



Practitioner Disclosure Statement Informed Consent

Heather Taylor Counseling Services

As part of our therapeutic relationship, here are the rights and responsibilities that each of us, client and counselor, will share. Please read carefully the information outlined below and sign this form acknowledging that you have read and understand the content. If you have any questions, please let me know before you sign.

Professional Qualifications:

I am a licensed mental health counselor associate in the state of Washington. I earned degrees from Bastyr University and Northwest University and served in an internship position for a year and a half as part of the clinical staff at Affordable Counseling in Edmonds, WA. I hold a master's degree in clinical psychology and have had additional training in EMDR (Eye Movement Desensitization Reprocessing), Lifespan Integration, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy.

Therapeutic Approach:

My counseling approach is to work my way out of a job. My desire is to be available to clients as long as they need me, but to move them toward wellness and balance so they feel like they no longer need ongoing counseling. While I listen to my clients and attempt to understand their perspective, I employ different approaches and therapy methods to meet a client's needs. I utilize techniques from Cognitive Behavioral Therapy (CBT), Family/Attachment Systems, Dialectic Behavioral Therapy (DBT), as well as continuing training in EMDR, Lifespan Integration, and Neurotherapy.

What You Can Expect:

I strive to provide a safe and supportive environment for you to explore and evaluate your inner thoughts, feelings, and attitudes. As we work together and develop trust, we will set goals that you desire to meet while in counseling with me. Occasionally, there may be a need for me to refer you to another therapist if I believe your concerns require specific knowledge that falls outside my scope of practice. Our initial session is an assessment for both of us to determine whether we are a good fit. If we decide another counselor would be more appropriate to meet your current needs, I am willing to offer a referral.

Potential Risks and Benefits to Therapy:

Therapy requires active effort and commitment to reduce symptoms, increase quality of life, and improve coping skills. However, the course of therapy is not linear and there are no guarantees of the outcome. In fact, sometimes things get worse before they get better as the cause of emotional pain is exposed and processed.

Therapy often includes talking about deep and personal information related to how you interact with yourself and others. As you begin to identify and transform attachments, emotional triggers, and self-defeating thought patterns, your symptoms may become stronger or you may see disruptions in your current relationships. Even though this is often normal or even to be expected, please do not be alarmed. Despite the potential difficulties, counseling is a therapeutic process in which the benefits may far outweigh the risks. Please communicate your feelings regularly so we can work together to reduce any negative symptoms.

Confidentiality:

Under Washington State law and ethics, I am required to follow the professional code of ethical guidelines regarding confidentiality. Information shared in each session is confidential and can only be released with your written consent or as required by law. Noted exceptions are as follows:

- Safety - If I believe you are in danger of harming yourself or others, disclosure will be made to the emergency contact on file, as well as any other local medical, police, and community resources needed to ensure your safety and the safety of the intended victim. I will always attempt to discuss actions I plan to take with you first.
- Mandatory Reporting - If I suspect abuse or neglect, or you report a crime committed against a child or vulnerable adult, I am required by law to inform Child Protective Services within 48 hours and Adult Protective Services immediately.
- Professional Consultation - I do engage in professional case consultation for the purposes of coordination of care, ethical practices, accountability, and providing the best services to my clients. I may at times discuss your situation with other professionals while not disclosing your identity. Please speak with me if you have concerns regarding this practice.
- Legal Mandate - In select cases, counseling records may be subpoenaed. In response to a subpoena or court order, I may be required to submit notes or information regarding your case, in which I will do everything in my power to protect you as a client. However, if I am subpoenaed by the Court, time spent in legal proceedings is charged at a higher rate of \$300.00 per hour including: case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time. Signing this disclosure statement gives permission for me to release confidential information in courtroom testimony and written reports to the Court if legally requested.

I will keep clinical records of your sessions, as required by state law, for seven years beyond the end of therapy. At the end of seven years, clinical records will be destroyed. You may ask to see this record and make requests to have corrections or additions made to that record.

Electronic Communications:

As technology evolves, we are offered more ways to connect remotely. Unfortunately, in a therapy setting, the technological advances can often be lacking in terms of confidentiality. If you wish to communicate with me via email, please be aware that electronic communications can be accessed by unauthorized parties and can compromise the privacy and confidentiality of such communication. Due to this risk, it is my policy to only use email for brief communications and not for therapeutic purposes. As part of this agreement, if you choose to contact me by these methods you are agreeing to assume risks to confidentiality. Additionally, please do not rely on email for emergency notification.

Fees:

My fee is \$85 per 60-minute individual session and \$150 per 50-minute couples session. Fees for longer, prearranged sessions will be discussed on a case by case basis. Payments can be made with cash, card, or checks made out to Heather Taylor Counseling. There is a fee to process your credit card. Payment is due at the end of each session.

I am not currently listed with any insurance providers. Some clients may be able to seek full or partial reimbursement by submitting an invoice to their insurance company. Please speak with me if you are interested in receiving invoices for your sessions. You must be aware that submitting a mental health invoice to insurance for reimbursement carries risk to confidentiality and privacy.

Appointments and Cancellation Policy:

Therapy is most effective if carried out on a regularly scheduled basis, and with adherence to boundaries of time and space. Therapy sessions are scheduled for 60 minutes, unless a longer time is negotiated. If you

need to cancel or reschedule an appointment, please notify me via phone or email 24 hours in advance. This ensures I can see other clients in the opening and plan accordingly. If you miss your appointment and fail to give me adequate notice, you may be responsible for the full fee of that session via invoice. If you arrive late for an appointment, you will have the remainder of the scheduled time available to you. I will need to end our session on time to honor the schedule of other clients. You will still be responsible for the full fee of that session. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

Emergencies:

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your concerns are above my level of competence, or outside my scope of practice, I am legally required to refer, terminate, or consult. If you need to reach me, my business cell phone number is (425) 382-9553. I check my messages regularly and will try to return phone calls within 24 hours. I do not routinely check messages in the evenings or weekends, so if you are in crisis and need more immediate attention, please call the crisis line at 425-258-4357 or text HOME to 741741 for free 24/7 crisis support. If you believe you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance.

Complaints/Unprofessional Conduct:

If you are unhappy with your counseling experience with me, please speak with me about your concerns so we can decide how to remedy the situation. I will take your concerns seriously and with care and respect. If you suspect that your counselor's conduct has been unprofessional in any way, you may contact the Department of Health at the following address or phone number:

Health Professions Quality Assurance Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7869
(360) 236-4700

Termination of Counseling Services:

Therapy is a joint effort between counselor and client. In order for counseling to work, it is essential to keep the lines of communication open. Please talk with me about any concerns you have regarding our work together. It is your right to disengage from counseling with or without notice. However, I find it helpful to arrange a final session to explore termination and review counseling goals and progress. I have the right to terminate therapy with you under the following conditions:

- When I believe therapy is no longer beneficial to you.
- When I believe that another professional will better serve you.
- When you have not paid for a session, unless special arrangements have been made with me,
- When you have failed to show up for your last two therapy sessions without 24-hour notice.
- When my safety has been compromised.

In the event of termination, I will make every effort to provide a smooth transition to another mental health professional or other sources of care, when appropriate.

Client Consent to Counseling:

I have received, reviewed, and considered carefully the Practitioner Disclosure Statement. I understand the limits of confidentiality required by law and understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I have had opportunity to ask any questions regarding this material and understand the information provided. I consent to therapy with Heather Taylor at Heather Taylor Counseling Services.

This authorization constitutes informed consent without exception and agreement to pay all applicable fees. By signing this document, I am stating that I have also read and understood this agreement and received a copy this Practitioner Disclosure Statement.

My signature indicates accuracy of the information and my declaration to uphold these conditions.

Client Signature _____ Date _____

Name (printed) _____

Counselor Signature _____ Date _____