

Adelina Dana, MA, LMHC

Fellow Travelers Counseling & Consultation, PLLC

2522 N Proctor Street #253

Tacoma, WA 98406

[Phone Number]

INFORMED CONSENT AND AGREEMENT

You [client] have the right to privacy, a right to decide the time/place/extent of self-disclosure and to be a participant in the treatment/therapy process.

Fellow Travelers Counseling & Consultation is the business of Adelina Dana, MA, LMHC. My Washington State License # is LH 60446421. My goal is to provide you with high-quality psychotherapy, including, at times, trauma-specific treatment to help alleviate challenges after traumatic events. I do this through individual, group or family sessions, using evidence-based treatment methods integrated with sound clinical judgment and each client’s traditions and beliefs.

**My training** has included formal education and over 11 years of experience in the field, a Masters Degree in Counseling Psychology from the School of Professional Psychology at Argosy University, Seattle, WA in 2011, and many hours of continuing education in the following subjects (among others): Trauma-Specific Therapy, Abuse of Children, and Best Practices in Psychotherapy.

The approaches I generally use include: Person centered, collaborative, strengths based multimodal approach suited to the individual client. Motivational Interviewing, Solution Focused Therapy; Cognitive Behavioral Therapy; Trauma Model Therapy; International Association of Trauma Professionals (IATP) 5-Narrative Trauma Memory Processing Model, Cognitive Processing Therapy; Dialectical Behavioral Therapy informed treatment; Eye Movement  Desensitization and Reprocessing (EMDR).

Your relationship with your counselor is professional in nature. It is your counselor’s responsibility to ensure an atmosphere of safety for you. To protect your privacy when paths cross in the community, there will be no discussion(s) of the clinical relationship/work. Those discussions occur only in the therapeutic setting.

Counseling deals with private aspects of your life and with difficult and emotional issues. There may be a time when you feel confused or troubled by something that occurs during counseling. You are encouraged to talk about this with me [your counselor].

Typically, therapy begins with an assessment that identifies your unique needs, your goals, as well as your strengths and resources.

Counseling can be beneficial, but as with any treatment, there are risks. It may not provide the results you’re hoping for. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving.

I cannot guarantee these benefits, of course, but it is my goal is to create a safe environment where together we develop a treatment plan, and therapeutically work toward your goals.

There are several reasons why the counseling relationship can be brought to completion, to address a few: Client is not benefiting from counseling; Client needs a higher level of care; the Counseling is, or comes to be, outside the clinician’s scope of work, Client requests another counseling intervention outside the clinician’s scope of work.

You can bring counseling to completion by your own choice or I can bring counseling to a conclusion based my professional clinical judgement. If your treatment needs are outside my scope of practice, or to manage or prevent conflicts of interest, you may be referred to another provider(s).

If in my clinical judgement the counseling relationship [therapeutic alliance] or the culture of safety has been affected due to conflict of interest, I will assist you with other counseling options; acting ethically in your best interests.

Your treatment is confidential. I enter information into your record that accurately reflects relevant clinical interactions. The Privacy Practices Notice gives more detail about your rights to confidentiality. In most circumstances, information in your records can be released only if you specifically authorize it in writing.

However, in the following situations your confidential information may be released to others without your consent:

* I am required by law to report information about child abuse/neglect or elder abuse/neglect, which includes vulnerable adults of all ages.
* If you threaten to harm yourself or someone else, and I believe your threat to be serious, I am required by law to take whatever actions necessary to protect you or others from harm.
* If you are involved in litigations, I may be required to disclose your health information if a court issues an appropriate order.

My availability is Mon-Fri 9:00AM-5:00 PM

* In cases of emergency, please dial the National crisis line at 800-273-8255 or 911.
* Washington Recovery Helpline 866-789-1511
* You could also get help by texting “HEAL” to the Crisis Text Line at 741741

My counselor has verbally reviewed the items on these two pages and has provided me an opportunity to ask question and seek clarification.

I have read and understand this General Informed Consent and Agreement, and I have been given the Notice of Privacy Practices. I agree to participate in treatment with Adelina Dana, MA, LMHC at Fellow Travelers Counseling & Consultation.

I understand that the fee for my appointments is $150/hour, and I understand that these fees are ultimately my responsibility to pay in full. **I also understand that same-day cancellations will be billed to me at *half* the full hourly rate and no-shows will be billed at the *full* hourly rate.**

Client (PRINT NAME)
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DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CLIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 