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Consent to Treatment – Jeanne L. Meyer, LMHC, LPC, MAC

Washington State License:	Licensed Mental Health Counselor (LMHC) LH00008054
NAADAC Certificate:	Masters Addiction Counselor (MAC) 502037
Oregon State License:	Licensed Professional Counselor (LPC) C0938

Your rights as a Client

Therapy is a collaborative relationship between people that works in part because of clearly defined rights and responsibilities held by each person. This framework helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about. This is **your** therapy—the goal is your well-being. There are also certain legal limitations to those rights that you should be aware of. As a therapist, I also have responsibilities to you.

My Responsibilities to You as Your Therapist

- I. Confidentiality: I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act to protect your privacy even if you do permit me, in writing, to share information about you. Understand that if I see you in another context (e.g., grocery shopping), I will not acknowledge you unless you address me first. This is not because I do not want to talk to you, but that I am guarding your privacy. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may also request anyone you wish to attend a therapy session with you. I consult with various experts in specific fields of mental health so that I can better serve my clients. I also participate in regular group consultation. If I consult on my work with you, I will not use your name or any information that can identify you. If there is any reason to believe you might know one of these professionals, I will tell you their name so you can decide if I can consult with them regarding your care.

Please see the mandatory reporting requirements listed in the Counselor Disclosure Statement.
- II. Record-Keeping: I normally keep very brief records, noting that you have been here, what we did in the session, a description of the topics we have discussed and our plan for the next session. If we use EMDR Therapy, I will note your ratings on the SUDS and VOC scales before and after the sets. If you prefer that I keep no records, you must give me a written request to this effect for your file. Under provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to have a copy of your file made available to any other health care provider at your written request. I maintain your records in a secure location in my office.
- III. Diagnosis: Diagnoses are the technical terms that describe the nature of your problems and something about whether they are short-term or long-term. I will determine a diagnosis based on the information that I have about your situation. I will discuss it with you, as I want you to be fully informed. All of the diagnoses come from the DSM-V. I have a copy in my office and will be glad to let you read more.
- IV. Scheduled Appointments: I intend to have a regularly scheduled appointment time for you. If I need to cancel for some unforeseen circumstance, I will do my best to get hold of you as soon as possible. I will tell you in advance of any planned absences.

Patient Rights:

- I. You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing and to look at alternatives. Feel free to ask for what will be helpful for you. You can ask me about my training for working with your concerns, and request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.
- II. You have the right and responsibility to develop a treatment plan with me that will provide you with the treatment focus and goals you want. If something does not feel right or you want something different in treatment, please let me know. Your input into the process of therapy, no matter how hard to put into words, is very important.
- III. You have the right to be safe in treatment.

Your Responsibilities as a Psychotherapy Client:

- I. You are responsible for coming to your sessions on time for scheduled appointments. If you are late, we will end on time, not running into the next appointment's time. If you miss a session without cancelling, or cancel with less than twenty-four hours' notice, you must pay for that session at our next regularly scheduled meeting.
 - II. You are responsible for paying for your session at the beginning of each appointment unless we have made other firm arrangements in advance. My fee is \$120.00 for a 60 minute session. If we decide to meet for a long session, I will charge you a prorated fee. Emergency phone calls are normally free. However, if we spend more than fifteen minutes weekly on the phone, I will charge a prorated hourly rate.
- If you end up having an outstanding bill with me and we have terminated therapy, I expect you to pay it. If you refuse to pay your debt, I reserve the right to give your name and amount due to a collection agency.

Complaints:

If you are unhappy with what's happening in therapy, I ask you to talk with me about it so that I can respond to your concerns. I take such criticism seriously and with care and respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can report my behavior to Washington State Department of Health, Health Professions Quality Assurance, P.O. Box 47865, Olympia, WA 98504-7865.

Client Consent to Psychotherapy:

I have read this statement, had sufficient time to consider it carefully, asked questions and understand it. I agree to pay \$120.00 or my insurance co-pay per session at the beginning of each session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Jeanne L. Meyer, LMHC, LPC, MAC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Jeanne Meyer.

Client Signature Date

Client Signature Date

Name (Printed)

Name (Printed)

Witness Signature Date

Name (Printed)