

Perry Sage Therapy

Licensed Marriage and Family Therapist, LF60735148

Consent for Treatment

Client name: _____

Welcome to my practice. The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

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

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent/guardian or family member or another medical/mental health professional of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself. _____ (Initials)

You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform the police and I must inform the person who you intend to harm. _____ (Initials)

You disclose abuse or neglect of a child, an aged person, or other vulnerable persons. In these situations, I must inform the police and/or Washington State Department of Social and Health Services (DSHS) _____ (Initials)

You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening. _____ (Initials)

For clients ages 13-17:

Communicating with your parents/guardians:

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions without your permission. This includes activities, behavior, and/or friends that your parent/guardian might not approve of, or would be upset by, but that do not put you at risk of serious and immediate harm.

Perry Sage Therapy

Licensed Marriage and Family Therapist, LF60735148

Even if I have agreed to keep information confidential, to not tell your parent or guardian, I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to talk to them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Washington State law (RCW 71.34.530) states that minors may receive outpatient mental health treatment if they are 13 years of age or older without the consent of a parent or guardian. Information about the service provided to individuals 13 years of age and older will not be released to a parent or any other person without the minor's consent.

Appointments and fees:

(If client is 12 years or younger) As the parent or legal guardian with the authority to consent on behalf of the abovenamed minor child, I hereby give my consent for the minor to seek counseling/therapy. I authorize and request that Perry Sage Therapy provide the psychotherapeutic services determined to be clinically appropriate for my child. I understand that the primary goal of these services is to help my child be at their most successful, emotionally, socially, and academically. _____ (Initials)

(If client is 12 years or younger) I hereby represent that I have the legal authority to obtain medical treatment and counseling for the minor child for whom I am requesting treatment. I am a biological parent or legal guardian. If divorced, I am the primary custodial parent and can secure treatment without the authorization of the other parent. _____ (Initials)

I hereby authorize Perry Sage Therapy to evaluate, treat or provide consultation to the abovenamed person. _____ (Initials)

Your therapy appointment time is set aside for you, typically 45 minutes. The standard fee for sessions is \$160.00 for initial intake, and \$120.00 thereafter. All co-payments, deductible and percentage payments are due at time of service. Cash or check payments preferred. As a courtesy Perry Sage Therapy will take debit card and insurance payments; however, the merchant knows the type of business and may assume you are a patient. _____ (Initials)

I understand Perry Sage Therapy may release any records necessary to substantiate a claim for payment of services when required by any funding source and/or agent who authorizes care including insurance companies, health maintenance organizations, managed care firms, pre-paid health plans and employee assistance programs. _____ (Initials)

I understand that I am responsible for a no show or late cancellation fee of \$120.00 if 24 hour notice is not given. _____ (Initials)

I was fully informed of all fees to be charged and methods of payments. _____ (Initials)

Perry Sage Therapy keeps brief records of each session noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the therapist, and next steps. You may ask to have a copy of that record or that corrections be made to it. As your therapist, Perry Sage Therapy cannot disclose any information that you tell your therapist during a counseling session except as authorized by RCW 18.19.180. _____ (Initials)

In order to best serve your interests, Perry Sage Therapy may from time to time consult with other providers in this office or for professional supervision. They are bound by the same strict rules of confidentiality as your 27121 174th Pl. SE Ste. 101 Covington, WA 98042 | 425-442-6346 | perrysagetherapy.com

Perry Sage Therapy

Licensed Marriage and Family Therapist, LF60735148

therapist, and your therapist will not reveal identifying information when consulting. You should also know that Perry Sage Therapy shares office space with several mental health professionals but in no way are otherwise affiliated or a group practice. _____ (Initials)

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

_____	_____
Client name	Parent/guardian name (if client is 12 or younger)
_____	_____
Client signature (if 13 or older) & date	Parent/guardian signature (if client is 12 or younger)
_____	_____
Perry Sage, LMFT, MHP	Date