



Informed Consent for Treatment Services

LITTLE BIRD PSYCHOTHERAPY, P.S., INC

Welcome to Little Bird Psychotherapy

This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we may discuss them in session. When you sign this document, it will represent an agreement between us.

THERAPEUTIC SERVICES

At Little Bird Psychotherapy (LBP) my approach to treatment is client-centered, trauma-sensitive, inclusive and individualized. My mission is to provide evidence-based psychotherapy that promotes safe exploration of presenting problems, past difficulties and desired outcomes through a collaborative process designed to empower client centered change, build resilience and strengthen relationships while promoting wellness. I have been trained in therapies that are supported by research to reduce distress associated with depression, anxiety, PTSD and a variety of other challenges.

The type and extent of services that you receive will be determined based on your specific needs and symptoms, goals for treatment and treatment preferences discovered through the intake process and diagnostic interview. Through this treatment planning process, information regarding recommended services will be discussed with you so that we may, together, make the most informed and appropriate decisions about what is likely to work best for you. It is important to keep in mind that your treatment interventions and goals may change as the therapeutic process progresses since therapy is a dynamic and active process which requires flexibility.

Therapy can have benefits and risks. As therapy often involves discussing symptoms, triggers, or unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness; sometimes, undesired behaviors or urges can even increase during the course of therapy. Important relationships in your life may be profoundly impacted by the process of therapy, even leading to the ending of relationships that are important to you. Despite these risks, consistent and sound therapy has been shown to be beneficial to those who dedicate themselves to the process.

Therapy often leads to overall reduction in undesired symptoms, a greater degree of self-acceptance and awareness, improved life functioning that can include better relationships, more satisfying experiences at work and/or school, more constructive coping skills and significant reductions in feelings of despair. Therapy is a unique journey for each person so your experience of therapy will be unique to you. A client's commitment and engagement in therapy is known to be a contributing factor in the success of treatment, therefore it is crucial for you to engage openly during session and implement learning and growth during real life situations outside of the therapy room in order for you to maximize your potential benefits.

Psychotherapy involves a significant commitment of time, money and energy and requires courage, vulnerability and trust so it is important that we establish a therapeutic rapport and collaborate to develop a treatment plan that represents your intentions. It is also important for you to truly consider whether I am the right therapist for you because the therapeutic relationship has a large impact on whether therapy is successful. If you have doubts or concerns about any aspect of your treatment, please bring them up as soon as possible so that they may be discussed constructively in session.

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CLINICAL RECORDS AND CONFIDENTIALITY

State and federal regulations* including the Health Insurance Portability and Accountability Act (HIPAA) and professional standards require LBP to keep records of the treatment and services provided. These records, and other information that LBP learns about you through the course of your treatment, is considered “protected health information” or PHI. Extensive measures are taken to ensure the privacy and security of your PHI pursuant to the state and federal* regulations listed in this document. In most cases, you must provide written authorization for your PHI to be used or disclosed. LBP is, however, allowed to use and disclose PHI without your authorization for certain purposes. Examples of these allowed disclosures are:

- If you have plans to kill yourself or hurt/kill someone else.
- If you have plans to hurt society at large.
- If LBP gets a court order for your chart/records.
- If you are, or you make a report of, a minor or vulnerable adult being abused or exploited.

If you receive drug or alcohol abuse treatment/diagnosis at LBP, your records related to that treatment/diagnosis are entitled to further protection under Federal Law (42 CFR Part 2). LBP's *Notice of Privacy Practices*, which was provided to you at intake and is available upon request, provides more information regarding uses, disclosures, and processes regarding your protected health information and drug/alcohol abuse records, if applicable.

It is important for you to know that if you are using your insurance to pay for therapy, your insurance agency has the ability to request your records, request to have a conversation about your treatment, receive updates pertaining to your treatment, and to receive information about your mental health diagnosis. I am required to submit your mental health diagnosis to your insurance agency if you are using your insurance to pay for therapy. If you do not meet the criteria for a mental health diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), your psychotherapy will not be deemed medically necessary and therefore you will not be able to use your insurance for billing purposes.

MINORS

If you are under the state-mandated age of consent (12 years old or younger), please be aware that the law may provide your parents the right to examine or receive a copy of your treatment records. I intend to document your course of treatment accurately and thoroughly, yet with discretion. I will also do my best to maintain your confidentiality while keeping your parents up to date on your progress as appropriate. However, if I believe there is a high risk that you will seriously harm yourself or someone else, I am professionally obligated to notify your parents and/or authorities of my concern.

CLIENT AND STAFF SAFETY

I am committed to providing a safe, supportive, and therapeutic environment for all clients, colleagues and staff. To ensure client and staff safety, I may choose to discontinue services or prohibit an individual from entering the LBP office if a risk to staff or client(s) is determined. Threatening behavior or language will be evaluated and handled on a case by case basis and addressed directly with the overall safety of clients and staff in mind. In addition, various items are prohibited from being brought in to my office, such as weapons (including guns, firearms, knives, and exposed blades), and illegal drugs or other items that may compromise the health, safety, or well-being of clients or staff. If you or your guest brings a prohibited item into the LBT office or displays threatening behavior or language, I may ask you or your guest to remove the item from the premises, ask you or your guest to leave the facility, or in some cases, ask you or your guest to not return to LBP in the future. Determinations on whether a particular item, behavior, or language is “prohibited”, and which of the above responses I choose to take, are my sole discretion.

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VOLUNTARY PARTICIPATION AND TERMINATION

All clients voluntarily agree to treatment and may terminate services at any time without penalty. Psychotherapy involves a large commitment of time, money, and energy, so it is important that you work with a therapist with whom you are comfortable. If you decide that I am not the right fit for you, please let me know so that I can refer you to another practitioner in the community.

CONTACTING ME

I am often not immediately available by telephone. However, if you do need to reach me, you may leave a message on my confidential voicemail and I will endeavor to return calls as soon as possible. Unless specifically arranged, I will not correspond in depth with clients over email, mobile/cellular phone or text message as I cannot guarantee the confidentiality of those communication methods. Additionally, in situations where you need immediate assistance or support, or in emergencies, call 911, the National Suicide Prevention Lifeline at 1-800-273-8255, the Regional Crisis Line at 1-877-266-1818 or go to the nearest emergency room for assistance, rather than contacting LBP.

The State of Washington requires me to disclose the following information to you about LBP:

You may contact the Washington Department of Health (DOH) to look up information on LBP and/or Tiffany Cannon-Keiser (<https://fortress.wa.gov/doh/providercredentialsearch>), and may contact the DOH Health Systems Quality Assurance Complaint Intake (360-236-4700, or PO Box 47857, Olympia, WA 98504-7857) to lodge a complaint regarding suspected unprofessional conduct.

Little Bird Psychotherapy, P.S., Inc
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Spokane, WA 99201
DOH License Number: LH60447414 Washington

*Little Bird Psychotherapy maintains the privacy of protected health information in accordance with the following state and federal regulations: **Washington:** RCW 70.02, RCW 18.83.110 **Federal:** Health Insurance Portability and Accountability Act (HIPAA/45 C.F.R.), Confidentiality of Drug and Alcohol Abuse Records (42 C.F.R. Part 2)

SIGNATURE FOR CONSENT TO TREATMENT AT LITTLE BIRD PSYCHOTHERAPY

My signature below indicates that I have been provided with a copy of this document, I have read and understand it, I was able to ask questions about its contents, and I consent to treatment by Little Bird Psychotherapy. My signature also indicates that I have been provided with a copy of the Notice of Privacy Practices and Statement of Client Rights and Responsibilities.

Client Signature: _____ Date: _____

Client Name (printed): _____ Date of Birth: _____

Parent/Guardian Signature*: _____ Date: _____

Parent/Guardian Name (printed)*: _____

**Required if client is a minor and under the state-mandated age of consent. Age of consent is 13 years old in the state of Washington, clients 12 years old and younger must have Parent/Guardian consent.*