

Mindful Steps, LLC

Licensed Psychologist: Nathaniel Gump, PhD
(541) 250-0143

Practice Policies & Informed Consent

This document outlines important policies and client rights related to psychotherapy services provided by Dr. Nathaniel Gump at Mindful Steps, LLC. Please read carefully to understand what to expect from therapy, your responsibilities, and your privacy rights.

I. Services Provided

I offer individual psychotherapy for adults (18+), including assessment and treatment planning. My goal is to help clients become more independent and informed in managing their mental health, using a psychoeducational and skills-based approach.

I do **not** provide:

- Medical advice or medication management
- Legal advice or forensic evaluations
- ADHD or learning disability testing
- Emotional Support Animal (ESA) documentation

If your needs exceed my scope of practice, I will refer you to an appropriate provider.

II. Confidentiality and Its Limits

Your therapy sessions and records are confidential, except as required by law. Disclosure may occur under the following circumstances:

- **Risk of harm** to self or others
- **Abuse or neglect** of children, elders, dependent adults, or animals (per Oregon law)
- **Court orders or legal mandates**
- **Threats or harassment** toward the therapist

All other disclosures require your written permission.

III. Telehealth Services

Sessions may be conducted via SimplePractice's HIPAA-compliant platform. Telehealth is available **only when you are physically located in Oregon**.

Client responsibilities for telehealth:

- Be dressed appropriately and stationary (no driving or multitasking)
- Ideally have paper and pen available to take notes
- Attend from a private, appropriate location
- Notify me if you are in a different location for safety reasons
- Provide and update an Emergency Contact Person (ECP)

Teletherapy may not be appropriate for all conditions. I do not record sessions.

IV. Electronic Communication

Non-secure methods like email or text should be used only for **scheduling or administrative purposes**. Use the secure client portal for confidential matters. I aim to respond to messages within 24 hours, but this is not guaranteed.

V. Crisis Services

I do **not** offer emergency or 24-hour services. If you are in crisis, contact:

- **Benton County Crisis Line:** 1-888-232-7192
- **Linn County Crisis Line:** 1-800-304-7468
- **988 Suicide and Crisis Lifeline**
- **Text Line:** Text HOME to 741-741
- **Emergency:** Call 911 or go to the nearest ER

VI. Fees and Insurance

Service	CPT Code	Fee
Initial Assessment (~50 min)	90791	\$200
Half Session (16–37 min)	90832	\$120
Standard Session (38–52 min)	90834	\$150
Extended Session (53–60 min)	90837	\$180
Documentation / Reports	N/A	\$150/hour (1-hour min)
No-show / Late Cancel	N/A	Full session fee
Returned Check Fee	N/A	\$20

- A **credit card on file** is required. Payments are processed within 24 hours of your session.
- If using insurance, co-pays or co-insurance are due at the time of service.
- I am not credentialed with **Medicare or Medicaid (OHP)**. I will not do single case agreements with insurances I am not credentialed with.

No-Show / Late Cancel Policy: Appointments must be canceled with **24-hour notice**. Missed appointments or late cancels are charged the full session rate unless waived due to emergency circumstances.

VII. Good Faith Estimates (No Surprises Act)

If you are not using insurance, you will receive a **Good Faith Estimate** of expected costs for services over a 12-month period. More information is available at www.cms.gov/nosurprises.

VIII. Termination of Services

Services may be ended for any of the following reasons:

- Treatment goals completed
- Client request to pause or end therapy
- Persistent non-attendance (e.g., three no-shows/late cancels within 12 months)
- Repeated non-payment
- Threatening or harassing behavior
- Inactivity for 3+ weeks without prior arrangement

In all cases, I will offer referrals as appropriate.

IX. Client Rights and Responsibilities

You have the right to:

- Confidential care within legal limits
- Access to your records
- Participate in treatment decisions
- Be treated with respect and dignity

You are responsible for:

- Attending scheduled sessions on time
- Paying agreed-upon fees
- Informing me of changes in contact or insurance information
- Engaging actively in the therapy process

X. Privacy Practices (HIPAA)

Your health information is protected under HIPAA. A full **Notice of Privacy Practices** is available on request and in your client portal. This notice includes your rights to:

- Access your records
- Request corrections
- Receive an accounting of disclosures
- Limit certain uses of your information

Effective Date: January 1, 2025