



Counseling Ordinary Courage

Live with Meaningful Connection

PSYCHOTHERAPY DISCLOSURE STATEMENT, AGREEMENT & CONSENT FORM

The State of Washington requires that clinicians provide clients with Client Disclosure Information, which clarifies the rights and responsibilities we share. The following information is for Taylor Nolan and is provided to help you determine if her service, as a therapist, matches your needs as a client. It contains information about your rights as a client, her education and licensing requirements, therapeutic philosophy, services and appointments, fees and payment policies, insurance, and ethical and professional standards. Please read the following and ask any questions that would help you determine whether working with us would be a good choice for you.

RIGHTS AS A CLIENT:

As a client receiving services, you have the right to:

- ❖ Have full and complete knowledge of your therapist's qualifications and training.
- ❖ Be fully informed regarding the financial terms under which services will be provided.
- ❖ Discuss your treatment or testing with anyone you choose, including another therapist.
- ❖ Have a detailed explanation of any procedure or form of treatment prior to their initiation.
- ❖ Have direct access to your treatment records.
- ❖ Refuse any treatment you do not want
- ❖ Have pertinent information shared with another therapist, or any other party, provided you sign a release of information, and/or specify in writing that information not be released to certain individuals.
- ❖ Question the practice and competence of your therapist, and if you desire, to file a formal complaint with appropriate professional or legal bodies.
- ❖ Request a copy of the ethics code that governs your therapist's practice.
- ❖ Terminate treatment at any time for any reason.
- ❖ Choose a mental health provider and treatment modality that best suits your needs

EDUCATION & ASSOCIATIONS

Taylor Nolan is a Licensed Mental Health Counselor Associate (LMHCA) in Washington State (MC 60672879). The National Board for Certified Counselors (NBCC) has certified Taylor as a National Certified Counselor (NCC). She received a Master of Science degree in Clinical Mental Health Counseling from Johns Hopkins University in Baltimore, Maryland, a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards. During graduate school Taylor was inducted in Chi Sigma Iota, the Counseling Academic and Professional International Honor Society. Taylor also received a Bachelor of Science degree in Psychology and Human Services from Stevenson University in Owings Mills, Maryland. She is a member of the Psi Chi International Honors Society, which she was inducted into during her undergraduate studies. The American Counseling Association (ACA) recognizes Taylor as an active member. Taylor is active in continuing her education by attending webinars and trainings in the mental health field.



Counseling Ordinary Courage

LICENSING REQUIREMENTS

As an LMHCA, Taylor is required by the Washington State Department of Health to engage in supervision until the required number of postgraduate experience is reached. Taylor is supervised by Jill Forsberg, MA, CMHS, LMFT and can be reached at jillf@jsttherapy.com Taylor also seeks on-going consultation from other experienced therapists. This is to ensure she is bringing you the best care possible. Therefore, there may be times in which she shares pieces of your story with a consultation group. When sharing such information she will protect your privacy and limit the information she shares to the minimum necessary.

THERAPUETIC APPROACH

My approach for counseling is dependent on you. I tailor my techniques to what is appropriate and what works for you. Overall, I tend to take a person-centered approach in which I am relating to you on a purely humanistic level. This means that I maintain a nonjudgmental mindset with unconditional positive regard for you and your growth throughout the therapeutic process. My treatment has a focus on vulnerability, connection, and relationships. I believe that vulnerability is at the core of our problems, both big and small. Now I understand that vulnerability isn't something we want to experience, but it is essential for us to experience connection and is what allows us to thrive in all of our relationships. I aim to provide a safe space for you to process your thoughts and feelings around issues that are important to you. The direction of your treatment is dependent upon you, and I'm here to help you help yourself on areas that you want to process or grow in.

During the course of therapy I will utilize a variety of psychological approaches according to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to, cognitive-behavioral, cognitive, psychodynamic, feminist, existential, system/family, developmental (adult, child, family), humanistic, solution-focused, or psycho-educational.

THE PROCESS OF THERAPY

Psychotherapy is one of the most challenging and rewarding experiences an individual can undertake in their lifetime. I have respect for this process and the courage it takes to engage in this experience. I honor your willingness to be vulnerable, open, and honest. Participation in therapy can result in a number of benefits to you, including but not limited to: improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy, increased level of satisfaction in relationships and self-esteem. However, working towards these goals is not easy and it is not always comfortable. Sometimes in psychotherapy things may start to feel worse (because of repressed issues and focused work on feelings) before things get better. This may be a natural part of the psychotherapeutic process. I encourage you to discuss these issues in our sessions. Engaging in psychotherapy takes effort on your part and requires active involvement, vulnerability, honesty, and openness in order to see change in your thoughts, feelings, and/or behaviors. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

I use an integrated approach to treatment; sometimes using more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.



Our relationship, as client and counselor, is essential to your therapeutic experience. The therapeutic relationship is something we will discuss throughout treatment. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly.

SERVICES & APPOINTMENTS

I provide individual therapy that may include the participation of parents/guardians and other significant family members or partners. Services are counseling focused, as I am trained in this area of practice—not law, medicine, finance, or any other profession. If there are services you could benefit from that I cannot provide, I can provide a referral for a professional competent for your needs. You have a right to ask me about such other treatments. If for some reason the treatment between us appears to not be suiting your needs, I might suggest you see another therapist or professional for evaluation. Ethically, I cannot continue to treat you if my treatment is not working for you. If this is the case, I will assist you with finding a qualified therapist who can. You have the right to choose a mental health provider and treatment modality that best suits your needs.

Appointments are scheduled through me, either at the end of our session, over the phone, or by email. However, please note that I cannot guarantee confidentiality communicating through mediums such as email or text. The time and frequency of our sessions are dependent upon our mutual agreement. Sessions are usually 50 minutes in length, but I can also offer 60-minute sessions for an increased fee. Therapy sessions will not be extended due to late arrivals. A session may be canceled by telephone or email without charge if I am given notice 24 hours prior to the appointment time. You will be charged the full fee from the credit card or check on file for a missed session or when cancellations are received less than 24 hours in advance. This ensures that I can see other clients in the opening and can plan accordingly.

FEES AND PAYMENT POLICIES

Clients, or their responsible legal guardian, are responsible for payment of all fees associated with services provided. If, without prior written agreement, no payment for services has been received after 90 days, minimal identifying PHI and amount due may be submitted to a collection agency, per the Notice of Privacy Practices. The fee for a 50-minute individual session is \$110.00 and \$120.00 for a 60-minute session. Payment is to be made at the time of the session in the form of cash, check, or credit card (a fee may be applied to credit card transactions). Additional services such as the reading of documentation, writing letters, talking to other care providers, or telephone consultations will be billed at the regular session rate of \$1.60 per minute. I request all clients leave a credit card on file to cover missed appointment fees. You can elect to pay these fees with cash or check; however, I request that you still leave a card on file. I reserve the right to revise my fee; given there is an advance notice to the client. Sliding scale fees can be arranged on a case-by-case basis.

INSURANCE

If you wish to seek reimbursement for my services from your health insurance company, I will complete a receipt that you may submit to your insurance carrier. Insurance companies vary greatly in their coverage of “outpatient mental health services”, so you may wish to call your carrier to make certain that services provided by an “out of network provider” and/or registered counselor are covered. If your carrier requires a diagnostic code, I will discuss my diagnosis with you before I submit this information.

ETHICAL AND PROFESSIONAL STANDARDS

WASHINGTON STATE LAW



Counseling Ordinary Courage

I honor all regulations in the 18.225 RCW. The purpose of the law is: (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

CONFIDENTIALITY

As a counseling client you have privileged communications under state law. With the exceptions of situations listed in my Notice of Privacy Practices, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality. For the benefit of my clients and my own professional growth, I sometimes seek consultation with other professionals. Should I discuss your circumstances in this professional context, I will not disclose your identity. There are three mandatory exceptions, as stipulated in Washington Law, regarding disclosure of treatment information without your consent:

- 1) If your therapist believes there is a danger that you will do harm to yourself or someone else;
- 2) If there is evidence of child or elder abuse, neglect, or molestation; and
- 3) When directed by a court if you are involved in civil litigation or criminal prosecution.

COMPLAINTS

If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, HSQA Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-4700 or access online forms and information at www.doh.wa.gov/hsqa.

EMERGENCIES

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult. In case of an emergency during non-office hours or if for any reason you are unable to contact me by telephone and you are having a true emergency, please call the Crisis Clinic (206-461-3222), or the King County Crisis and Commitment Services at (206) 263-9200 or 911 or check yourself into the nearest hospital emergency room immediately if your personal safety or mental health is at stake.

COMMUNICATION: E-MAILS & CELL PHONES

It is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all e-mails that go through them. Please indicate your preferred method of communication on the New Client Intake Form. I will honor your desire to communicate through the method you indicate. If you communicate confidential or private information via e-mail or text message, I will assume that you have made an informed decision, and will view it as your agreement to take the risk that such communication may be intercepted. I am open to phone calls between sessions, however, phone calls that last more than 10 minutes will be charged at my hourly rate. I prefer not to discuss therapeutic matters over email or text messages, and ask that these means of communication be limited to logistical matters.

PROFESSIONAL BOUNDARIES

It is my intention to maintain a relatively comfortable, safe, and professional environment where I consider your best interests my priority. Because I have the utmost respect for you and our therapeutic relationship,



Counseling Ordinary Courage

Live with Meaningful Connection

professional boundaries are essential so that no harm or damage is done. I uphold the following practices regarding professional relationship boundaries:

- 1) I will not, at any time, have a social relationship with you outside of my office, even after we have ended our therapeutic relationship.
- 2) Because I do have an Internet presence (listings on Yelp, Psychology Today, etc.), it is possible for you to place unsolicited reviews on those sites of my business and me, if you wish. It is very important to your treatment that you communicate your intent to do so prior to actually doing it. This is to keep communication flowing between us. In other words, if you have feedback for me (positive, negative, or ambivalent) it is best for us to discuss them in person as they are likely very important for your treatment. I always appreciate word of mouth referrals to your friends and associates.
- 3) I will not, at any time, have physical or sexual contact with you. This excludes handshakes and the like, but only when or if you initiate. None of these are expected from you.
- 4) I will not, at any time, accept any gifts from you.
- 5) If I were to see you in public at any time, I will not initiate any contact with you, out of respect for your confidentiality. If you initiate I will respond in kind, but no further than you offer.
- 6) I will not, at any time, have a relationship with you beyond my range of psychotherapy, counseling and referrals, and the collection of fees for these professional services.

SOCIAL NETWORKING AND INTERNET SEARCHES

I am aware that clients may conduct a web search on me before the beginning of therapy or during therapy. If you have concerns or questions regarding anything you find about me online, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

REFERRALS

I understand that Taylor Nolan desires to maintain strict confidentiality. This includes not discussing with any person that may have referred me that I have entered into a professional relationship with her. However, I may grant Taylor permission to express her gratitude to the person who referred me, which would involve mentioning of my name (no other information would be revealed). I give Taylor Nolan permission to express her thanks to *[optional]* _____, by initialing here *[optional]* _____.

PSYCHOTHERAPY AGREEMENT & CONSENT

CONSENT TO PARTICIPATE IN PSYCHOTHERAPY:



Counseling Ordinary Courage

- ✓ I have read, to completion, the Psychotherapy Disclosure Statement and Notice of Privacy Practices carefully (total of 6 pages) and have had an opportunity to clarify my concerns and questions with Taylor Nolan, MS, NCC, LMHCA. I understand them and agree to comply with them.
- ✓ I understand that if I have any questions or would like additional information, I am free to ask during the initial session and any time during psychotherapy process.
- ✓ I understand that confidentiality cannot be assured for electronic communication like cell phone and e-mails. I do not hold Taylor Nolan responsible or liable for breach of confidentiality if I choose to communicate with my psychotherapist by these electronic means. I also give permission for such electronic communications to take place in consultation and supervision by my psychotherapist, who shall make efforts to exclude personally identifiable information in such communications.
- ✓ I understand that fees are payable at my session, in the form of check or cash. I understand that if I must cancel my appointment to contact Taylor at least 24 hours in advance. I understand that I will be responsible for the fee when cancellations are received less than 24 hours in advance.
- ✓ I understand that sometimes in psychotherapy things get worse (because of repressed issues and systematic dynamics) before things get better. I understand this may be a natural part of the psychotherapeutic process. I understand that Taylor encourages her clients to discuss these issues.
- ✓ I have received and reviewed this Psychotherapy Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

PAYMENTS

I understand that Taylor Nolan requests all clients leave a credit card on file to cover missed appointment fees. I authorize Taylor Nolan to bill the credit card listed below for relevant fees as outlined in her disclosure form.

Name on card: _____ Card# _____
Card Expiration Date: _____ Security Code: _____ Billing Zip: _____

not fully competent to give informed and willing consent.

Taylor Nolan, MS, NCC, LMHCA

Date

| |
|---------------------------------------|
| _____ Client Name (Printed) |
| _____ Client Signature |
| _____ Date |

I, the counselor, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is