

Laura Doughty, MS, LMHC

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Informed Consent

Counseling is an intentional process by which a person seeks the assistance of a professional trained to help find more fulfilling and satisfying experiences in life and relationships. The process of change is unique to each person's individual situation. Who you are, as a person, often determines the ways in which you go about creating change in your life. The process of change begins with clearly defining the problem, and identifying your goals. By exploring your thoughts, feelings and experiences we hope to develop a greater understanding of the origin of the difficulty as well as develop new skills, attitudes and behaviors that allow you to make the changes you seek. It is important to understand that all goals that are identified may not be met. In addition, when people try to make changes in their lives, they may first experience significant distress emotionally, mentally, existentially, relationally, or even medically. Such distress is not uncommon, and usually improves as people begin to reach their therapeutic goals and become more familiar with the changes they hope to make. Not all individuals benefit from counseling or therapy, and the quality of the relationship you have with your therapist is the most accurate predictor of success in therapy. As the client, you have the right to ask your therapist questions about his or her qualifications, professional background, and therapeutic orientation. If you ever feel that your treatment is ineffective, or you experience distress related to something your therapist has said or suggested, please bring up your concerns during session.

In counseling, we enter 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.

Social Media Use Policy

The standard of care for all mental health professionals requires a distinction be maintained between personal and professional relationships, which includes the use of social media. The ethical requirement to keep these two distinct has been specified in all versions of the American Counseling Association Code of Ethics since 2014. While I do maintain limited personal use of social media, I ask that you respect my privacy there, as I will respect yours. I will not review your online presence without express approval by you. If you pursue a relationship with me on any social media platform, please understand that I will decline to recognize your request, as it is against the ethical practices of my profession and my licensure (ACA Code of Ethics, section A.5.e; NBCC Code of Ethics, section 19). In short, a mental health professional does not engage in personal virtual relationships with clients.

Client Initials _____

Emergency/Crisis Care

The National Suicide Prevention Lifeline is available 24/7 for call/text/online chat (800) 273-8255 or <https://suicidepreventionlifeline.org>.

Although I make reasonable efforts to be available for phone calls and last minute appointments during times of emergency, I cannot be available at all times. I will attempt to return phone calls in a timely manner for brief conferences between sessions as needed, and I check my voicemail several times a day during the week.

If an emergency situation occurs for which the client feels immediate attention is necessary and I cannot be reached, the client agrees to contact emergency services in the community (911) for those services, or go to the Emergency Room. Laura Doughty, MS, LMHC will follow those emergency services with counseling and support to the client and client's support persons as indicated within 24 hours of notification of the crisis.

In some cases, when an individual requires a level of care that is not possible for one clinician to provide, we may discuss transfer of services to an organization that is equipped to provide a 24/7 team-based approach to coordinated care. This discussion may be part of care provided following some emergency/crisis situations, and a decision will be made in collaboration with the client, counselor, and any other providers or support persons involved in the client's care.

Client Initials _____

Notice of Privacy Practices (HIPPA)

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Effective October 1, 2006. Updated May 1, 2018.

This office will only release protected health information (PHI) in accordance with state and federal laws and the ethics of the counseling profession. This notice describes policies related to the use and disclosure of client healthcare information. This office must follow the duties and privacy practices described in this notice, and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

Use and disclosure of protected health information for the purposes of providing services: Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. Following are examples of ways in which health information may be used or disclosed: a) Treatment - provide, manage or coordinate care within the course of mental/medical health treatment, including consultation with specialist provider of services, counseling supervision/consultation, and referral resources; b) Payment - verification of insurance and coverage; processing of claims and collecting fees; c) Healthcare Operations - review of treatment procedures, review of business activities, certification, staff training, compliance and licensing

activities. Other uses and disclosures without your consent may include: mandatory reporting (e.g., intent to harm; known abuse of minor, dependent adult, or developmentally disabled person); emergency/crisis situations; in response to a subpoena; or as required by law.

Client Rights

Under state and federal law, you have the following rights:

- To release of your medical records to a third party upon written authorization signed by you, as well as the right to revoke a release in writing. Revocation is not valid to the extent that we have acted in reliance on previous authorization.
- To contact you in a specific way (e.g., home or office phone) or to send correspondence to a specified email or physical address.
- To inspect and copy my records, though request may be denied by the counselor, and a fee may be charged for copy and delivery of records. NOTE: This office does not keep separate psychotherapy notes, and does not use electronic medical records.
- To add information or amend medical records, within 7 days of request to review records. Although the request to add or amend information may be denied, in such case you have the right to file a disagreement statement, which will be filed with your record upon written request.
- To accounting of disclosures for a period of six years with the exception of disclosures made in relation to: treatment, payment or healthcare operations; pursuant to a signed release of information form; made to the client; or for national security or law enforcement.
- To request, in writing, restriction on uses and disclosures of healthcare information. This office is not required to agree to your request if we believe it would affect your care. If you pay for services out-of-pocket in full, you may ask us not to share any PHI or payment information with your health insurer, and we will comply unless a law requires us to share that information.
- To choose someone to act for you, if they have been given medical power of attorney, who may exercise your rights and make choices about your health information.
- To request notification of any future changes in these policies.
- To make formal complaint without fear of retaliation, if concerned about the quality or professionalism of the care your receive here. Complaints may be made to: WA Dept. of Health, Health Professions Quality Assurance Division, P.O. Box 47850, Olympia, WA 98504-7850.

Client Initials

***I have read and understand these notices regarding Consent for Treatment ,
Emergency/Crisis Care, and Notice of Privacy Practices(HIPPA) and Client Rights.***

Client Signature

Date

Client Name (please print)