

LiveWell Counseling – Informed Consent

Welcome to LiveWell Counseling. In order to develop a strong therapeutic relationship, it is important that we have a mutual understanding of the rights and responsibilities we share. Please read the information outlined below and acknowledge with your signature that you have read and understand this disclosure and consent.

Professional Qualification

I am a Licensed Marriage and Family Therapist in Washington State (Jeanette Thorson, MA, LMFT, License #LF61053632). I received a MA in Couple and Family Therapy from Seattle University. My training is focused on family systems theory, and qualifies me to provide therapy to individuals, couples, and families. I am a member of the American Association for Marriage and Family Therapy (AAMFT).

Therapeutic Process

I have an integrated approach to therapy, but my process is rooted in Attachment Theory and Emotionally Focused Therapy (EFT). Working from this foundation, my goal is to help people recognize their needs and strengths in order to solve problems and build stronger relationships. Whether working with individuals or couples, I embrace a family-systems focus which means I recognize the powerful impact that relationships have on people's thoughts, feelings, and actions. Other approaches I use to facilitate healing include attachment theory, mindfulness, self-compassion, cognitive behavioral therapy, somatic awareness, and John Gottman's research on building lasting relationships. My approach is open and welcoming, and my highest priority is to create a safe and trusting relationship where genuine thoughts and experiences can be shared.

Risks and Benefits

Engaging in therapy has both benefits and risks. Processing thoughts and feelings that have been dormant or avoided in the past, can be uncomfortable. Making changes in your life that bring about inner healing may be disruptive to some of your relationships. In spite of the potential for discomfort, therapy can be beneficial for many people by reducing undesirable symptoms, increasing self-awareness and agency, and improving one's sense of wellbeing.

Confidentiality

With the exception of situations listed in my Notice of Privacy Practices, all information shared in therapy is considered privileged and will not be disclosed without your written permission.

In the case of therapy with couples and/or families, the relationship, not the individual, is considered to be the client. At times, I may invite members of the relationship to meet individually. The information shared in these individual sessions can, and likely will be discussed in our couple or family sessions. Therefore, it is important that you do not tell me anything you wish to be kept a secret from your partner or family.

Please refer to my Notice of Privacy Practices, which details exclusions to confidentiality, including intent to harm yourself or others, and abuse of children and vulnerable adults. The law requires me to report all incidences of abuse to Child or Adult Protection Services.

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In order to protect your confidentiality, I do not accept client requests to connect on social media of any kind. Furthermore, if I see you in public, I will not acknowledge or approach you unless you acknowledge or approach me first.

Rights and Records

You have a right to select a therapist and approach that best meets your needs. I invite you to ask questions about your treatment and share any concerns that arise throughout the process. You have a right to terminate therapy at any time. You also have the right to request a referral to another therapist.

You are entitled to the contact information for the Health Quality Assurance program in Washington State: Health Professions Quality Assurance Customer Service Center, PO Box 47865, Olympia, WA 98504. (360) 236- 4700.

In order to provide the most effective treatment possible, brief progress notes are taken and stored in a HIPAA-compliant Electronic Health Records (EHR) system. You may sign a release of information to request that a copy of your file be shared with another health care provider.

Communication

I respond to client communications Monday - Friday during normal business hours. If you contact me outside of normal business hours, I will do my best to get back to you by the following business day. In case of emergency please call 911 or proceed to the nearest hospital. If you are in crisis, please call 988 - 24 hour Crisis Line.

Electronic communication will be sent to you via a HIPAA-compliant server, which means it will be encrypted and secure. Please do not respond to this communication from a non-secure platform because I cannot guarantee that your PHI will be protected. In general, electronic client to therapist communication should be limited to scheduling.

Appointments and Cancellations

I require 48-hour advanced notice to cancel or reschedule appointments. The full fee will be charged for a session cancelled with less than a 48-hour notice, or for a missed session. Exceptions to this policy are made for illness or emergency situations only.

Fees

Individual or Couple Therapy Session (55 Minutes) - \$200 • Extended Individual or Couple Therapy Session (85 Minutes) - \$310

Payment is required at the time of service. Payment will be made electronically via the credit or debit card provided by you at the time of intake. Your credit or debit card information is held securely in a HIPAA-compliant EHR system.

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Telephone calls to discuss issues between sessions with me will be charged at \$55 per 15-minute increment. Immediately following the call, this fee will automatically be charged to your credit or debit card on file.

I do not specialize in court or legal matters. If you need legal advocacy, I will do my best to provide you with a referral to someone who can provide those services. By signing this document, you agree to not include me in any legal proceedings between you and another person.

Insurance

I am in-network with Premera and LifeWise, and out-of-network with all other plans. If I am out-of-network with your plan, at the end of each month I can provide a statement you can submit for possible reimbursement. Please check with your insurance company prior to engaging in therapy to inquire about your benefits, including total and unmet deductible, co-insurance percentage, out of pocket maximum, and number of allowable sessions. Please note that most plans do not cover couple or family therapy.

Telehealth

Telehealth involves the use of electronic communications to enable the client and mental health care provider to meet electronically by video, audio, email, or text while residing in different locations. I am a certified telehealth provider, and have received the 15 hours of training required to provide competent telehealth service. The primary telehealth platform I use is provided by SimplePractice – a secure, HIPAA-compliant EHR platform.

There are both benefits and risks to telehealth. Some of the benefits include convenient access to mental health care, reduced transportation costs, and more flexibility in terms of appointments. In spite of the use of state-of-the-art technology, telehealth can present certain risks. Possible risks include, but are not limited to, reliability of available technology, disruptions in service, inability to ensure a secure connection, possible security breaches, and inability to protect client confidentiality.

You may not participate in a telehealth consultation when you are physically outside of Washington State. If it is determined that you are physically outside of Washington State at the time of your telehealth session, we will need to terminate the call and you will be charged for the session.

If you plan to submit telehealth sessions to your insurance for possible reimbursement, please be advised that not all insurance companies cover telehealth. It is your responsibility to inquire with your insurance company ahead of time to ask if they cover telehealth from a “non-dedicated” telehealth provider.

You have the right to refuse telehealth therapy and request in-person care. If I am not able to provide this service, my best effort will be made to provide you with an in-person referral.

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Termination

You have a right to terminate treatment at any time. If we have not made prior arrangements, and I have not heard from you in 60 days, I will assume you would like me to terminate treatment and close your file. If it becomes difficult to schedule regular sessions, there are multiple cancellations, treatment has become ineffective, or I determine that we are not a good fit, I reserve the right to terminate treatment and refer you to another therapist.

Questions

If you have any questions, please make sure you get them answered before signing this document. I can be reached at (206) 607-9227 or jeanette@livewellmft.com.

By signing below, I am agreeing that I have read, understand, and agree to all items contained in this document.

Signature

Date

Name (please print)