Mallory Lyons Counseling
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Informed Consent

General Information
The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together; but if you have any questions, please feel free to discuss any of this with me. Please read and indicate that you have reviewed this information, understand it, and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process
You have chosen to invest in yourself and have taken this opportunity for self-growth in seeking therapy. This is a process that requires your active participation as well as mine. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures, and no guarantees. I cannot promise that your behavior or circumstances will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself. The therapeutic relationship is of utmost importance and may take either of us 3-4 sessions to determine goodness of fit. As the therapist, I will provide appropriate referrals if you request them or if I believe that doing so is best.

Confidentiality and Its Limits
The session content and all relevant materials to the client's treatment will generally be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. There are, however, limits to confidentiality. For example, I may disclose information without your authorization:

1. For purposes of treatment, payment, or healthcare operations;
2. To make a mandated report to authorities if I have a reasonable cause to believe that a child, elder, disabled, or dependent person has been abused or neglected;
3. If I believe that you may pose a risk of harm to anyone, including unidentified people in the general public-at-large, whether or not you have made an actual threat of physical harm;
4. If a court of law issues a legitimate subpoena for information stated on the subpoena;
5. Pursuant to lawful order of a court;
6. To any person if to avoid or minimize imminent danger/health/safety; or
7. If you have waived privilege by bringing charges, litigation, or complaint.

If, in my judgment, I wish to consult or seek supervision with other professionals in their areas of expertise in order for me to best understand your case, information about you may be shared. Your signature below indicates consent for this purpose.

If we see each other outside of the therapy office, I will not acknowledge you. If you acknowledge me, I will speak briefly with you if the interchange can be maintained as private; but it is possible that extended conversation will not be possible. This is to protect the privacy of your therapy.

Clients' Rights and Responsibilities
Under the law, clients of counseling services have rights and responsibilities. Among them are:

1. The right to confidentiality as stated above.
2. The right to refuse evaluation or treatment, to change counselors or receive a referral to another counselor.
3. The right to refuse treatment.
4. The right and responsibility to choose a provider and treatment modality that best suits their needs. If the approach we are using in your therapy is not working for you, your signature below confirms that you will let me know.
5. The right to raise at any time, any question about a counselor's training, the therapeutic approach and/or the progress of treatment.
6. The right to access and review the record of the health care services provided to you. You may request to see and to make a copy of that record. Upon your written request, a copy will be provided in 15 business days. You may also ask to correct the record. If I do not agree with your suggestion, I will include your request with amendments.

My Therapeutic Education, Training, and Philosophy
In 2013, I received my Masters in Counseling Psychology from Athabasca University. I am licensed by the WA State Department of Health (DOH) as a Lincensed Mental Health Counselor. My license number is LH 60894248.

My clinical orientation stems primarily from a cognitive behavioral and strength-based framework, with the use of Eye Movement Desensitization Reprocessing (EMDR). My clinical experience has included grief and loss, mood disorders, and trauma. I believe your life experiences shape your personality and perception of the world. In our work together, I will help you explore your life view in order to achieve a deeper understanding of your current problems and gain greater self-awareness. I view therapy as a guide moving us towards the necessary clarity needed to live more purposely, thoughtfully, and with greater self-determination and sense of self-worth. My aim is to provide an environment where you will feel respected and understood yet challenged to engage in meaningful self-exploration. I hope to work collaboratively by using the skills you already possess and learning new coping strategies to continue working through life's challenges and achieve your goals.

Billing information
My fee is $130 per 50 minute session. Longer sessions are pro-rated at that rate. I do not accept insurance, so the full amount is to be paid at the point of services. If you have insurance you wish to use, I will provide the billing information you need. Failure to pay may be cause for termination of services. I do have a sliding scale fee. My cancellation policy is that I require 48 hours' notice. Without 48 hours' notice, you will be expected to pay the full fee for the missed session. I will accept cash, check, or credit card. I require that a credit card be provided on file to be used for late cancellations and no shows.

Legal Proceedings
Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters of a personal and confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to, divorce, custody disputes, injuries, or lawsuits), neither you (client(s)) nor your attorney(s), nor anyone acting on your behalf will call on me to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy or counseling records be requested.

If for some reason, such as by subpoena or by order of a court, my presence at deposition or court is demanded, your signature below indicates that you agree to cover costs at the rate of $260 per hour for my preparation and travel, even if in the end your case is settled and my presence is not ultimately needed.

I do not provide letters to lawyers, legal recommendations, or statements regarding parenting or custody because such statements are out of my scope of practice.

Termination
Non-payment of fees may result in termination of my services. If services are terminated, you still need to pay what you owe; you are not released from your obligation to pay funds owed. An unpaid account may be turned over to a collection agency. If your account is turned over to a collection agency for non-payment, you will also be billed for all applicable legal fees and collection charges resulting from the collection action.

If you cancel four appointments without re-scheduling, or have not attended meetings within four times, I may close your file. Your signature below confirms this notice. If you would like to resume services, please feel free to call me.

Social Media
I do not participate on social media of any kind with my clients. Please do not take offense if I do not respond to requests or outreach from you or others. I do not provide therapy over email or text message. Please make an appointment to address concerns you may have.

Substance Use
I do not provide therapy services to client's who are under the influence of subtances at the time of their scheduled appointment. If you arrive to your scheduled session under the influence of a substance, I will terminate the session and you will be responsible for the full session fee.

Dual Roles
I abide by the Code of Ethics of my discipline, which advises against dual roles. Counselors are obligated to establish and maintain appropriate professional boundaries with clients. These relationships do not allow for business, social, sexual, or any other dual relationship that impairs clinical objectivity, effectiveness, or client's welfare.

Separate Practice
I am a solo practitioner. Although I may share office space or work closely with others, I am not legally associated nor in partnership with any other person.

Complaint

If you are concerned that I have violated your privacy rights, acted in an unprofessional fashion, or you wish to discuss a clinical issue with me, please speak to me about it in a session, or contact me in writing. You may also write to the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857. Phone contact may be made at 360.236.4700. You may review the statute on Unprofessional conduct at RCW 18.130.180. You should know that a complaint to the DOH may result in the disclosure of your record.

Consent to Services

By signing this document, I, _____ (name of client), acknowledge that I have read the disclosure statement and was provided a copy of it. I have had the opportunity to ask questions, and understand it to my satisfaction. I give permission for evaluation and treatment and agree to follow the terms of this agreement. If, as assessment is made, either I or the treatment provider should determine that there is a lack of "fit," therapy may be terminated or transferred.

_____

Print client name

_____ _____

Client / Signature Date

_____ _____

Counselor signature Date

**Client refuses to acknowledge receipt:

_____ _____

Counselor name and licensure