

# ***Strength of Life Counseling Services***

***37 S. Wenatchee Ave, Wenatchee WA 98801 Phone: 509.888.4866***

## ***CLIENT REFERENCE INFORMATION & DISCLOSURES FOR INFORMED CONSENT***

This information provides answers to some of the most common questions that arise in the counseling relationship. It also establishes a working agreement between you, the client, and a Strength of Life Counseling Services (known hereafter as Strength of Life) therapist. Washington law specifies some rights and obligations, and others are specified by our mutual agreement as stated in this handout. Also, according to Washington State law, as an individual, you have the right to refuse any treatment you do not want and it is your responsibility as the consumer to choose the provider and type of treatment modality that best suits your needs. The information contained herein is provided to help you make an informed decision. Please discuss any concerns about these matters with your therapist. Exceptions to the provisions outlined in this handbook must be in the form of a written memorandum signed by both of us. You acknowledge receipt of this handout and agree to abide by its contents by signing the consent to treat statement provided (see end of handout).

### ***COUNSELOR EDUCATION, TRAINING AND LICENSURE***

**Pam Alworth, MS; LMFT** is a Licensed Marriage and Family Therapist and holds a Master of Science degree from Seattle Pacific University. She works primarily with individuals, couples and families in a therapeutic/clinical setting, addressing a wide range of personal and relationship issues including: depression, anxiety, trauma, sexual abuse, family/relationship conflicts, self-esteem and life transitions.

Pam believes that life experience and relationships shape how one perceives the world and one's self. Because of this, people become stuck in patterns that can bind them in unhealthy/dysfunctional ways. Through personal awareness and exploration Pam believes people can heal and transform their lives. Using a client-centered treatment approach, Pam specializes in providing therapy for couples and families by assisting in navigating their way toward healthy communication and relationship building.

### ***COUNSELING AND OFFICE POLICIES***

#### ***FAMILY, GROUP AND COUPLES THERAPY***

Your therapist is not responsible for confidential information being revealed by another person in therapy for whom you have signed a release to participate in your session. While your therapist strives to keep clinical information confidential in general, it is your responsibility to communicate to your therapist the need to keep any particular information privileged and confidential from those whom you invite into your therapy sessions.

## ***CHILD AND ADOLESCENT TREATMENT***

Under Washington law, both parents generally have the right to be informed that their child is in treatment. If you are the parent or guardian of a minor who is seeking treatment, please know that under Washington state law, any child age 13 or older can independently consent to mental health treatment without your permission. In addition, parents or guardians may not generally access the treatment record of a client aged 13 or older without the client's written permission. If you are 13 years of age or older, you have the legal right to seek mental health treatment without obtaining permission from a parent or guardian.

Child and adolescent therapy frequently requires the active involvement of the significant individuals in the child's or adolescent's life. If necessary, you agree to participate in your child's or adolescent's treatment, and agree to assist in encouraging other significant individuals in the child's or adolescent's life to participate as well.

## ***CONFIDENTIALITY***

Your participation in therapy, the content of our sessions, and any information you provide to your therapist is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which your therapist may choose to, or be required to, disclose this information:

- If you give your therapist written consent to have the information released to another party;
- In the case of your death or disability your therapist may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against your therapist;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If your therapist reasonably believes that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, your therapist is required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

## ***INSURANCE BILLING***

All insurance companies require that I diagnose your mental condition before they agree to pay for services. If you ask, I will inform you of the diagnosis I plan to render before I submit it to your insurance carrier. Also, some insurers require that I coordinate care with your primary care physician and/or a behavioral care manager. If you have any questions about the details of your plan, please refer to your benefits booklet or contact your insurer.

## ***CONSULTATION AND PEER REVIEW***

I have a collegial and consultative relationship with other therapists at Strength of Life. Good clinical practice requires occasional peer review and consultation within this type of group. Please be aware that your case may be clinically reviewed in a confidential manner in this setting. Information about you will be limited to the minimum amount necessary during case consultation. Your therapist has an agreement with other therapists at Strength of Life to access your client files in order to make appropriate notification and referrals in case your therapist is temporarily or permanently incapacitated.

## ***PHYSICAL CONTACT***

There may be times in your therapeutic process when physical contact such as shaking hands, a hand on the shoulder in prayer, or brief hugs are appropriate and helpful in your treatment. Your therapist will make this type of contact with you only when your therapist believes it is beneficial for your growth. If at any time or for any reason you want to limit physical contact it is your responsibility to verbally let your therapist know and he or she will honor your boundaries.

## ***REFERRALS***

The first one or two sessions you have are for purposes of evaluation. At the end of evaluation your therapist may need to refer you to another professional. At any time you and your therapist may deem it appropriate to make referral to another practitioner for specific services. Strength of Life cannot take responsibility for their competence.

## ***VACATION AND ILLNESS***

When your therapist takes time off for vacations, conferences, seminars, or due to illness, therapy may be briefly interrupted. Your therapist will attempt to give you adequate notice and will arrange for coverage when his or her absence will be extended.

## ***CANCELLATION***

**Twenty-four hour notice of cancellation is required. In general, it is not possible to fill a time slot on short notice that your therapist has reserved for a client. It is, therefore, the policy of this office to charge a \$100 fee for missed appointment or short notice cancellation.**

## ***TELEPHONE AVAILABILITY***

Your therapist may be available by telephone outside or regularly scheduled appointment times. Any amount of time beyond ten minutes will be pro-rated and charged for. In the event your therapist cannot be reached, crisis assistance can be obtained by calling Chelan-Douglas RSN at 1-800-852-2923 or by dialing 911. In case of emergency you may also go to your local hospital emergency room.

## ***DISPUTE RESOLUTION***

In the extremely rare circumstance that you and your therapist have a dispute that cannot be resolved between the two of you, you may contact the Washington Department of Health. A copy of the acts of unprofessional conduct can be found in R.C.W 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake  
Post Office Box 47857  
Olympia, WA 98594-7857  
Phone: 360-236-4700  
E-mail: [HSQAComplainIntake@doh.wa.gov](mailto:HSQAComplainIntake@doh.wa.gov)

## ***LEGAL TESTIMONY***

It is Strength of Life's policy not to appear in court in adversarial proceedings such as divorce and child custody hearings. Under court order, your therapist may be required to provide testimony. If your therapist is called to testify, the law gives you a limited privilege of deciding whether or not you want the content of your work kept confidential. Even if your therapist is required to testify, it is this practice's policy to be highly selective in what is exposed, and will do everything possible to protect the greatest amount of confidential information. The fee for court testimony or depositions is 150% of your therapist's regular fee per hour. This fee, payable in advance, covers your therapist's preparation, travel, and writing time and is required even if they are not called to testify.

## ***TERMINATION***

If, without having made prior arrangements, we have not heard from you in 30 days, we will assume that you would like to terminate your current episode of care and to close your active clinical file. In such cases, your therapist may re-open the file and initiate a new episode of care once you meet again in person.

**CONSENT**

***I HEREBY ACKNOWLEDGE THAT I HAVE READ AND RECEIVED A COPY OF THE CLIENT REFERENCE INFORMATION AND DISCLOSURES FOR INFORMED CONSENT, AND CONSENT TO BE TREATED ACCORDING TO THE GUIDELINES THEREIN.***

---

*SIGNATURE OF CLIENT*

*DATE*

---

*SIGNATURE OF SPOUSE, PARENT OR GUARDIAN*

*DATE*

---

*SIGNATURE OF THERAPIST*