**Consent for Psychological Services**

**Diedre Knowlton, LICSW**

**Vancouver WA**

**(206)941-4474**

Welcome to my practice. I am pleased to have the opportunity to work with you.

This handout is for you to better know what I can offer and to give you an opportunity to make and informed decision about using my services. I want you to choose a therapist and approach to therapy that best meets your needs.

My career in social work started in 2000 with a Masters of Social Work (clinical emphasis) from San Diego State University. My early years in practice were in psychiatric hospital settings and a collaborative group practice. I participated in programs for seniors in downtown San Diego, CA to assist with accessing medical care and housing. Community work was very meaningful to me. I moved to Seattle in 2011 and opened my office 2013.

As we begin our work together, we may find that you have areas of concern that are outside my area of expertise. I will gladly find referrals for professionals who might better manage those concerns. You are always free to discontinue therapy.

**Treatment Philosophy**

My approach to therapy is rooted in evidenced informed modalities. I will introduce concepts and tools from several different treatment philosophies to help with symptoms of distress. You will have the opportunity to actively use them both in the office during sessions and at home. We will learn what works best and what doesn’t as our relationship develops and I better understand your strengths.

By collaborating in an open and honest way, we can create a relationship of trust. My hope is that you can learn to enhance relationships, reduce symptoms of distress and create solutions to problems.

**The Process of Therapy**

Therapy can cause an increase in strong emotions, thoughts and feelings. This can feel uncomfortable and I encourage you to discuss this with me ongoing. The benefits can include greater resilience, a better sense of self, improvement in mood and strengths to help manage difficult emotions, thoughts and feelings.

**Appointments**

Generally, sessions last 50 minutes. If I am running late, I will make up that time with you. Your time is reserved for you and I require 24hrs notice of cancellation. Of course, I can waive this if you are too sick the day of your appointment. I charge clients my full fee (insurance will not pay for this) the 2nd time and; thereafter, each time an appointment is missed without notice. When clients fail to give notice and not show up a few times in a row, I attempt contact. If I do not hear back, I decide treatment has ended. You are welcome to call and we can discuss ongoing work together.

I can be reached at 206-941-4474. You are welcome to text scheduling information but please do not put personal information in a text as it is not secure. I do not keep your information in my phone so include a first name when calling and leaving a message or texting.

I check my phone for messages several times a day Monday through Thursday periodically Fridays and over the weekends. I always try to return calls within 24 hrs. I will usually have an out-of-office message if I am going to be gone for more than several days. Typically, we will have talked about vacations when in session.

**Fees**

My 50-minute fee is $120.00. In addition to weekly appointments, I charge on a prorated basis for other professional services you may request such as reports or telephone conversations longer than 15 minutes. Payment is expected at each session unless other arrangements have been discussed.

**Confidentiality and Emergencies**

By law, everything we discuss in therapy is confidential. This means no one even knows you are working with me unless you tell them or you authorize me in writing to release specific information. The important exceptions to this are:

* If you are a danger to yourself or others
* If the information involves the abuse of a child or dependent adult
* If I am required by a court order to give information

If there is an emergency that causes me to be concerned about your personal safety, you need to know I am a mandated reporter which means I will attempt to get help for you. Circumstances that could cause me to contact your personal reference or emergency services include: the possibility of you harming yourself, someone else or requiring psychiatric or medical care.

If an emergency arises, call the police at 911, 25 hr crisis line at 866-427-4747 or the King County Community Resource Line at 211.

**Professional Records**

Professional standards of my profession require I keep appropriate treatment records. You are entitled to receive a copy of these records unless I believe seeing them would be emotionally damaging, in which case I will provide them to an appropriate mental health professional of your choice. Your records come under the law regarding “privilege” which means they are your property and will never be released without your permission. I charge an appropriate fee for any preparation time needed to comply with an information request.

**Insurance**

I am on a few insurance panels and we can discuss this in the office. I will provide you with whatever assistance I can in facilitating your receipt of the benefits to which you are entitled. Some mental health services are not covered by insurance and it is your responsibility and it is your responsibility to understand what is covered. You always have the right to pay for services yourself and avoid these complexities and having to reveal your diagnosis to your insurance company. I am happy to give you a superbill or submit claims to the few companies with whom I am contracted.

**Diedre Knowlton, LICSW**

206-941-4474

I have read the office policies and I agree to treatment and abide by the terms therein.

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I allow Diedre Knowlton to release information to my insurance company for billing purposes only. This information includes my name, the date of service, the financial cost, the type of service and the diagnosis of my mental condition.

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For treatment of minors, parents or guardians must sign below.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent thatDiedre Knowlton will be conducting psychotherapy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_.

My relationship to the client (parent, self, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was notified that the holder of the privilege is (parent, self, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of minors, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Diedre Knowlton’s judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

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Name (print) Relationship Signature Date

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