

MARRIAGE & FAMILY THERAPY CENTER

Informed Consent

Counseling Relationship

A counseling relationship needs to function under professional guidelines for it to provide maximum benefit. To avoid dual relationship issues, our contact will be limited to counseling sessions or other professional concerns such as scheduling and/or emergencies. If there is contact in another setting, I will protect your confidentiality by allowing you to initiate any interaction that occurs. Sessions are fifty minutes in length for individual, marriage, couples, and family counseling, unless otherwise agreed that they will last longer. The fee for service for Non-Whitworth students is \$25 per session. Cancelling sessions at least 24 hours in advance is preferred, as it will allow others to use the time vacated.

Counselor Qualifications

Counseling services offered through the Whitworth Marriage and Family Therapy Center is provided by interns of the Master of Arts in Marriage and Family Therapy program at Whitworth University. Counselors are supervised by Licensed Marriage and Family Therapists trained in providing supervision to interns.

Video Monitoring/Recording

Counseling sessions may be monitored to provide live supervision to interns and will be recorded for the purposes of review and receiving instruction from Whitworth University MFT faculty.

Effects of Counseling

While benefits are expected from counseling, no specific outcomes are guaranteed. Part of the process is to establish goals and a plan for reaching them. Your time in counseling may lead to major changes in how you choose to view important issues in your life. The exact nature of these changes is not predictable and could affect significant relationships, your job, and your view of yourself. During the counseling process there may be periods of increased discomfort and strong feelings. The intent is to facilitate the best possible outcome based on your goals of counseling. Counseling techniques will be tailored to your presenting issue.

Client Rights

The length of time in the counseling process varies from a few sessions to several years depending on the needs and goals of the client. You are in complete control of this decision and may terminate the counseling relationship at any time. However, I ask that you participate in a termination session when that decision is made. At any time, you may refuse or discuss modifications of any counseling techniques or suggestions.

I am committed to providing my services in a professional manner consistent with accepted legal and ethical standards. If at any time you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, you may contact the center director, Dr. Doug Jones at (509) 777-4430. If you do not feel that I am helping you, I will help to locate another counselor to continue the counseling process. If you feel that any ethical violations have occurred, you may contact the Washington State Department of Health, Health Professions Quality Assurance Office at (360) 236-4700.

Referrals

There may be times that I refer you to other professionals to provide services that will enhance our work. If you and/or I believe that a referral to another counselor is needed, I will provide you with the names of other counselors who may assist you. You will be responsible for contacting and evaluating those referrals. During your time in counseling, you will be expected to allow contact with other professionals such as physicians, counselors, and psychiatrists to maximize quality of care.

Confidentiality

Most communication in the counseling relationship is confidential. However, the following limitations do exist:

- I determine that you are at risk of harming yourself or someone else. This may include physical restraint from self-harm and requesting emergency assistance and transportation to a medical facility.
- You disclose abuse or neglect of a child, an elderly or disabled person.
- You disclose sexual contact with another mental health professional.
- I am ordered by a court or subpoena to disclose information or otherwise required by law to disclose information.
- You direct me to release your records. A Release of Information form will be used for this purpose.

Children over the age of thirteen are considered legal adults when involved in mental health services. Therefore, the same laws as adults govern confidentiality. Before the age of thirteen, communication of confidential information between counselor, client, and parents or legal guardians is at the discretion of the counselor.

Records

All records become the property of Whitworth Marriage and Family Therapy Center. Only my official designee or I may disclose copies of written patient information or release client information. Records are maintained for five years IAW WAC 246-809-035.

By your signature below, you are indicating that you have read and understand this Informed Consent, and that any questions you had were answered to your satisfaction.

By my signature, I verify that the accuracy of this statement and acknowledge my commitment to conform to its specifications.

_____	____/____/____
Client Signature	Date
_____	____/____/____
Client Printed Name	Date
_____	____/____/____
Signature of Legal Guardian (if applicable)	Date
_____	____/____/____
Printed Name of Legal Guardian (if applicable)	Date
_____	____/____/____
Therapist Signature	Date
_____	____/____/____
Therapist Printed Name	Date