

# **John Sickler, LCSW**

## **Licensed Clinical Social Worker**

### **Treatment Agreements**

#### **Qualifications:**

I am a Clinical Social Worker licensed to practice in the State of Oregon by the Board of Clinical Social Workers. My Oregon license number is 3493. I have a Masters degree in Social Work as well as a Bachelors degree in Social Work and one in Theology. I have also done 9 years of post-graduate training and become certified as a Gestalt Therapist by the Gestalt Institute Training Los Angeles.

#### **Likely benefits and potential risks of psychotherapy:**

I practice a style of psychotherapy which predominately reflects my training in Gestalt Therapy. This style differs from other styles of therapy by incorporating any and all parts of your experience including thoughts, feelings and behaviors. It involves creativity on both our parts and frequently results in profound moments of realization resulting in new power and choice in your life.

I also tend to utilize my interest in sex positivity and specialize in issues of sexuality including alternative relationship structures, kink, gender identity, diverse sexual orientations and couples therapy.

After a preliminary assessment, I will discuss and develop with you a treatment plan that reflects your goals. It is important to me that the goals are yours more than mine and that we continue to re-evaluate whether you feel these goals are being met.

Sometimes individuals may go through periods in therapy of emotional discomfort, changes in personal relationships or a temporary increase in emotional distress. If one or more of these occur, it should be temporary and you should feel adequately supported. Remember that you always have the right to request changes in treatment or to refuse treatment. I invite you to discuss with me any personal doubts, concerns, irritations or questions regarding my treatment approach at any time.

We can also discuss any additional resources that may be helpful including referrals to other professionals for psychological testing, medication, chemical dependency treatment or crisis stabilization. A referral to a different therapist could also be necessary if either of us feels this would be more appropriate.

**Fees:**

Therapy sessions are either 45 or 53 minutes long depending on your insurance or our agreement. They are charged at a rate of \$125.00 per session. If I am contracted with your insurance company and bill them, your copayment will be expected at the time of service. The remaining amount I am contracted with them for will be billed them.

You will need to call my office prior to 8am the morning of your appointment in order to cancel or change your appointment and avoid the late cancellation / no show fee. You will be charged a fee of **\$50** for late cancellations or no shows. Insurance companies do not reimburse for these. Should I be late due to unforeseen circumstances, I will make up the missed time with you in a manner we both agree upon. If you are late, I will have to charge the full fee and you will most likely lose that portion of time from your scheduled session. This may include a larger copayment for the session as it is illegal for me to bill the insurance company for time you missed. Cancellations can be phoned into the office at any time of day or night.

Under certain circumstances, I may carry a limited balance on your account for a short time provided we both agree on a payment plan in advance. In cases where a balance is carried for 90 days without payment and without prior agreement, the account could be forwarded to a collection agency to assure payment.

**Emergencies:**

In case of an urgent situation you may leave a message on my voice mail as I check it throughout the day. If you cannot reach me in an emergency, please go to the nearest hospital emergency room or contact police. You can also contact the 24-hour Multnomah County crisis line at 503-988-4888.

Your signature below indicates that you have read, understood and agreed to services under the conditions above.

\_\_\_\_\_  
Signature of Client                      Date                      Signature of Witness                      Date

\_\_\_\_\_  
Signature of Legal Guardian                      Date