

Fremont Community Therapy Project

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Office Policy and Consent to Treatment

Consent to Therapy With Trainee Therapist

I understand that I am receiving psychotherapy from a doctoral candidate with a Master's degree in clinical psychology,

These therapy sessions are provided to me as part of this student's training. I understand that instructional guidance will be provided to my therapist and that my session(s) may be taped for purposes of supervision. I understand that these sessions may be reviewed for supervisory purposes by Dr. Laura Brown, a licensed psychologist, who is the supervisor of FCTP, or by another licensed clinical psychologist, clinical social worker, or mental health counselor who serves as the supervisor for this trainee's work.. Tapes or transcripts of this session may also be presented by the trainee therapist in a practicum class at her or his home institution, which will be under the supervision of a licensed psychologist who is a member of the core faculty of that program.

Some Information About the Therapy Process

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. Your therapist has corresponding responsibilities to you.

Your Therapist's Responsibilities

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy within the training context described in the first paragraph of this consent form. Your therapist cannot and will not tell anyone else except Dr. Brown or a peer consultation group made up of other student therapists what you have told her, or even that you are in therapy with her without your prior written permission. Under the provisions of the Health Care Information Act of 1992, a therapist may legally speak to another health care provider or a member of your family about you without your prior consent, but your therapist will not do so unless the

situation is an emergency. Your therapist will always act so as to protect your privacy even if you do release that person in writing to share information about you. You may direct your therapist 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; if you wish to do so, please discuss this with your therapist

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you.

If you elect to communicate with your therapist by email at some point in your work together, please be aware that email is not completely confidential. All emails are retained in the logs of the internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email received from you, and any responses sent to you, will be printed out and kept in your treatment record.

The following are legal exceptions to your right to confidentiality. You would be informed at any time when these exceptions will have to be put into effect.

1. If your therapist has good reason to believe that you will harm another person, the therapist must attempt to inform that person and warn them of your intentions. The therapist must also contact the police and ask them to protect your intended victim.

2. If your therapist has good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give your therapist information about someone else who is doing this, your therapist must inform Child Protective Services within 48 hours and Adult Protective Services immediately.

3. If your therapist believes that you are in imminent danger of harming yourself, she may legally break confidentiality and call the police or the county crisis team.

4. If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of Washington, your therapist is required by law to report that conduct to the Dept. of Health.

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in *couples therapy* here.

If you and your partner decide to have some individual sessions as part of the 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 joint sessions. *Do not tell your therapist anything you wish kept secret from your partner.* Your therapist will remind you of this policy before beginning such individual sessions.

II. Record-keeping.

Your therapist will keep written records of your sessions. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request correction of any errors of fact in your file. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location that cannot be accessed by anyone else other than your therapist and Dr. Brown, the clinic director.

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. We are always willing to discuss how and why your therapist has decided to do what she's doing, and to look at alternatives that might work better. You can feel free to ask your therapist to try something that you think will be helpful. You can ask your therapist about her training for working with your concerns, and can request a referral to someone else if you decide that this is not the right therapist for you. You are free to leave therapy at any time. You have the right to refuse anything that your therapist suggests. Therapists do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power they have as a therapist.

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with your therapist to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

If you are in continuing need of therapy at the time that your therapist completes training and transitions out of FCTP we will attempt to make a referral for you within the clinic whenever possible. Therapy may also be ended under the following conditions: If the supervisor judges that the therapist is not able to help you because of the kind of problem you have or because the trainee's training and skills are not appropriate, you will be informed of this fact and referred to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass your therapist or the office or ask your therapist to engage in any illegal conduct you will be unilaterally and immediately terminated from treatment. No referrals will be provided in that circumstance.

The Fremont Community Therapy Project does not offer evening and weekend crisis coverage. If you are experiencing an emergency outside of regular office hours (after 5 pm weekdays or over the weekend), please call the Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. Feel free to leave messages for your therapist on the FCTP voicemail; calls will be returned as quickly as possible.

Your Therapist's Training and Experience

Your therapist will provide you with a separate handout on which she or he describes her or his training, experience, and approach to therapy.

Your Responsibilities as a Therapy Client

- I. You are responsible for coming to your session on time and at the time scheduled. Sessions last for 50 minutes. If you are late, the session will end on time and not run over into the next person's session. Please try to give 24 hours notice of cancellation when possible so that someone else may have access to the time. If 24 hours notice is not given, you will be expected to pay for the session.

- II. Please make any checks payable to FCTP. If you have negotiated a fee and find that you can no longer pay that amount, please let your therapist know. All fees go directly to supporting the costs of running FCTP (e.g., rent, office supplies). No staff member is paid for their work at FCTP. If you can afford to pay more than your negotiated fee due to changes in your circumstances we request that you do so.

Complaints

If you're unhappy with what's happening in therapy, we hope you'll talk about it with your therapist so that she can respond to your concerns. She will take such criticism seriously, and with care and respect. You may also request a meeting with Dr. Brown, the FCTP supervisor, either alone or with your therapist. You are also free to discuss your complaints about your therapist with anyone you wish, and do not have any responsibility to maintain confidentiality about what your therapist does that you don't like, since you are the person who has the right to decide what you want kept confidential.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to therapy at FCTP. I have agreed to a fee of _____ per session for therapy.

Signature of Client

Date

Print Name

Signature of therapist
