**Informed Consent for Counseling Services**

Provided by

Kathy Moore

Moore Counseling Services

33507 9th Ave. S., Building C, Suite 2

Federal Way, WA 98003

Greg’s phone: 253-205-5966

Kathy’s phone: 253-218-9406

Email: [moorecounselingservices@comcast.net](mailto:moorecounselingservices@comcast.net)

[www.moorecounselingfederalway.com](http://www.moorecounselingfederalway.com)

Welcome to my office! The purpose of this document is to tell you about me and about the counseling services I offer. After you have read this, we can discuss any questions you may have about me or about therapy. I provide counseling for individuals, couples and families. In order to provide the best service that I can, I draw upon my own life experiences, my education, and my work with other clients.

*About me:*

I hold a Masters Degree in Marriage and Family Therapy from Seattle Pacific University and am a Licensed Marriage and Family Therapist with the State of Washington (#LF60463241). I enjoy working with couples on marriage issues, parenting challenges, and financial stresses. I also work with women dealing with many issues, including, but not limited to, past abuse, sexual issues, depression, and anxiety. I gladly walk with people through many of the issues that arise from life transitions, such as the arrival of children, the years of launching children, caring for aging parents, an empty nest and mid-life.

*Appointments:*

Counseling sessions are usually about 50 minutes long. It is important that you keep appointments and that you are on time. If you are unable to keep an appointment, please give me as much notice as possible, preferably at least 24 hours. You may leave a message for me on my voice mail any time.

The number of times I meet with a client varies from client to client. Some clients will come 5 or 6 times. Some may come weekly for a period of months. Please ask me if you have questions about your progress in therapy or about my treatment plans. You may choose to end therapy at any time or request a referral to another therapist.

*Confidentiality:*

The counseling relationship is a confidential one, and I am committed to keeping your interactions with me in the strictest confidence. I will only release information about you with your written consent. In order to preserve your privacy, I will not even acknowledge that you are my client without your written permission. However, the law requires me to share information with the proper authorities to protect the safety and interests of you and others in some situations, including the following:

* You indicate that you are likely to inflict serious harm on yourself or someone else.
* You disclose that a minor or dependent adult is experiencing abuse (physical, emotional or sexual) or neglect or has recently experienced abuse or neglect.
* You submit claims to your insurance company.
* A mental health assessment is necessary, even when involuntary.
* I am court ordered to share personal health information with a judge or lawyer.
* You commit a crime on my premises or against me, or if I need to defend claims against me.

Please note that in order to provide the best possible counseling experience for my clients, I may make consultations with other mental health professionals and supervisors. These professionals are bound by the same standards of confidentiality as I am. When discussing cases, I provide information about my clients’ specific issues, but do not disclose any personally identifying information.

*Policies for Online Communication:*

I prefer to use email only for arranging or revising appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, please be aware that all emails are retained in the logs of your and my Internet service providers. Although it is unlikely that anyone would access and read these logs, it is possible. Any emails which I receive from you and any responses that I send to you become a part of your file.

Taking into consideration the above limits on confidentiality, please indicate whether you are willing to schedule appointments by email.

\_\_\_ *Yes, appointments may be scheduled by email when necessary*

*\_\_\_ No, I prefer to not correspond about appointments by email*

\_\_\_\_\_\_\_\_\_\_\_

Please initial

*Therapeutic Orientation:*

I will draw on a number of therapeutic methods in our work together. We may talk about your history, practice relationship skills, use assessment tools and explore your strengths. You may be given the option of homework assignments. I commit to listen respectfully and non-judgmentally to your thoughts and to your story.

I respect my clients’ spiritual beliefs and will not seek to impose mine. Spirituality can be part of healing, so I will try to clarify early in our time together whether you are comfortable with including your beliefs in our conversations. Depending on your choice, we may pray together, refer to Scripture or biblical principles in our sessions, or neither. Whatever your spiritual beliefs, I will treat you with respect and acceptance.

It will be helpful for you to know my personal beliefs. As a Christian, I believe that God has created us to be in relationship with himself. I believe that he has revealed himself to us through his word, his creation, and his son, Jesus. Counselors are part of his body, offering encouragement and a safe relationship in which to explore our doubts, our pain, our purpose, our fears, our longings, and our relationships with others.

*Participation:*

While your active participation is necessary for progress, your decision to be in counseling is totally voluntary. You get to decide to start counseling, quit counseling, and decide if you want to participate in activities of counseling or request referral to another counselor. As you clarify your goals for counseling, you may find it important to include others in your support system. You are welcome to invite these significant persons to attend.

Sometimes counseling is difficult and clients may have negative feelings about the therapeutic process. It is helpful to bring up these feelings with me. Often the problem for which the client originally sought treatment does not get resolved in the way the client or therapist originally anticipated. This is also helpful and important to discuss together. If you or I believe that you need or would benefit more from a different kind of treatment or that we are not working well together, I will refer you to another therapist or agency. You have the right to request a change in therapy, a referral to another therapist or to discontinue therapy at any time.

I believe it is in the best interest of the individual or family not to end counseling abruptly, but to conclude therapy with at least two sessions notice prior to ending treatment in order to facilitate the process of closure. However, this preference is not mandatory.

Counseling is interactive. Both you and I will actively participate. The process will be most effective when both you and I are open, honest and willing to share. Your willingness to participate in sessions and complete any homework assignments outside of sessions will increase the benefit you receive from counseling.

After agreeing to counseling we will set regularly scheduled appointments. Initially we should plan on meeting weekly for several weeks to orient ourselves to each other and the issues that we will be working on. After the initial number of sessions together we will make a mutual decision to continue or stop. Generally, we will reassess our situation every five sessions or so and make a decision to stop or continue.

My best contribution to our work together will be to listen and help you reflect and understand your situation from different perspectives. I will respond non-judgmentally to you. I may share experiences and ideas when they seem relevant to your situation. I will continually help you seek your own path to resolve issues in a healthy manner.

*Fees:*

The cost for each session is $100. An hourly rate of $100 will be charged on a prorated basis for telephone contacts and requested document preparation. Payment may be made by cash, check, or credit card before each session. Any unpaid fee will trigger a review of whether we should continue therapy.

*Emergencies:*

Should you need immediate help, call the King County Crisis Response line at 1-866-427-4747,

the Pierce County Crisis line at 1-800-576-7764,or call 911. Hospital emergency rooms also provide immediate assistance for those experiencing a mental health crisis. You may leave a message for me at the number listed on the first page, but I am not available on a consistent basis and should not be considered an emergency contact.

*I am aware that my therapist is not always available and in an emergency, the above resources should be accessed.*

\_\_\_\_\_\_\_\_\_\_\_

Please initial

If you have any concerns about the legal or ethical aspects of my counseling practice or our therapeutic relationship, please let me know. Questions or concerns about the laws regarding health care practices may be addressed to the Department of Health at 1-360-236-4700 or at [www.doh.wa.gov](http://www.doh.wa.gov).

*Record keeping:*

All records are kept secure. Written records will be kept for a period of seven years following our final session. You have the right to view a copy of your medical record.

*Divorce or Custody Litigation Testimony:*

If you are involved, or become involved, in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

*Consent for Treatment:*

*On Moore Counseling Services’ website, I have viewed an electronic copy of the HIPAA Notice of Privacy Practices outlined in federal regulations governing the confidentiality of health records. I understand that I have the right to request a printed copy of the HIPAA Notice. I have read and received a copy of the Informed Consent Disclosure and I have had the opportunity to ask questions about the course of treatment and do hereby consent to accept treatment from Kathy Moore.*

By signing this document, I, Kathy Moore, agree to uphold the terms of practice stated in this document as well.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client 1 Signature Date Therapist signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client 2 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client 3 Signature Date