



Eastside Family Renewal Service

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Issaquah, Washington 98027

Phone: (425) 647-5775 or Fax: (425) 391-3378

Informed Consent and Policy Information

This document provides important information you must know to be an informed consumer of psychotherapeutic services and understand how I assist individuals and families. Please read the following and bring this document with you to your first appointment. Mark any sentence or paragraph you would like more detail regarding. It is important that each part is understood fully before treatment commences and I would encourage you to ask for clarification on any or all parts. The [American Psychological Association \(APA\) Code of Ethics](#) and the [Feminist Therapy Code of Ethics](#) should be read if you have an interest in better understanding the guidelines of ethical conduct for mental health professionals.

Confidentiality

With the exception of the situations described below your treatment will be confidential and I am required by law and by professional codes of ethics to do all I can to keep your treatment confidential. I will not and cannot tell anyone else what you have told me during sessions without your prior written permission. In cases of emergency, however, the Health Care Information Act of 1992 allows me to legally speak to another health care provider or a member of your immediate family about you without your prior consent. Even in cases where you have given me permission to share information with your primary care physician or another mental health professional, I will share the minimum required to facilitate your care. You may direct me to share information with whomever you choose by signing a form for this purpose. You can change your mind and revoke that permission at any time.

The following are legal exceptions to your right to confidentiality. I must report to applicable authorities if I am told of these incidents or become concerned that these are occurring or may have occurred.

Abuse or Neglect of a Child - If I have been informed of, or have good reason to believe, that abuse or neglect of a child has taken place. This includes current abuse or neglect of a child, or abuse or neglect when someone was under age 18, even if that person is now an adult.

Abuse or Neglect of a Vulnerable Adult - If I have been informed of, or have good reason to believe, that abuse or neglect of a vulnerable adult (e.g., elderly person, developmentally disabled) has occurred or if you give me information about someone else who is doing so.

Harm to Self - If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or 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.

Harm to Others - If I have been informed or have good reason to believe that you will harm another person, I must make reasonable attempts to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

If you contract with me for couples therapy, please be aware that if we decide to have one or more individual sessions with just one partner, what you say during this time with me can and likely will be discussed in future joint sessions. **Do not tell me anything that you feel the need to keep secret from your partner if you are in couples therapy.** I will remind you of this policy before individual sessions of this type.

Another exception to this confidentiality would occur in the unlikely event that I would be unable to continue my work with your family (e.g., sudden/severe accident or death). Should this happen I have made arrangements to transfer the privilege of confidentiality over to an experienced professional who will access only the records of clients I am currently working with in order to make appropriate referrals.

Some clients may wish to digitally record or tape sessions to listen to at home or in the car, or in the case of parent training, share with family members (e.g., other parent not taking parent training). Clients are welcome to do this, but must release *Eastside Family Renewal Service* from the responsibility to protect the confidentiality of these materials, including their maintenance, storage and later disposal. Clients are also responsible for the confidential storage of the content they create as part of homework assignments.

If you choose to use insurance benefits I will work with a billing expert to facilitate direct billing to these and other third party payors. Third-party payors will require I apply a diagnosis to you of a mental disorder. Please read my Statement Regarding Insurance to learn more about the limitations I place on the practice of billing insurance and why. If I decide to work with your insurance company and bill them directly, then the federal Health Insurance Portability and Accountability Act (HIPAA) laws that govern transmission of electronic provider and health insurance records will apply, and you will be required to sign HIPAA paperwork. Documentation with your information will remain secured in a file cabinet with secure access provided to the clinician and very limited access to diagnostic codes by the billing professional on a need to know basis to bill insurance.

Rights

You have the right to receive appropriate care and treatment. By Washington State law, all therapists must give the following information: *Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment*

You have the right to ask questions about anything I suggest or say during sessions. You may ask me about my training and can request that I refer you to someone else if you decide I am not the right clinical psychotherapist for you. It is very important to me that you understand that you are free to leave therapy at any time.

If you have concerns regarding whether or not I have conducted myself in a professional or ethical manner I encourage you to present these concerns to me directly so that I can address them. It is likely I have approached something in a way consistent with state and federal laws. However, if you do not feel safe addressing your concerns with me directly, I encourage you to contact the appropriate authorities. If you need information regarding what constitutes a violation, or wish to make a formal complaint, you may do so by contacting the Washington State Health Department by phone at 360.236.4700 or online.

My Training and Approach to Therapy

I am a Licensed Mental Health Counselor Associate in the state of Washington (MC 60153003). I have a Master of Arts Degree in Clinical Psychology from Washington School of Professional Psychology. You may read the details regarding my training by requesting a copy of my [Curriculum Vitae](#) directly or reading it online. I am currently acquiring supervised hours towards additional credentialing with licensed psychologist [Laura S. Brown, Ph.D. ABPP](#). I may discuss our work together to receive consultation and supervision and will take all necessary precautions to protect your identity and privacy during supervisory discussions. The focus of the supervision will be on my work as a therapist, and should I choose to record some of our work together to assist in the supervision process, I would always request specific permission from you to do so prior to recording.

I believe that clients go to therapists when they need information and help, and that to not provide them with the assistance they request when it is readily available, is an unethical stance. Therefore, you will experience my therapy as more directive than you may be used to or expect. You will often leave sessions each week with a new insight, or instruction to practice a particular skill or exercise. These assignments are designed to help you reach collaboratively set goals and promote generalization of new skills to your daily life. When available and appropriate, I use treatment protocols that have been shown by research to be effective for the difficulties experienced by you or your family. When such protocols are not readily available for any number of possible reasons, I will design a treatment plan based on validated psychological principles and methods of assessment in alignment with my treatment philosophy. I may bring in techniques formally considered Eastern (e.g., mindfulness practices, meditation) or alternative therapies (e.g., massage, music) if empirical research has consistently shown that these are effective for the difficulty we are working on.

I mainly use [cognitive](#), [behavioral](#) or [dialectical](#) techniques alone or in combination. Difficulties are thought to occur due to an interplay of biological, social and psychological factors. Addressing these factors are a part of competent clinical practice and exploring what these factors are in each domain of functioning will be part of our work together. I may ask questions about your family history, ethnicity or race, and socioeconomic status in order to understand issues of diversity to better understand you and your subjective experience.

I may ask you to obtain one or more book titles to read, workbooks to consume or even suggest you watch a particular documentary as a form of psychoeducation. I use a variety of techniques that may include discussion, skills training, journaling or scrapbooking exercises, reading books and/or the practice of particular exercises.

I will likely suggest that you consult your primary care physician or another medical health professional who can rule out medical issues that may in part be causing or exacerbating symptoms (e.g., thyroid problems, hormone imbalances, vitamin deficiencies). It is not unusual for me to ask clients for permission to access past medical records or school records and teacher reports if working with younger individuals. I may suggest you join a therapy or support group as an adjunct support to you reaching your treatment goals. You have the right to refuse anything I suggest.

I do not under any circumstance engage in overt or covert sexualized behaviors and/or have sexual relationships with current or former clients. To do so would be highly unethical and a misuse of power.

There are rare instances in which I will terminate our therapy together, and they are as follows: If you were to become violent with me, verbally or physically threaten or harass myself, my family, my friends in the community, or the people in the office in which I work (e.g, billing or reception), I

reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy or that you will receive the same level of care elsewhere.

Clients are usually quite happy and grateful they have taken this journey and receive great benefits when they steadily work and achieve their treatment goals. Therapy is generally a positive, empowering, and life-changing endeavor for clients who begin this journey.

Possible Risks Associated with Treatment

I assist individuals and families in making changes. Often we or our loved ones have grown used to things being a certain way and making needed changes can initially cause distress. I will help you and your partner or family through these difficult periods of adjustment that are a normal part of growth and human development. Things may seem worse for a short time as these adjustments are being made. We may need to discuss difficult events that have occurred recently to better understand what is happening and contributing to your difficulties.

Some people ask if they can make gains in therapy if there is a crisis going on in their lives. The answer in many cases is **yes**, because the crisis allows your therapist to see how you currently work through difficulties and bring that knowledge into your treatment. If you have difficulties in sustaining the necessities of basic living, we will work to get this situation stabilized by accessing resources at the state and local level until the time is right to address any residual difficulties. I may request you work with a social worker as an adjunct for these purposes.

In cases in which the past needs to be revisited, it will be done to better understand a *current* event or stance. Even then I will not ask you to discuss with me in detail any traumatic experience without discussing with you why this would be necessary or beneficial to your treatment, and I am confident you have the psychological resources to explore these happenings without causing you retraumatization. If you are coming to me for the treatment of trauma, we will discuss the treatment plan well in advance. I respect your pain and your right as an individual to choose when or how you wish to approach this pain.

Record Keeping

When conducting individual therapy I will often create a case conceptualization that I share with the client as part of their treatment. This case conceptualization and treatment plan will then become a part of your file. Otherwise I keep very brief records regarding sessions. Generally such records consist of the dates we meet and what work we did towards meeting treatment goals. If you prefer that I keep no records, you must give me a written request for your file. The Health Care Information Act of 1992 states that you have a right to a copy of your file at any time and to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. If your file is unusually large I will charge a reasonable fee for this service.

Phone Calls, Leaving Messages and Emergencies

I am available for brief (<15 min.) between-session phone calls. **Phone calls that exceed this amount of time will be billed to your account at your fee for individual therapy.** Start and stop times of calls will be documented and billed to your insurance or private pay account. Temporary exceptions may apply to skills training and you will be informed of whether our current work together changes this policy on temporary case-by-case basis. Such conversations will be part of the

documentation of your file. You and/or your insurance will be billed for phone calls longer than 15 minutes with the understanding you are held responsible such charges.

I will tell you two weeks in advance if I plan to be out of town for an extended period. There will be an experienced therapist covering my practice in my absence. If you are experiencing an emergency when I am out of town or outside of regular office hours then please **call me at (425) 647-5775 and leave me a message**. I will return your call within 24-hours. If you cannot wait for a return call in that amount of time, please call the **Crisis Clinic 24 Hour Hotline at (206) 461-3222 or 866-427-4747**. If you believe that you cannot keep yourself safe or keep from hurting others, please call **911** or go to the nearest hospital emergency room for assistance.

Appointments

My sessions run from 60-120 minutes per prior agreement. If I do not have an appointment waiting and there is the opportunity to do additional work, I may give you the option to continue the session. I will let you know my availability at that point and get your verbal consent to continue. The balance from the extended session will be billed to your insurance or billed to your account. If private pay, balance from extended sessions will be due at the beginning of your next scheduled session unless previous arrangements have been made.

I will notify you within 24 hours if I must cancel or reschedule. I ask that clients do the same and provide a **full 24 hours notice** via phone. You can speak to me directly or leave me a message regarding your cancellation or need to reschedule. Cancelled provided in email are not accepted as notice because email is not checked as often as voice messaging.

If you do not cancel and provide a full 24 hours notice via phone or voice mail, you will be charged your regular fee for the type and length of session time reserved you're your benefit. If you are late for your session I may not be able to go beyond our scheduled ending time if I have waiting appointments or pending administrative duties. If you are more than 30 minutes late you may consider the session cancelled unless you have called me and spoken to me and made other arrangements. If you are 35 minutes late, we may continue the session until the scheduled end time, but you will be charged for the block of time you originally reserved for session. **You will be charged the full amount for the time reserved for no-shows or for cancellations without 24-hours notice.** Only in cases in which there is a sudden onset of illness, vehicle accidents or certain other unforeseen events that make full notice impossible will there be a waiver of the usual fee as determined by the scheduling clinician. Tell your clinician if you would like an automated telephone reminder and to what phone number you would like this courtesy service to call. Not getting your expected reminder call prior to a missed appointment will not be considered an excused absence to a schedule session.

After our initial appointment we will schedule an intake interview and diagnostic assessment to produce a thorough conceptualization of difficulties and treatment plan. We can then set collaborative goals and contract for a limited number of sessions or time period during which we will track progress. You will know approximately when treatment begins and when I expect it may end. I will not ask you to stay in therapy for many years unless it is because you wish to work on several issues consecutively. Because I provide time-limited treatment using evidence-based practices, I am often able to give you an approximate estimate regarding the cost for treatment. However, an estimate is simply that, and you will be held responsible for paying for services provided that are acquired in excess of this original complimentary estimate.

Please be aware that email is not private or confidential and that the system administrator in care of your email server has access to your emails. Your right to confidentiality as it applies to family and

friends will depend in part on how well you safeguard your account and whether you receive email at home. Emails received at a workplace must never be considered private or confidential. However, if you have an email account that you feel is fairly secure that you are comfortable receiving information to regarding your account, homework reminders, or upcoming events, than you may indicate that email address here (please print): _____

Fees and Payments

Behaviors that can drive up the cost of therapy and cause therapy to be more than the initial estimate include incomplete or missing homework, forgetting to bring your assignments to sessions, not practicing skills regularly or refusing to practice them during the week, an unwillingness to communicate honestly, not making your treatment a high priority, or not providing adequate notice for missed, rescheduled or cancelled sessions. All of these factors can cause the bill for therapy to rise higher than necessary.

Payment for sessions are billed via statements sent out to the billing address of your choice once per month. The terms for statments are Due Upon Receipt with a 10 day grace period unless a formal payment arrangement has been made which includes the signing of a promissory note. Until such a note is signed and received by the billing department, terms will continue to be Due Upon Receipt.

If your insurance benefits are to be billed directly, you are encouraged to bring your insurance card and provide your address and date of birth so that the billing department can help determine your benefits. Receipts of payment can be provided for those wishing to deduct costs on income taxes or receive reimbursement on their flexible benefit accounts but these requests will be filled no sooner than 20 days from the time of request. This allows billing adequate turn-over time to produce up to date statements for such purposes. Questions regarding billing may be directed at Connie Allen at Fern Life Center, who you may contact after 2pm at 425.391.3376 or toll free at 1.877.391.3376. The billing department can also be emailed at billing@familyrenewal.net for your convenience.

Your hourly fee for individual therapy is \$165.00 per hour. Fees for group sessions will be \$85 regardless of session length. Intake interviews are one to two hours in length and billed at a separate rate of \$247.50.

Credit/Debit cards are processed through secure line terminals accepting Visa, MasterCard, American Express and/or Discover. All personal financial information is transmitted using highly-secure methods and neither I nor *Eastside Family Renewal Service* store your sensitive financial data on site. This sensitive information is encrypted and transmitted through a terminal supplied by North American Bancard who uses secure credit card practices. Billing information is held by the billing department securely consistent with HIPAA regulations and seperate from therapy notes kept by the clinician.

Any returned check, later declined transaction or known fraudulent transaction may be charged additional fees (not to exceed \$25.00). Should returned checks become a problem, you may be asked to pay by cash or money order in the future. If you would like a receipt you may request an updated account statement. Otherwise, an updated one will be sent monthly. Statements will reflect materials purchased to support therapy work through your clinician (e.g., books, CDs) and reflect phone calls or consultations over 15 minutes in length at the same rate as a regularly scheduled individual sessions. *If you pay with insurance and your benefits do not cover phone sessions you will be expected to cover the amount using private pay methods.* I will never raise my rates in the middle of our work together. If I must raise my rates it will be done after your treatment for what we are currently working on and will become a part of a new treatment contract.

Client Consent to Clinical Psychotherapy

I, _____ (names)
have read in full this document outlining my responsibilities and rights as the client.

I understand the policies of *Eastside Family Renewal Service* and the responsibilities of my clinician, Nicole Laurent. I feel I have had sufficient time to be sure that I have considered all aspects carefully. I understand that I must be willing to practice outside of sessions as part of my treatment and agree to do so regularly. I know that I can leave therapy at any time. Sessions must be cancelled with a minimum of 24 hours notice to avoid charges and phone calls over 15 minutes are therapy or consultation services and will be charged accordingly. I assert I am the legal guardian or parent of any person under age 14 and that I have the right to contract for mental health services for this minor.

Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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I, Nicole Laurent, a clinical psychotherapist at *Eastside Family Renewal Service* and LMHCA with Washington State, agree to enter into a client-therapist relationship with the above signed person(s).

Signature	Printed Name	Date
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This document was updated for improved clarity of content and transmittal of policy information on 1-20-11.