

## INFORMED CONSENT and DISCLOSURE

### Caleb Furr, MA Human Services Counseling

#### Education and Credentials:

Master of Arts in Human Services Counseling, Addictions and Recovery  
Licensed Mental Health Counselor – Washington State #LH 61435491  
Sex Addiction Therapist

#### Scope of Practice

As a Licensed Counselor in the state of Washington, I may “counsel and guide a client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards,” as well as “assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems” (WAC 18.19.200). What this means is that I am both trained and certified to assess a client’s level of functioning and assist with clarification of personal values, self-understanding, and facilitating desired life changes. I may diagnose and treat mental disorders. However, some severe mental disorders are beyond my competency to treat well. If your case falls outside of my scope of practice, I can provide you with appropriate referrals to other mental health professionals. An excerpt from the Washington Administrative Code as it pertains to the Scope of Practice within which I am licensed to operate is available upon request. (\_\_\_\_\_ Initials)

#### Supervision and Consultation

I practice under the supervision of a trained and experienced counselor who has been approved by the state Department of Health. This ensures that I give my clients the highest level of assessment and care possible. Each client’s case is reviewed individually with my supervisor, and appropriate levels of care and treatment planning are established. Client progress is also tracked in order to assure that treatment is most effective and to make adjustments as needed. Ongoing supervision is a key component of my goal to provide each client with the highest level of professional care possible. For that same purpose, I do consult with other professionals in the field. In all of my consultations client confidentiality is strictly maintained. (\_\_\_\_\_ Initials)

#### Confidentiality

It is my privilege and duty to maintain the confidentiality of my clients. The information that is shared with me by my clients, including any personally identifying information, is held strictly confidential. I do not discuss it openly, nor do I share it with others unless I am given written permission by a client to do so. There are, however, some limits to client confidentiality, as outlined below. I am required by law to report to the proper authorities in the following situations:

- If a client reveals information about abuse of a child or vulnerable adult.
- If a client indicates an intent to harm himself or someone else. (Please note: This may include instances of an HIV positive client knowingly engaging in behaviors that put another person at risk of becoming infected.)
- In the event that I am served an order from the court to divulge information with a judge or lawyer.

In such cases, I must make reports to appropriate authorities for the welfare of my clients and others who may be affected by their behaviors. In the event that a report must be made to law enforcement, I will encourage the clients involved to make the report themselves and I will inform them of my intentions whenever possible. (\_\_\_\_\_ Initials)

#### Counseling and Treatment

My approach to counseling is rooted in the idea that the processes of change and growth are the results of a positive, therapeutic relationship. Working together with a client in this way, I can help him to clarify personal values and meaning, identify core self-concepts, beliefs, character strengths and deficits, and cognitive distortions, to explore past and present relationship dynamics and painful

events for the purposes of resolution, and to open the possibility of learning new and helpful styles of living. This is a collaborative process. At times I may direct the conversation, and at times I may allow the client to direct it. Since I am specially trained for treating addiction and addictive behaviors, clients seeking help with such problems can expect to receive a thorough assessment and a clear plan for treatment that utilizes established methods, performable tasks, and measurable outcomes. My goal is to provide treatment that proceeds from a whole-person perspective which encourages the client to formulate a vision for personal health, including the domains of physical, emotional, psychological, sexual and spiritual health, and to commit to an individualized action plan for attaining that vision. (\_\_\_\_\_ Initials)

### **Spirituality in Counseling**

I strongly believe that a person's spiritual life is an integral part of their overall health. My understanding of human behavior and human nature integrates the scientific principles of psychology with my faith and Christian beliefs. Because of this, I will strongly encourage clients to explore and deepen their own spirituality and understanding of God. In my conversations with clients, I will often make reference to spiritual principles and draw upon the wisdom of Scriptures both from my own and other faith traditions. My purpose in this is not to proselytize or convert anyone. Rather, it is to help my clients to develop their own spiritual practices that will allow them to maintain connection with God and with a spiritual community. (\_\_\_\_\_ Initials)

### **Appointments, Fees and Cancellation**

Appointments are agreed upon times to meet for counseling and may be made in person, via phone, email, or text. I will make recommendations about the number and frequency of counseling sessions, but it is ultimately the client's responsibility to request and schedule appointments. Individual clients may ask to be scheduled in specific time slots on a weekly, biweekly, or monthly basis. The counseling sessions available can be held in person, on the phone, or via secure video conferencing. Counseling sessions vary in their time duration. The fees for counseling are as follows:

One Hour Mental Health Counseling = \$95.00  
90 minutes Mental Health Counseling = \$142.50  
Group Counseling = \$50 per session

All fees are due at the time of the appointment and may be processed via a secure online payment platform. NSF checks will be charged an additional \$20.

An individual may cancel a scheduled appointment at no charge with at least 48 hours notice. Cancellations with less than 48 hours notice will be charged at the half the rate of the scheduled appointment. Exceptions can be made for personal or family emergencies and will be handled on a case-by-case basis. This same cancellation policy also applies to group counseling.

In addition to regular counseling fees, there are a number of detailed assessments that may be administered for the purpose of properly identifying the scope and breadth of behaviors and problems that a client may be experiencing. Some common assessments and their costs are:

- The Sexual Dependency Inventory (SDI) = \$160
- The Post Traumatic Stress Index (PTSI) = \$160
- The Prepare and Enrich Couple's Relationship Assessment = \$75
- The Gottman Couple's Relationship Assessment = \$75 (\_\_\_\_\_ Initials)

### **Use of Teletherapy for Mental Health Counseling**

Telehealth mental health counseling is done remotely via phone calls or video conferencing. I have taken important steps in order to ensure that I can provide counseling through telehealth that maintains a high level of quality and security. These steps include specialized training in the delivery of teletherapy, utilizing private and secure devices and locations, and contracting with software platforms that meet federal guidelines for privacy. There are some unique aspects and expectations related to this form of counseling that the client must be aware of. Primarily, clients are expected to:

- Inform the therapist of their physical location and make reasonable effort to ensure that it is a safe and private area appropriate for a teletherapy session.
- Make every attempt to be in a location with stable internet or phone capability.
- Take precautions in order to ensure the security of the devices used for telehealth counseling.
- Utilize the recommended digital platform (Google Meet) along with the assigned security key.
- Refrain from doing other activities such as texting or driving during the counseling session.
- Refrain from recording the counseling sessions without my approval.

Additionally, clients should be aware that disruptions to therapy may occur during a session because of such things as device malfunction, loss of signal, or other technology failures. In those instances, the client and I will follow a backup plan discussed during initial counseling sessions which include leaving and re-entering the video conference, or if that fails, finishing the session via phone. I will provide my cell phone number to clients for use on such occasions. (\_\_\_\_\_ Initials)

### **No Secrets Policy for Couples Counseling**

During the course of my work with a couple, I may see one or both of them for individual sessions. In order to be effective for the couple, I may need to share information learned in an individual session with the other person in the couple. This "No Secrets" policy is intended to prevent a conflict of interest and to avoid situations in which I am holding secrets that may undermine the basic trust that both clients must have in me as a therapist. If one member of the couple feels it necessary to discuss matters that they absolutely do not want to be shared with their partner, they should consult individually with another therapist. (\_\_\_\_\_ Initials)

### **Termination of Counseling**

Each client has the right to refuse services at any time, the right to find a counselor who is best suited to meet his needs, and the right to bring the counseling relationship to an end when it seems best to him to do so. It is my professional opinion that providing a proper ending to treatment is a critical part of a client's continued growth. When a client indicates that he desires to bring our work to a close, I will request that we schedule a final session for the purposes of reflecting on the work we have done together, assessing together the effectiveness of treatment, discussing the client's hopes for future growth, and considering what challenges may lie ahead in his life. It also gives an opportunity for both the client and me to offer feedback about the way the therapeutic relationship has impacted each of us. The fee for this final session is negotiable. (\_\_\_\_\_ Initials)

### **Ethics and Professionalism**

I am accountable for my work. If a client believes that my services are unhelpful, I encourage him to let me know so that we can work in a way that is more productive. Additionally, I can offer referrals to another therapist. If a client has concerns that I am not conducting myself ethically or professionally, I request that he discuss this with me. To obtain a copy of client's rights in the State of Washington or a list of the acts of unprofessional conduct for which a health professions complaint may be processed, or to complain about my services please contact:

The Department of Health - Counselor Programs  
PO Box 47869, Olympia, WA, 98504  
Or call (360) 664-9098.

(\_\_\_\_\_ Initials)

### **Counseling Agreement**

I agree to participate in counseling with Caleb Furr, MA. I have read the above information and have had an opportunity to ask questions to clarify my understanding of the information.

I understand that I have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits my needs.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Counselor Signature Date