

# Informed Consent for Psychotherapy

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Whitney Pribble Counseling

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## INFORMED CONSENT FOR PSYCHOTHERAPY

### 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. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

### The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. 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. I cannot promise that your behavior or circumstance will change. I can promise to support you by offering a safe space free of judgment that will allow you to explore past and present stressors, repeating patterns, indecision, etc. while focusing on goal setting and progress.

### Confidentiality

Confidentiality, the state of being kept or held private, is the foundation of our therapeutic relationship. I will facilitate our sessions in a confidential space and it is expected you do the same. For this reason, sessions can not be held in public places such as coffee shops and should not be conducted with uninvolved parties present. Children are permitted in session if and when necessary, pending they are not being used for avoidance and do not significantly negatively impact the therapeutic process.

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.

3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you initiate a conversation, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

#### *State of Washington Disclosures*

*The State of Washington requires that I provide you with the following information.*

*As an individual, you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. Counselors practicing counseling for a fee must be credentialed or licensed with the Department of Health for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.*

*A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:*

*Health Systems Quality Assurance Complaint Intake*

*Post Office Box 47857*

*Olympia, WA 98504-7857*

*Phone: 360-236-4700*

*E-mail: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)*

About the Therapist

Whitney Pribble LMHC

NPI #: 1598218398

License #: LH61117408

Employer Identification #: 87-4493851

*BY SIGNING THIS DOCUMENT, YOU ARE ATTESTING THAT YOU HAVE RECEIVED, READ, FULLY UNDERSTAND AND CONSENT TO THE DISCLOSURES, TERMS, AND CONDITIONS ABOVE, THAT YOU HAVE RECEIVED A COPY OF YOUR HIPAA AND WASHINGTON STATE NOTICE OF RIGHTS AND PRIVACY PRACTICES, HAVE READ AND FULLY UNDERSTAND THESE RIGHTS, AND HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS.*