



Christy A. Little, M.S., LMFT

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:

I am licensed as a Marriage and Family Therapist through the state of Washington (license # LF 60514887), which means I have met all the educational and experiential requirements to be able to provide therapeutic services and diagnose in the state of Washington. I have a bachelor’s degree in psychology and a master’s degree in Family Science, Marriage and Family Therapy. I have been providing therapeutic treatment to adult individuals, families, couples, and children since 2012.

THERAPEUTIC APPROACH:

The therapy process can be intimidating and a bit overwhelming at times; it can also be extremely rewarding when taken seriously. My approach to therapy is very direct, open, supportive, and nurturing. I believe your experiences and your understanding of those experiences are something to be valued and respected and are the most critical part of the therapy process. I will work to provide a secure and understanding environment for you to fully express yourself, but you may feel challenged at times. My therapeutic orientation leans towards an experiential style. That means I believe in being fully present in your current journey and the therapeutic process. We may discuss your past and your relationships to help us understand patterns, but I will often bring your awareness back to your current reaction to those topics and how those patterns play out in your everyday life. Please be aware that honesty is an understood policy during our sessions together.

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