprisal or punishment.
- 2) The provider shall give to the individual and, if appropriate, the guardian a document that describes the applicable individual's rights as follows:
- A. Information given to the individual shall be in written form or, upon request, in an alternative format or language appropriate to the individual's need;
 - B. The rights and how to exercise them shall be explained to the individual, and if applicable the guardian;
 - C. Individual rights shall be posted in writing in a common area.

I also agree that if services are to be provided for my child 30 days after signing this document I will be asked to provide verbal consent prior to my child being seen.

I have read and understand the information provided. I consent to the information provided here.

Client: _____

Date: _____

Parent/Guardian: _____

Date: _____