

EASTSIDE MEDIATION AND MENTAL HEALTH

Darcia C. Tudor, JD, LMHC, CWM

www.DarciaTudor.com

Tel: 206.547.3166 Fax: 425.883.4751

Informed Consent / Practice Protocol

Darcia C. Tudor, JD, LMHC, CWM is a licensed attorney, licensed mental health professional and certified Washington state mediator. Her practice includes family/dissolution mediation, forensic evaluation and expert testimony in parenting and elder care disputes, child, adolescent, and family therapy and reunification attachment and conflict reduction therapy.

A few things to know about her practice protocol and procedures:

- 1. She does not communicate with laypersons, clients, patients, or parties in an action by text, email, or telephone except to schedule appointments. All conversations retaining to the services provided and done in sessions or face to-face meetings.

Initial _____

- 2. Payment for her services must be paid in advance, or at the end of each session. She will provide a written or electronic receipt at the time of service She does not maintain billing records, unless she is appointed by court order.

Initial _____

- 3. If she is required to respond to telephone calls, emails, records request, or any service outside of the service provided in session, investigation, or meeting, the client/patient will be billed for the services at a rate of 25% more than her normal hourly rate.

Initial _____

- 4. _____

 _____.

Initial _____

5. Fees for activities such as writing reports, appearing in Court, speaking with attorneys etc. will be charged at a rate of 25% more than her normal hourly rate.

Initial _____

6. Seeing a therapist in relation to a court ordered legal matter, is quite different from entering into traditional therapy, where your sessions and treatment are confidential. In court ordered situations, what happens in therapy can be helpful information to the courts; therefore the court may waive all confidentiality.

Initial _____

7. Sometimes, particularly with adolescents, Darcia must maintain his/her confidentiality unless waived in writing or court ordered.

Initial _____

8. In co-parent reunification, attachment or family therapy, Darcia must have a written waiver from each participant to allow her to effectively implement therapeutic interventions. Each client/patient/party agree to provide one upon request.

Initial _____

9. Please understand that there are exceptions to your rights to confidentiality. If I, the therapist, ever believes that you are a danger to yourself or to anyone else that I have the legal obligation to facilitate whatever means necessary to maintain safety at all times. If I believe a child, or vulnerable adult, is being abused, I have the duty to report the danger to Child Protection Services (CPS) or Adult Protection Services (APS).

Initial _____

I, _____, hereby acknowledge that I have read and understand the policies and procedures listed above. I have received a copy of the Fee Schedule, and agree to the fees listed for services I have agreed to. I understand that payment is due at the time of, or advance of, service, and that there will be a \$45 charge for all returned checks. I also understand that 48-hour cancellation notice is required for all appointments to exempt me from being charged for any appointment I am unable to attend, and that without such notice, I will be charged for the appointment.

Signatures

Client

Date

Client

Date

Darcia C. Tudor JD, MHP, CWM

Date