

practitioner disclosure statement

Rachel Lund, MA, LMHC

206.414.8918

rachel@rachellundcounseling.com

7220 Woodlawn Ave NE #306

Seattle, WA 98115

Education, Experience & Licensure:

I hold a Masters in Counseling Psychology from The Seattle School of Theology and Psychology in Seattle, Washington. In this program, I earned 300 hours of practicum and supervision experience. While in school, I interned at Seattle Therapy Alliance, where I worked directly with individual clients on a weekly basis. I am a Licensed Mental Health Counselor (LMHC) in the state of Washington. In addition, over the past two years I have undergone specialized training in a brain systems approach to neuroplasticity in psychotherapy called the Complex Integration of Multiple Brain Systems (CIMBS).

The Therapy Process

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, and the goal is your well-being. There are also certain limitations to those rights that you should be aware of. Your therapist has corresponding responsibilities to you.

Clientele, Services, & Techniques:

My technique is grounded in psychodynamic theory, including an eclectic approach borrowing from relational psychoanalysis, attachment systems, and an interpersonal neuropsychological perspective. I believe change happens not just as we have new insights, but as those insights are connected to a new relational experience, such as what is fostered in the therapeutic relationship.

My education and training is in a broad range of areas, but I am interested in working with anxiety, depression, trauma (PTSD), abuse, eating disorders, self-harm, identity development, life transitions, life goals and career enhancement, and relationship problems.

We will explore your problem, focusing on finding its source and solution, addressing the complexities that the problem presents for you. We will take the insight gained about your past and apply it to the present with the mutual goal of restoring hope and bringing a sense of wholeness, compassion, and freedom to your life. We will do so through collaboration and conversation, as well as other tools as they are deemed helpful or necessary. Also, I believe body, mind and soul are connected, and when one part of you suffers, all areas in your life are affected. Therefore, medical consultation may be advised in conjunction with therapy.

Confidentiality:

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy within the training context described in the first paragraph of this consent form. Your therapist cannot and will not tell anyone else except a consulting practitioner or a peer consultation group what you have told her, or even that you are in therapy with her, without your prior written permission. Under the provisions of the Health Care Information Act of 1992, a therapist may legally speak to another health care provider or a member of your family about you without your prior consent, but your therapist will not do so unless the situation is an emergency. Your therapist will always act so as to protect your privacy even if you do release that person in writing to share information about you. You may direct your therapist to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you; if you wish to do so, please discuss this with your therapist.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. If you elect to communicate with your therapist by email at some point in your work together, please be aware that email is not completely confidential. All emails are retained in the logs of the internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

The following are legal exceptions to your right to confidentiality. You would be informed at any time when these exceptions will have to be put into effect.

1. If your therapist has good reason to believe that you will harm another person, the therapist must attempt to inform that person and warn them of your intentions. The therapist must also contact the police and ask them to protect your intended victim.
2. If your therapist has good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give your therapist information about someone else who is doing this, your therapist must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If your therapist believes that you are in imminent danger of harming yourself, she may legally break confidentiality and call the police or the county crisis team.
4. If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of Washington, your therapist is required by law to report that conduct to the Dept. of Health.
5. In response to a subpoena, your therapist may be required to submit her notes or information regarding your case, in which case your therapist will do everything in her power to protect you as a client. However, if my therapist is subpoenaed by the Court, I understand that court testimony on my behalf is charged at a higher rate of \$300.00 per hour including: testimony related matters like case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time. Signing this disclosure statement gives permission for me to release confidential information in courtroom testimony and written reports to the Court if legally requested by the Court.

Other Rights:

You have the right to ask questions about anything that happens in therapy. As your therapist, I am always willing to discuss how and why I have decided to do what I am doing and to look at alternatives that might work better. You can feel free to ask to try something that you think will be helpful.

You are free to leave therapy at any time. You have the right to refuse anything that your therapist suggests. Therapists do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power they have as a therapist.

You are also free to discuss your treatment with anyone you wish, and you do not have any responsibility to maintain confidentiality about your therapeutic experience since you are the person who has the right to decide what you want kept confidential.

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you already have. You may find your relationship with your therapist to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

Therapy may be ended under the following conditions: If the supervisor judges that the therapist is not able to help you because of the kind of problem you have or because the trainee's training and skills are not appropriate, you will be informed of this fact and referred to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass your therapist or the office or ask your therapist to engage in any illegal conduct you will be unilaterally and immediately terminated from treatment. No referrals will be provided in that circumstance.

Complaints/Unprofessional Conduct:

If you're unhappy with what's happening in therapy, we hope you'll talk about it with your therapist so that she can respond to your concerns. She will take such criticism seriously and with care and respect.

If you suspect that your therapist's conduct has been unprofessional in any way, you may contact the Department of Health at the following address, phone number or email:

Health Professions Quality Assurance
Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7869
360.236.4700

Emergencies & Phone Numbers:

I check my messages regularly throughout the business day, but do not offer evening and weekend crisis coverage. If you are experiencing an emergency outside of regular office hours (after 5 pm weekdays or over the weekend), please call the Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. Feel free to leave messages on my voicemail; calls will be returned as quickly as possible.

Termination of Therapy:

Therapy is a joint effort between therapist and client. In order for therapy to work, it is crucial to keep the lines of communication open. Please come and talk to me about any concerns you have regarding our work together. Closure is an important part of the therapeutic process, so I ask that clients agree to a closure session to adequately honor the work they have done in therapy.

Client Consent to Psychotherapy:

Your signature below indicates that you have read and understood this disclosure statement and asked any questions you may have had. I consent to therapy with Rachel Lund, and understand and agree to the policies and conditions states above. I also agree to a fee of \$___ per session for therapy, and understand that a 24-hour cancellation policy applies.

Signature of Client / Date

Signature of therapist / Date

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