

Informed Consent to Treatment

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Professional Disclosure Statement

Welcome! In this document I describe your rights as a participant in individual, couples, or family therapy and some rules and guidelines for our time together. Please read the following. I will make time in our first meeting to discuss this document further and answer any questions you have. I also invite you to ask questions at any time later in our work together.

We are about to begin a relationship that works best when we both believe we can work together in ways that that will help you. Please feel free to bring up any concerns about our therapeutic relationship at any time. When you are satisfied that you understand this disclosure statement and wish to proceed with me as your therapist, please sign the client consent at the end of the document.

Contact Information

If you need urgent assistance, please contact the 24-hour crisis line at 1-866-427-4747 or 911 as appropriate.

For other needs, you may email me at alan@liberationtherapy.net or text me or leave voice messages at (206) 854-7349 and I will respond within 24 hours. If we have discussed other arrangements in a previous session, I will respond according to that arrangement. If I expect to be unavailable for any extended time, such as while on vacation, I will update my phone answering greeting with this information and provide references to another mental health professional who can help you in my absence.

Confidentiality

Except in certain specific circumstances described below, I will not tell anyone your identity, or identifying information, or what was shared in a session without prior written permission. When a session involves more than one adult client, each client must provide written consent before I can disclose information to a third party.

Professional exceptions to confidentiality. Here are situations where I may choose to discuss confidential information with someone who was not present when it was revealed:

1. **Case consultation.** From time to time, I may consult with a supervisor or a small circle of fellow professional therapists to ensure you get the best attention possible. In these consultations, I will provide only information which may be relevant to our goals of therapy and necessary for effective consultation. My supervisor and professional colleagues also follow rules of confidentiality and will not reveal your information unless some other exception applies.
2. **Couples therapy.** If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual

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sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

Legal exceptions. Here are exceptions where the law allows or requires me to communicate confidential information to others who were not present during the session:

1. **Probable harm to others.** If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. **Abuse or neglect of a child or vulnerable adult.** If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. **Harm to yourself.** If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. Then, if you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. **Unethical practice by another professional.** If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the WA Dept. of Health. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

Records-keeping and transmission. I am ethically and legally required to take precautions to ensure your records remain confidential, both while they are stored in files or when they are transmitted by any means.

Your Rights

Here is a list of important client rights. If you want to discuss other guidelines for our work together, please ask and I will be happy to meet your needs as much as my ethical and professional position allows.

- You may request anyone you wish to attend a therapy session with you.
- You have a right to see your records. We may charge a small administrative fee for providing copies of records.
- You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.
- You may choose to terminate therapy at any time. If you do, I will be happy to provide referral other helping professionals.

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- You have a right to choose your own path in therapy and ask questions about the process.

What Happens in Therapy?

Therapy is a process of change. I take a client-centered approach, working with you to learn what you want to change and how you are comfortable doing that. My approach is multidimensional, honoring your current thoughts and feelings in the moment, and also guided by how your relationships, family, community, and position in society have shaped your personality as it is today.

We will begin with one or more sessions where we will explore your needs, identify goals, and develop a good working relationship. As therapy progresses, I will help you understand and change how you are interacting with others, how you are part of patterns of interactions with others, and how your past experiences influence your current thoughts, feelings, and behaviors. If we are doing couples or family therapy, I will help you each understand and change your interactions with each other.

I also believe that the institutions, requirements, and biases of society (including institutionalized racism and classism) affect the well-being of individuals, couples, and families. As needed, we will consider these effects on your situation and how they might be addressed.

The process of change may involve facing difficult emotions or making challenging decisions. I will do my best to help you evaluate changes you want to make based on values that satisfy you. We will, however, influence each other, so my values may influence what I choose to focus on. I make an ongoing effort to be aware of how our values might differ and how I can help you from a perspective that respects those differences. If this ever concerns you, please feel free to bring up the subject in session.

Most people benefit from therapy and are glad they took the steps to face any difficult emotions or changes that occurred in the process. However, you are the final judge of the pace of therapy and depth and kind of emotion you are comfortable with. You may at any time ask for a change of approach, take time out from a session, or terminate our ongoing sessions.

Diagnosis

A third party, such as an insurance company, may require that I give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. In couples or family therapy one person must receive a diagnosis in order to meet this requirement. If I do use a diagnosis, I will discuss it with everyone in the session. All of the diagnoses come from a book titled the DSM-V.

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Scheduling, Fees, and Cancellations

Fees. For a couples' session, my fee is \$125 per 50 minutes. An individual session is \$90 per 50 minutes. I cannot bill insurance directly. I can provide a receipt of payment that you may be able to submit to your insurance for out-of-network reimbursement.

I also offer sliding scale rates for up to five clients on my case load. Sliding scale rates range from \$80 to \$125 per couple's session, and \$60 to \$90 per individual session. These reduced rates are available on request and you set your own rate, within the ranges mentioned above, based on your assessment of your ability to pay.

Cancellation and rescheduling. I serve many clients and must respect their needs as well as yours. To help achieve this I ask you to accept responsibility for arriving on time and ***notifying me at least 24 hours in advance*** if you cannot attend. *This also applies if you need to reschedule for later or earlier in the same day.* If you fail to provide this notice, I can charge you part or all of the full fee for the session, even if you did not attend or missed part of it. However, I understand that illness and urgent life problems may prevent you from giving sufficient notice and will usually choose not to charge fees in such cases.

My Qualifications

I am a Licensed Marriage and Family Therapy Associate (MG 60603460) in Washington State. I have a Masters of Psychology from Antioch University Seattle. I continue to educate myself in the latest research and techniques in my field, to better serve my clients. I consult regularly with a fully-licensed supervisor and I am happy to provide their contact information on request.

Occasional Recording of Sessions

I would like your permission to occasionally make an audio or video recording of our sessions. I use these recordings to review details of our sessions and improve my ability to help you. Such recordings are covered by the same confidentiality rules mentioned above and will be destroyed within six months of the session unless I obtain written permission from you for that particular recording. Before starting any recording, I will inform you and you may decline to be recorded at that time.

Many clients feel more comfortable with audio recording than video. You are welcome to accept one and decline the other.

Please initial here to indicate your permissions:

_____ I give permission for occasional **audio** recording of sessions.

_____ I give permission for occasional **video** recording of sessions.

_____ I decline permission for either audio or video recording.

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Minimum Record Keeping

I do not believe that keeping detailed records of what happens in each session is either clinically or practically useful. Therefore, I prefer only to keep written records of session content when it is legally or ethically appropriate.

Such circumstances include documentation of at-risk behaviors (either to self or others); documentation of information related to suspected child/vulnerable adult abuse or neglect; when required by legal authorities due to the client being in court mandated treatment (under state or federal laws); or if documentation of certain issues or events is deemed clinically useful as a way to track crucial details of the therapeutic process (as in for use in consultation/supervision in order to provide the best service to the client).

I will abide by all other state regulations (WAC 246-810-035), which require me to keep records of the client name, fee arrangements, record of payments, dates of service, and any signed agreements, including this informed consent and disclosure document.

Please initial here to indicate your understanding and choice:

_____ I agree to minimum record keeping.

_____ I decline minimum record keeping.

Client Consent

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the agreements outlined above. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Alan Barclay. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Mr. Barclay. I am over the age of eighteen or my legal guardian has provided written consent.

Signature _____ Date _____

Printed Name _____

Phone _____ Okay for personal message? Yes / No

Email _____ Okay for personal message? Yes / No

Preferred means of contact (check one or more):

Phone / Text / Email

Mailing Address _____
