Open Minded, Practical and Badass Therapy

Pemberley Vander Linden, MA, LMFT

Licensed Marriage and Family Therapist. License Number: LF60267695

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Counselor Disclosure Statement

This document is to inform you of my qualifications, therapeutic approach, practice policies, privacy and confidentiality, and your client rights. Please don't hesitate to ask questions or bring up any concerns you might have now or anytime in the future. From time to time this statement may change. I will attempt to inform you of such changes in a timely manner. At any time, you can access a current version by request or by referencing my website. **Signing this form establishes our contract for therapy services**. I look forward to working with you!

Approach and Background

Approach to Counseling
I take an active role in listening to you and, as applicable, your partner(s) as I make connections between the reoccurring patterns in your life. Often this includes revisiting the past where these behaviors and responses first emerged as means to protect or make sense of situations. I will take into consideration how the intersections of your unique cultural, socioeconomic, gender (and etc) experiences influence you. I also focus on building relationships in which you and your partner(s) can safely be open, vulnerable and compassionate with each other. Within couples counseling, I will frequently coach partners to try new ways of responding.

I rely on an eclectic assortment of interventions to assist you in growing towards the direction of more choice and joy in your life. I often use humor as means to encourage and reassure you when confronting painful patterns. You always have the right to opt of or pass on any question I ask or exercise I suggest or communicate to me what your response is to any intervention. I will ask you to complete homework assignments outside of the session to continue the important work we do in session.

Clinical Assumptions. I believe that most human problems stem from feelings of isolation, fear, and shame. It is through connection that we can grow away from places of profound hurt. Each and everyone one of us are born good, but over time our experiences have taught us to mistrust our innate goodness. Counseling is a process of reclaiming our awareness that we are inherently good and establishing connection, basically embracing and allowing our inner badass to shine.

Outcomes. Counseling requires your involvement to actively confront and modify your thoughts, feelings and behaviors. This can be difficult, and will be uncomfortable at times. Things also might get worse before they get better. The change you desire depends, among other things, on your ability to step into the discomfort even when it is difficult. Most of my clients report growth and movement towards their goals, however, that there are no guaranteed outcomes promised.

Consent + Opt Out/Pass Rule. As an adult you have the right and responsibility to take care of yourself. You always have the right to opt of or pass on any question I ask or exercise I suggest. In the context of couples/family work, you have the right to opt or pass on any question your partner(s) ask of you.

Scope of practice. I work primarily with adults (people ages 18 +). I have experience in treating a wide range of concerns, including trauma, depression, anxiety, and relational issues. I frequently have the privilege of supporting LGBTQ, polyamorous and kink identifying people. It is my legal responsibility to consult with colleagues, terminate services or refer you to an appropriate provider if I believe your therapeutic issues are beyond my scope of practice and competence.

Couples & Relational Sessions. As part of treatment for a couple or family, most of the sessions will be joint sessions with all members present. During treatment, I may advise an individual session with each family member, or subset of the family (dyads, individual partners). When couples/relational work involves individual support sessions, I will hold as confidential any information partners tell me in individual sessions (unless it falls under mandated reporting (covered in further detail in this document). Disclosures made during individual sessions will not be shared in couples/relational sessions. You are providing consent and agreement to this policy.

Education, Training and Degrees
I earned my Master of Arts degree from Antioch University in Psychology in 2009 with an emphasis in Child, Couple, and Family Therapy. I completed a Bachelor of Science degree from Eastern Washington University in Applied Developmental Psychology in 2004. I have additional post-graduate training in the clinical treatment of Internalized Oppression, ACT (acceptance and commitment therapy), RLT (relational life therapy), PCIT (parent child interaction therapy) in addition to other models of psychotherapy. As a lifelong learner, I continue to explore and learn about psychotherapy, the mind and emotions. I have been in private practice since 2014, with prior experience in community mental health and social service agencies. I am also a Washington State Approved Clinical Supervisor.

Office Policies

Appointments, Scheduling and Appointment Reminders
Counseling services are available by appointment only. At our first appointment, we will review your paperwork and begin to develop an area of focus/treatment plan. After this initial appointment, I meet with most clients regularly (weekly or every other week).

Appointment times are not automatically held for you. You may book and manage your appointment through Acuity Scheduling on my website. Courtesy appointment reminders are sent out via email and text through this same service. You may opt out of reminders by telling me of your preference or turning reminders off in your client portal through Acuity. It is your responsibility to remember your appointment.

Cancellations and Missed Appointments
Please provide 48-hour notice if you need to cancel or reschedule your appointment as this time is held for you. If you do not attend an appointment with no notice provided or cancel with less than 48 hours notice I will charge the current full hourly rate. If I am able to fill your cancelled appointment time, I will not charge you the no show fee. *Insurance will not cover missed appointment charges.* If you provide me with 24 hours or less notice, I will charge the fee, no exceptions.

Late Arrival/Leaving Early
If you arrive late to your appointment or need to leave early, I will not be able to provide you with additional time, nor offer you a pro-rated charge. If I arrive late or am running over time from an earlier session, I will make up the time to you.

Fees and Payment
Sessions are 50 minutes long, and are charged at $140 per session.
Starting in 2019, every year my fees will automatically increase by at least $5 on January 1. If increases are greater than $5 or are occurring on a day other than January 1 you will be given at least 30 days notice.

Payment of copays, co-insurance, deductibles, etc, if applicable, will be automatically charged to the card you used to schedule your appointment. If you need to make other arrangements, please inform me to discuss options. Your card will typically be billed within 3 days of your appointment, however please allow up to 14 days for charges to be initiated.

I offer limited sliding scale/therapy scholarships on a case-by-case basis according to financial need. I may periodically require documentation to verify financial need, such as income and number of people supported by income.

Balance Owed/Debt to Provider/Credits Owed to Client
Unless other arrangements have been made, payment is due at the time of service. Regardless of any extended payment plan, you agree to be financially responsible for all charges. If you use your insurance benefits and/or reimbursement through your health insurance, you also agree to assume full financial responsibility for fees if your insurance company declines to cover psychotherapy services. I am unable to schedule further appointments if a balance for more than 3 sessions is owed, without payment arrangements being made.

You agree to cover any returned check/NSF charges. I will contact you by email, text or by letter to collect a balance due. If there is no response after, your card on file will be billed for the unpaid balance. If there is no card on file or if attempts to bill are unsuccessful a collections agent will be hired to recoup the balance.

If you incur a credit with me, I talk to you about how prefer to handle this. I can offer credit for future sessions or a refund via original payment method.

Emergencies
I do not offer after-hours crisis support. If you are in crisis, please call either 911 or the Crisis Clinic at 206.462.3222 or 866.427.4747 for assistance.

Contacting Me
To best protect your privacy, it is recommended to <u>not</u> use your work phone, work phone number or work email accounts to contact me. I typically return text messages, phone calls and e-mails within 72 hours. I offer occasional support by phone, email or text in between sessions. This support is limited to 15 minutes of time. Support of more than 15 minutes may be billed at rates comparable to the current session fee. Insurance may not cover telephone support. I make no guarantees of my availability between sessions.

<u>Text and Phone.</u> Text messages are the best way to contact me. I use Spruce, a HIPAA compliant program, for my phone services. You are highly encouraged to use the Spruce App (free to clients) to communicate

and better manage your confidentiality. You can set up the app at: https://spruce.care/0337998905 Text messages and phone calls, as clinically relevant, will be included in your client chart. My phone is password protected and encrypted. I am reached at 206.473.9838

Email. My primary email system is not encrypted. There is a risk associated with email communication and you have the right to choose whether to use email or not. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential.

By providing me with an email address on your intake form you are agreeing to email communication, you may revoke this consent at any time by informing me of your preference. Please see my Email Informed Consent & Social Media Policy for more information. I will protect your electronic information to the best of my ability using password security.

Provider Contacting You

You are consenting to contact at the phone number(s) (both by text and calling/voicemail), email address and home address listed on your intake form and client chart (including Acuity). If this information changes, please inform me of updates. You may revoke this consent at any time by informing me of your preference. I may mail a letter to your home address, send you an email or text as needed for scheduling, clinical or billing purposes. If you prefer that I do not reach you by any or all of these means, please inform me.

Within couples/relational counseling, if a partner is absent, I may reach out and connect with the absent partner.

Therapist Absence & Coverage. If I am unavailable for an extended period of time I will refer you to another clinician for additional support as needed. In the unlikely event of my inability to continue my counseling practice due to illness, injury, or death, my colleague, Teresa Noyes, LMHC, has agreed to contact my current clients to provide notification of my ability to work, and coordinate ongoing treatment, if necessary. My emergency plan has provisions that allow Teresa Noyes access to my client files only in the event that she needs to carry out the emergency plan, and specifies that, in the event I will not be able to return to work, Teresa is to store and subsequently dispose of my client files according to all applicable state and federal laws.

Using Insurance

In-Network. I will gladly work with your insurance company when possible. **If your insurance company does not cover services, you will be responsible for covering the full cost**. You agree that I may bill to your card on file through my booking service (Acuity and Square) for unpaid copays, co-insurance or deductibles.

If you choose to use insurance, you agree to allow me to disclose the following information to your insurance company, as required – a diagnosis from the DSM5, date of service, location of service, and type of service (eg, individual or family counseling). From time to time, insurance companies may require additional information to approve services, this includes treatment plans, progress towards reaching goals and session content. To the best of my ability if this additional information is requested I will inform you prior to releasing this information.

Out-of-Network I will provide you with a monthly receipt of services via email for you to request reimbursement from your insurance provider. If you seek reimbursement through your health insurance, you agree to pay the full fee at time of service.

Potential Risk Using Your Health Insurance. You should be aware that using your insurance benefit (including submitting a reimbursement claim) carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as all computers are inherently vulnerable to hacking and unauthorized access. Medical data has been also reported to be legally accessed by law enforcement and other agencies, which may put you in a compromised position.

Termination

It is your right to discontinue counseling at any time. When possible, please allow one to three sessions to address therapy closure. I continually assess your progress in achieving your goals.

I may determine that I need to refer you to another provider because your treatment needs may no longer fall within the scope of my practice or your goals are not being achieved. If this is the case, I will provide you with referrals to other mental health providers.

If you are terminating couples/relational work due to the end of the relationship or choosing not to attend joint sessions any longer, you are permitting that your partner(s) may continue in the counseling process. When feasible your written or verbal consent given to the provider will be requested.

I will proceed with closing your chart/consider our therapeutic relationship terminated in the following circumstances:

- By our mutual agreement
- At your request
- After 2 missed/no show appointments*
- No show/late cancel of a first/initial appointment
- After more than 45 days have passed since your last kept appointment, without discussion of "dropping in" as needed therapy*
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Should you wish to return to services, your chart will easily be reopened with a kept appointment.
* I will attempt to reach in writing (via mailed letter or email) to inform you of your chart being closed in these circumstances.

Legal and Court-Related Activity

I do not offer reports suitable for court proceedings, or my testimony in legal matters such as divorce or custody cases as part of my services, as I am not trained in forensic psychology. If you are seeking psychotherapy with the knowledge that at some point you will want your counselor to aid you in a legal proceeding or to testify on your behalf, I suggest strongly that you seek another provider that specializes in forensic psychology and has the proper training to be of service to you.

Due to these reasons and also due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney, nor anyone else acting on your behalf will call on me, Pemberley Vander Linden, to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If I am required to testify in court per subpoena by a judge, my rates for court appearances are $600 per hour for travel, waiting, preparation/document review, consultation with attorneys, and giving testimony, with five hours paid in advance. Fees are non-refundable.

Client Rights & Confidentiality

Confidentiality
In Washington State, legal privilege protects the information that you share with me. I will strive to maintain the strictest ethical standards of confidentiality. If I see you together with your partner or with other family members, confidentiality extends to all those involved in therapy and I will not release to third parties any information without first obtaining signed releases from everyone involved. However, the law (RCW 18.19.180) provides exceptions to client confidentiality where *information may be released without your consent.* Please note, when it is possible, we will discuss any exceptions to confidentiality as they arise.

These exceptions include:

- You provide written permission for me to release confidential information to a third party.
- In the event of a medical emergency information deemed necessary for treatment *may* be released.
- In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals may be contacted. This may include the individual to whom a credible threat is made.
- In the event of suspected abuse of a child, dependent adult or elder, the proper authorities *must* be contacted. The abuse does not have to be personally witnessed by the counselor.
- If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
- If ordered by a judge or other judicial officers, information regarding your treatment *must* be disclosed.
- In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
- A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.

Client Rights
Client Choice. You have the right to refuse or terminate treatment at any time. You always have the right to opt of or pass on any question I ask or exercise I suggest. You have the right to choose a practitioner and treatment modality that best suits your needs, and I encourage you to do so. You also have the right to seek a second opinion from another practitioner.

Client Record. By law I am required to keep records of our sessions for five years, after the completion of therapy. **If you prefer that I do not document your sessions with chart notes, you can make this request in writing.** You have the right to request for release of your health information. You may revoke this request at any time. You have the right to inspect and request copies of your medical record. There may be a charge for copies and mailing. You have the right to add information or amend your records. You have the right to complain if you are not satisfied with the services you received.

Unprofessional Conduct
The Washington State Counselor Credentialing Act (WAC 246-810) requires that any counselor practicing counseling for a fee must be registered or licensed with the Department of Health. This law was designed for the protection of the public health and safety, and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. However, registration of an individual with the Department does *not* include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

I take client feedback seriously, if you have any concerns about your experience, I encourage you to discuss it with me so I may address your concerns. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, by phone 360-236-4700 to obtain a list of the acts of unprofessional conduct listed under RCW 18.130.180.

Clinical Consultations

I practice professional consultations for the purposes of my professional development. This is to ensure I am providing you with a high level of care. may at times discuss your situation with other professionals while being very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice.

HIPAA & Notice of Privacy Practices

This section describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include the Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and, as applicable, RCW Chapter 70.02 entitled "Medical records--Heath Care Access and Disclosure." Please review it carefully.

Record keeping practices. Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your *protected health care information* or *"PHI."* I may use or disclose your PHI for treatment, payment, and healthcare operation purposes.

Uses and disclosures for treatment, payment, & health care operations:

Treatment- use and disclosure of health information to provide, manage, and coordinate care; consultants; and referral sources.
Payment- use and disclosure of health information to verify insurance and coverage, process claims, and collect fees.
Healthcare operations- use and disclosure of health information for review of treatment procedures, review of business activities, certification, compliance and licensing activities.

Uses and disclosures that do not require your authorization or an opportunity to object:
Mandated Reporting of Child or Adult Abuse or Neglect. If I have reasonable cause to believe that a child has suffered abuse/neglect, or if I have reasonable cause to believe that abandonment, sexual or physical abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must report the abuse to the Washington Department of Social and Health Services.

Emergencies and Threat to Health or Safety. In the instance when you or someone else is in imminent danger of harm I may disclose your healthcare information for the purposes of safety.

Criminal Activity. I may disclose your healthcare information to law enforcement officials if you have committed a crime on my premises or against me.

Business associates. I may disclose your healthcare information with business associates that I contract with to administer billing, scheduling and/or legal services. My contract with them requires them to safeguard the privacy of your information.

As Required By Law. I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, law enforcements reports, abuse and neglect reports, and reports to coroners and medical examiners in connection with death. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight. I may disclose your healthcare information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that provide financial assistance to me, such as third-party payers (insurance companies).

Uses and disclosures of healthcare information, with your written authorization
I will make other uses and disclosures of your protected healthcare information only when your appropriate authorization is obtained. An "authorization" is written permission that permits specific disclosures. You may revoke this authorization in writing at any time, unless I have taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with healthcare services for which I must submit subsequent claims for payment.

Your Rights Regarding Your Protected Health Information

1. You have the right to inspect and copy your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I will charge you a reasonable cost-based fee for copies.

2. You have the right to ask that I amend your record if you feel that the protected health information is incorrect or incomplete. I am not required to amend it, however you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record.

3. You have the right to request the required accounting of disclosures that I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.

4. You have the right to request a restriction or limitation on the use of your protected health information for treatment, payment, or operations of my practice. I am not required to agree to your request, and in instances where I believe it is in the best interest of quality care I will not honor your request.

5. You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request.

6. You have the right to have a paper copy of this Notice.

7. If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.

Therapist's Duties
This Notice describes your rights regarding how you may gain access to and control your protected healthcare information and how I may use and disclose it. I am required by law to abide by the terms of this Notice of Privacy Practices. Occasionally changes may be made to my Notice of Privacy Practices. Any new Notice of Privacy Practices will be effective for all personal healthcare information that I maintain, whether or not you are still in treatment with me. You may request a copy of the most current Notice of Privacy Practices at any time.

Social Media Policy & Email Informed Consent

This section outlines my office policies related to use of Social Media and email. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. As new technology develops and the Internet changes, there may be times when I need to update this policy.

Email. As there is a risk associated with your use of email to communicate protected health information, I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential**. I do not use an encrypted email for my primary email system, please be aware that email can be intercepted in transmission or misdirected**. By providing me with an email address on your intake form you are agreeing to email communication, you may revoke this consent at any time by informing me of your preference.

If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service provider. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Use of a work email to contact me is unsecure as your employer or IT administrators can have access to your email. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record. Please consider communicating any sensitive information by telephone or in person.

Facebook/Friending. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up and we can talk more about it.

Use of Search Engines. It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Business Review Sites. You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Google Business/Maps, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

You have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to *any* review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I am your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Washington State Department of Health, which oversees licensing, and they will review the services I have provided.

Location-Based Services. If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from my office or if you have a passive LBS app enabled on your phone.

Client Consent to Counseling Services (Client Copy)

_____ (*initial*) I authorize Pemberley Vander Linden, LMFT, to provide counseling services to me. I understand the potential risks and benefits of counseling, and I understand that I may ask questions about my treatment and request a review of my treatment progress at any time. I agree that my request for services is voluntary and that I may discontinue treatment at any time. I acknowledge that no guarantees have been made to me regarding the results of treatment provided. I understand my rights as described above.

_____ (*initial*) I agree to take financial responsibility for my sessions at the rate of $140 per 50 minute session, or as required per my insurance policy, as described in the above section on Fees. I agree to pay for late cancel or missed appointments, as defined within this document. I understand that annual increases in fees occur automatically January 1.

_____ (*initial*) I agree to the late cancel policy and agree to provide 48 hour notice to cancel or reschedule an appointment to avoid the full session fee.

_____ (*initial*) *If I am using my insurance benefits*, I agree to allow the disclosure of the following information to an insurance company or EAP, as required for claims submission – a diagnosis from the DSM and date of service. I permit Pemberley Vander Linden to release to my insurance company additional information to approve services, including treatment plans, progress updates and session content as required by the insurance company.

_____ (*initial*) I am aware of my right to choose whether I want to communicate with Pemberley Vander Linden by email or other electronic means (text, secure app). I am aware of my right to request use of an encrypted email/text system. I understand the risks associated with using a work email or work phone. I indicated the preferred email address and phone number for communication on the intake form and authorize Pemberley Vander Linden to leave me a detailed phone message or send me text messages.

_____ (*initial*) I am aware of my right to Confidentiality and the exceptions. I have been offered a paper copy of this form. I have received a copy of the HIPAA Notice of Privacy Practices and had an opportunity to ask questions. I have also been informed of my client rights in accordance with state and federal laws. I certify that I have read, had explained to me where necessary, fully understand, and agree with the contents of this Disclosure Statement and Consent to Treatment.

_____ _____

Client Signature Date

_____

Client's Printed Name

_____ _____

Counselor *Pemberley Vander Linden, MA, LMFT* Date

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to facilitate ease in double-sided copying/printing

feel free to doodle away!

Client Consent to Counseling Services (Chart Copy)

_____ (*initial*) I authorize Pemberley Vander Linden, LMFT, to provide counseling services to me. I understand the potential risks and benefits of counseling, and I understand that I may ask questions about my treatment and request a review of my treatment progress at any time. I agree that my request for services is voluntary and that I may discontinue treatment at any time. I acknowledge that no guarantees have been made to me regarding the results of treatment provided. I understand my rights as described above.

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_____ _____

Client Signature Date

_____

Client's Printed Name

_____ _____

Counselor *Pemberley Vander Linden, MA, LMFT* Date