

## **EASTSIDE MEDIATION AND MENTAL HEALTH**

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### **Therapy Informed Consent/Practice Protocol**

#### **“Welcome”**

Please do not hesitate to write down any questions you may have pertaining to the information provided, and we can discuss them in your session.

My theoretical approach is primary cognitive behavioral and systemic. Systemic psychotherapy based upon the assumption that psychological problems are often rooted in and sustained by systemic relationship, in which two or more members of a family participate simultaneously with the aim of improving communication and modes of interaction between them. Cognitive behavior therapy is an integrated approach to dealing with child related psychopathology or disorders by recognizing that the inappropriate behaviors serve a particular function for the child within his or her family. Any such behavior can be changed through cognitive and emotional management interventions. In other words, the child gets what he or she wants by acting that way. The underlying rationale of the therapy is an emphasis on family systems, where the behavior of any one member of the family affects all the other members. As your therapist I try to point out to family members on a day-to-day basis. With this reinforcement among family members in their dealings with each other, to establish clear behaviors that family member want from one another, to negotiate in a fair and constructive manner, and to work as a group on solutions to family problems.

I usually take notes during our sessions, and may tape-record our sessions to review before our next session in peer supervision and individual supervision. You may find it useful to take your own notes, and also to take notes outside the office.

**There are Benefits and Risks in the therapeutic process.** Both you and your partner should be considered when making any treatment decisions. Some clients may experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings at times during therapy. Others may recall unpleasant memories that spill over outside of sessions. Clients in therapy may have problems with significant relationships. Family secrets may be told. Sometimes a client's problems may temporarily worsen after the beginning of the treatment. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

Notwithstanding, there are significant benefits established through scientific research. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills

may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions-as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Most of my **clients see me once a week for 6 to 12 months**. After that, we meet less often for several more months. Therapy then usually comes to an end.

**The process of ending therapy, called "termination,"** can be a very valuable part of our your treatment. If you wish to stop therapy at any time, I request that you agree now to 1) to meet with me for one final session to review our work together, and discuss your plans for self care in the future; and 2) to answer a brief set of questions about 6 months after our last session about our work together.

### **About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules, as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You can refuse to allow this recording, or can insist that the recording be edited.

Except for the situations I have described above, my office staff and I will always maintain your privacy. I also ask you not to disclose the name or identity of any other

client being seen in this office.

My office staff makes every effort to keep the names and records of clients private. My staff and I will try never to use your name on the telephone, if clients in the office can overhear it. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

**It is my office policy to destroy clients' records until permitted by law. Until then, I will keep your case records in a safe place.**

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, you agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

Initial \_\_\_\_\_

If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults and children over 13 present will have to sign a release.

Initial \_\_\_\_\_

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits, and you agree to pay the statutory permissible costs of reproducing the records.

Initial \_\_\_\_\_

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

## **My Background**

I opened my mediation and child/family therapy practice in 2005. I am a graduate of Argosy Masters program in Clinical Psychology, and of Seattle University in Law. I completed the Parent Evaluation Program at the University of Washington, the Family Law Training Program at the Academy of Family Mediators, and the Mediation Training Program at King County Dispute Resolution Center. I am a licensed Attorney with over 25 years experience counseling family's involved in divorce, separation, and other family issues, a licensed Mental Health Professional, and an experienced mediator.

## **About our Appointments**

The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1-2 hours for this first meeting. Following this, we will usually meet for a 75-minute session once or twice a week, then less often. We can schedule meetings for both your and my convenience. I will tell you at least a month in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

**A cancelled appointment delays our work, and requires advanced notice. I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. Therefore, I am rarely able to fill a cancelled session unless I have several weeks' notice. You will be charged the full fee for sessions cancelled with less than 72 hours' notice, for other than the most serious reasons.**

Initial \_\_\_\_\_

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. I do not have toys, but I can provide reading materials suitable for older children.

## **Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fees are as follows. You will be given advance notice if my fees should change.

**Therapy Rates**

**Adult**

75 Minutes	\$175
90 Minutes	\$200

**Child And Family**

75 Minutes	\$175
90 Minutes	\$200

**Adolescent And Family**

75 Minutes	\$175
90 Minutes	\$200

**Reunification**

90 Minutes	\$200
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**Co-Parenting**

90 Minutes	\$200
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**Case Management**

75 Minutes	\$175
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**Child Specialist**

Client Advance	\$1,000
Hourly Rate	\$175

**Payment is due in advance, billed in four session increment, and due at the beginning of each month, unless other arrangements are made.**

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Initial: \_\_\_\_\_

Insurance: I am on several insurance panels, however, I do not routinely bill insurance companies directly. I provide my clients receipts and records, so they can be reimbursed.

Initial: \_\_\_\_\_

Reports: I will charge you for my time spent making routine reports to your insurance company, unless I bill the insurance company directly. All insurance reports will be billed at the hourly rate of \$200.

Initial: \_\_\_\_\_

Other services: Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service at my regular fee schedule. Some services may require payment in advance.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$200, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this will be turned over to small-claims court or a collection service.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

Initial: \_\_\_\_\_

### **If You Have Traditional (or "Indemnity") Health Insurance Coverage**

I do not bill health insurance plans directly, but will provide you a receipt for therapy and other services I offer for you to submit yourself.

**If You Need to Contact Me**

I cannot promise that I will be available at all times. Although I am available by telephone Monday through Thursday, I usually do not take phone calls when I am with a client. You can always leave a message with my receptionist or on my voice mail. I will return your call as soon as I can. In emergency situations, please call 911 or the Crisis Clinic at 206-461-3222.

Initial: \_\_\_\_\_

**Signatures**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client / Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Darcia C. Tudor JD, LMHC, CWM

\_\_\_\_\_  
Date