



INFORMED CONSENT AND COUNSELOR DISCLOSURE

About Barbara Garvin, MS LMFT

I am a Licensed Marriage and Family Therapist (LMFT) in the State of Washington (LF60689626). In 2014, I received a Master of Science degree in Marriage and Family Therapy from Seattle Pacific University, Seattle, Washington. I received a Bachelor of Arts in Psychology from Seattle Pacific University in 2012. Since 2014 I am also certified by the State of Washington as a Mental Health Professional (MHP). Currently I am receiving advanced training in Cognitive Behavioral Therapy (CBT) for the treatment of anxiety, depression, trauma, and behavioral issues in children. I am a member of the American Association for Marriage and Family Therapy (AAMFT) as well as the Washington Association for Marriage and Family Therapy (WAMFT).

Counseling Orientation

My approach is systemic and strength-based, meaning I explore identified concerns in terms of relationships and social environments and I utilize your identified strengths as an individual or family system to facilitate change. My treatment style is largely based on Family Systems Theory, Narrative Therapy, Solution Focused Therapy, and Cognitive-Behavioral Therapy (CBT). I believe it is important to match treatment approaches with client preference as much as possible so please feel free to talk to me about the style you prefer.

General Information about Psychotherapy

The therapeutic relationship is unique in that it is highly personal and, at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Choosing a Therapist

You have the right to privacy and you have the right to be treated with respect. You have the right and are encouraged to ask questions at any point about any part of the therapeutic process and to maintain an active role in the development of your goals. You have the right to work with a therapist who you feel will be most effective in helping you achieve your goals and meet your

needs. You have the right to terminate therapy at any time, and I am happy to provide referrals upon your request.

Please be aware that a therapist also has the right to terminate therapy for the following reasons: 1. if, as the facts of a case unfold, a therapist feels that it is in the client's best interests to be treated by another professional who has specialized expertise in an area needed by a client; 2. if a therapist feels he or she is being treated abusively by a client; 3. if a therapist should lose objectivity in treating a client; 4. if a client repeatedly attempts to violate the boundaries of the therapeutic relationship; 5. if a therapist feels threatened in any way by a client; and/or 6. if a therapist is not being paid for services.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Please note that in Washington State, youth 13 and older hold privilege of confidentiality and can consent to treatment. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other identifying information.

The confidentiality and goals of each family member are equally important in therapy. To remain a supporter and effective facilitator of change, I do not aid in the keeping of secrets between family members. I will, however, assist partners and families in creating clear, open, and honest dialogue that is consistent with the established care plan, clients' goals, and the safety of each person.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

HIPAA

Your records are confidential and protected, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For more information on how your Protected Health Information may be used and disclosed please refer to the Notice of Privacy Practices.

Appointments

Your first appointment is an intake session, where we will work together to identify your treatment goals. Subsequent sessions are generally scheduled once a week for 50 minutes. As therapy

progresses, we will reassess your need for weekly sessions. Your participation in therapy does not guarantee a certain outcome.

Fees

You are responsible for payment of therapeutic services rendered at time of service. The fee for your intake session is \$175.00 and each subsequent session thereafter is \$125.00. You may choose to pay privately or have Barbara Garvin Counseling PLLC bill your health insurance company. Please remember to cancel or reschedule 24 hours in advance. You will be responsible for half of the session fee if cancellation is less than 24 hours. Please see the Financial Agreement form for additional details regarding payment and fees.

Legal Proceedings/Court Involvement

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. It is also important for you to know that I will not be a party to any legal proceedings against any current or former clients. My goal is to support my clients to achieve therapy goals, not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing not to involve me in legal/court proceedings or to attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your and/or your child's treatment for legal objectives.

In the event that you might require my testimony or involvement in non-adversarial aspects of legal/court proceedings, I will do so only with your consent. I am unable to disclose any information pertaining to other family members or parties involved in treatment without their specific consent to disclose such information. Due to the special nature of legal proceeding and the abatement of clinical work a fee of \$400.00 per hour will be charged to the client. I will not accept paperwork stating that another party is paying for costs unless costs are paid for in advance. Any fees accrued are the client's responsibility to pay. This includes but is not exclusive to testimony, correspondence, preparation and consultation before, during and possibly after the legal proceeding.

Professional Issues

Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number: Department of Health, Counselor Programs: P.O. Box 47869, Olympia, WA 98504-7869. Phone: 360.664.9098. Please refer to the form Counseling or Hypnotherapy Clients for more information in which counselors may work in an unprofessional manner.

Contact Information

You may leave me a message at 425.202.5993. I will check these messages on a regular basis and will return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions, however, in the event that you are out of town, sick, or need additional support, phone sessions can be coordinated. Otherwise, please limit your phone conversation needs to appointment scheduling and emergencies. My email is contact@barbaragarvincounseling.com, if you wish to correspond via email I will need your written permission. Additionally, as email is less secure, I use it for scheduling and resource sharing purposes. I do not practice discussing personal or clinical information via email and will coordinate a phone or in-person session. Please also note

that if you are experiencing an emotional crisis and are unable to get a hold of me by phone, call the King County Crisis Line at 866.427.4747. In the event that you are able to get a hold of me in an emotional crisis, if we are unable to resolve the issues and/or create a safety plan after 15 minutes, we will begin to discuss additional resources (i.e. Crisis Line, going to the ER, etc.).

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. In Washington State the age of consent for mental health treatment is 13 years of age. Youth 13 years or older will be responsible for providing consent to treatment, requesting records, and signing releases of information (if desired) to other Third Party persons/entities, such as insurance companies, medical professionals, school counselors and parents/guardians.

Contact During Vacations

If I take time off for any reason I will notify you in advance and work with you to create a plan of care during my absence. In the event that you have an emotional crisis during this time please note the following options: Call the King/Pierce County Crisis Line, and/or schedule an emergency session with a backup therapist. I will inform you who the backup therapist is and relay their contact information prior to my leaving.

Termination of Services

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued and will close your file.

Emergencies

If you are in an emergency and cannot reach me, please call one of the following numbers for help: General Emergencies: 911; The Crisis Clinic: 800.244.5767 or 206.461.3222; or go to your nearest emergency room. King County 24-Hour Crisis Line: 866.427.4747, Recovery Response Center: 253.942.5644.

