

THREE RIVERS THERAPY

INFORMED CONSENT STATEMENT FOR PSYCHOTHERAPY AND COUNSELING

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know and understand. There are also certain limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you, too.

MY RESPONSIBILITIES TO YOU AS YOUR THERAPIST

I. CONFIDENTIALITY

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at any point in our work together, I am willing to respond briefly by return email, but please be aware that email and other electronic media are not completely confidential. You may also elect to communicate with me through your patient portal, sending email messages through the portal does ensure a greater level of confidentiality.

The following are legal exceptions to your right to confidentiality. I would inform you first in the event that I believe I may have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you and your partner decide to integrate individual sessions as part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish to keep secret from your partner. I will remind you of this policy before beginning such individual sessions.

If your therapist is an associate at this office, please note that LMHCA credentials require 3,000 hours of supervised work. During this 3,000 hour period, a state approved supervisor and/or the Clinical Director, Rikki J Cook, LMHC will have access to the details of your work together in order to provide professional consultation regarding treatment planning. She is held to the same ethical and professional standards regarding your privacy and confidentiality.

II. RECORD-KEEPING

Brief records of each session are kept noting the dates we meet, the topics we cover, progress reports, interventions and impressions from the therapist, and our plan or next steps.

III. DIAGNOSIS

It is mandatory that a diagnosis or description of your condition be noted in your chart. Diagnoses are technical terms that describe the nature of your problems and indicate whether they are short-term or long-term problems. If you have any questions about your diagnosis, please feel free to consult with your therapist.

IV. OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to share ideas with me that you think might be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time, although I recommend giving me an advanced notice so that I can help you end treatment well and consolidate gains (please see section below on Ending Therapy.)

Because we have a limited practice, we do not have 24 hour emergency or "on call" coverage. If you believe you will need a therapist with 24 hour coverage I will be happy to make a referral. **If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room.** When I am out of town for an extended period of time I will give you the name of a colleague within this office that you can contact in case of an urgent need.

V. FEES

Individual therapy or couples' therapy is billed at \$165 for clinical assessment and/or \$140 per 50 minute session thereafter. For some clients, these fees can be reimbursed by, or billed to your insurance provider, however you are responsible for your co-pay and any unpaid balances. You will be required to keep a credit card on file to cover these charges, however payment can be made by check, cash, or using an alternate credit card. Your card on file will be charged at the end of each session. If you prefer to use an alternate form of payment, please do so at the beginning of your session so that your card on file is not charged. For clients paying in full for services, a statement will be given to you at the end of each month for the current month's sessions and payments. You can use the statement for tax purposes and for reimbursement from your insurance provider.

We also offer a "pay today" courtesy in which clients paying at time of service and not seeking reimbursement can receive a discount of \$50.00 off of the billable amount for the session. Please note that you must pay at time of service in order to receive this discount.

Clients work via a private contract and informed consent with Three Rivers Therapy, LLC and are liable for charges of services without any limits that would otherwise be imposed by Medicare or any other insurance company.

VI. ENDING THERAPY WELL

I want to make your therapy as successful as possible. For that reason, it works best to meet regularly. If you should decide to end therapy, I request several weeks of notice so that I can assist in supporting your transition, and to allow you to have an experience of leaving well, with a sense of completion. My ethical principles and license require that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care, but cannot guarantee your acceptance for therapy or their approach to your treatment.

MY TRAINING AND APPROACH TO THERAPY

Your therapist holds a Masters degree in Counseling Psychology and is licensed by the state of Washington to provide services. Areas of special training and expertise may include: behavioral therapy, cognitive behavioral approaches and emotion coaching. Therapists are trained in a variety of techniques in therapy such as biofeedback, psychological interpretation, cognitive reframing, self-awareness, self-monitoring, and interpersonal relationships.

We may suggest that you get involved in additional or adjunctive forms of support, such as additional counseling or a support group as part of your therapy. If another health care person is working with you, I may request a release of information from you so that I can communicate freely with that person about your care.

LMHCA credentials require 3,000 hours of supervised post master's work. For these hours, our associates are currently being supervised by Richard Ostrum, PsyD.

rv. 02/2017

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice, you will be charged for that session.

CLIENT CONSENT TO PSYCHOTHERAPY

I have read this statement, had sufficient time to consider it carefully, have asked any questions that I needed to, and fully understand each section of it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I understand that I can end therapy at any time I wish.

Client Printed Name

Parent/Guardian Name if Client is under the age of 18

Signature

Dated

RIKKI J. COOK, MA, LMHC

SUZANNE DAMSTEDT, MA, LMHCA

Starting therapy with Three Rivers Therapy, LLC signals agreement of these policies.

To schedule a session with your therapist, simply visit: www.3riverstherapy.com and select "request an appointment" or call 509-378-5553.