



Christi Carlton, M.A., LMFTA

Therapist's Informed Consent

This document outlines your rights during the therapy process, as well as information about your therapist, her training, and her certification with the state of Washington. Please read the information carefully before signing.

EDUCATION AND TRAINING:

Christi is a licensed Marriage and Family Therapist Associate in the state of Washington. She specializes in relationship issues, divorce, and struggles related to parenting and co-parenting. Christi enjoys working with individuals, couples, and teens as they navigate life transitions, anxiety and mood disorders, low self-esteem, body image concerns, self-injury, post-traumatic stress disorder, and attachment issues.

THERAPEUTIC APPROACH:

Christi approaches therapy from a Family Systems background which allows her to consider not only what is happening for the client internally, but also the system and context in which the client exists. As your therapist, she strives to create a therapeutic alliance that fosters change from within, believing that everyone deserves to live the life they want.

CONFIDENTIALITY:

Our work together is completely confidential. I cannot legally release any information about you without your written consent. There are three limitations to your confidentiality. I am legally required to break confidentiality if: 1) You make threats to harm yourself or another person; 2) You present information regarding the abuse of a child, dependent adult, or developmentally disabled individual; 3) I am ordered by a court of law to provide information.

CONSENT:

The state of Washington requires that I provide you with a disclosure statement about myself and the services I provide. By signing this document, you acknowledge that you have read and understood what is stated here. If you have any other concerns about ethics or therapist conduct, you may contact the state of Washington, Division of Professional Licensing, PO Box 9649, Olympia, WA 98405, (360)586-4561.

I have read and understand the information presented above.

Client Signature

Date

Therapist Signature

Date