

## Offices Practices/Consent to Treatment

Welcome to my practice – I appreciate the opportunity to serve you. This document contains important information about my professional services and business policies. Please ask me if you have specific concerns or questions about this information.

**Therapist:** The undersigned is a mental health professional in private practice providing mental health care services to clients directly. The undersigned is a mental health professional in private practice providing mental health care services to clients directly. In addition, the undersigned therapist provides all mental health services through Cypress Counseling Center.

### Qualifications:

- M.A. in Counseling Psychology from Northwest University, Kirkland WA – July 2011
- Licensed Mental Health Counselor - Washington State License #LH60627233
- Certified EMDR Therapist
- Experience providing individual and group mental health counseling since 2011
- Trauma Specialist since 2012

### State Information:

Counselors practicing counseling for a fee must be registered, certified, or licensed with the Department of Health for the protection of the public health and safety. Registration, certification or licensure on an individual with the department does not include recognition of any does not include recognition of any practice standards, not necessarily implies the effectiveness of any treatment. The Counselor Credentialing Act (RCW 18.19) is the law regulating counselors. Its purpose is 1) to provide protection for public complaint for public health and safety, and 2) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit act of unprofessional conduct.

Department of Health: PO Box 47857, Olympia WA 98504-7857, (360) 236-4700

**Understanding the Therapeutic Process:** Therapy, whether for adults, teens or children, is most effective when family members and the therapist make a commitment to the therapeutic process. Our first few sessions will involve an evaluation of your needs, from which I will provide impressions of what our work will include and an initial treatment plan. Ideally, the therapy office becomes a safe and private place for the client to explore feelings, beliefs and challenges. This is best accomplished when a confidential relationship exists between the client and the therapist.

**Psychotherapy has Both Risks and Benefits:** As with any effort to create lasting change, psychotherapy requires time, energy and commitment. Psychotherapy can feel frustrating because we often cannot control the pace of change. On the path toward healing, clients may experience an increase in painful feelings; this is a normal part of the process. Usually people find psychotherapy helpful, although it can cause disappointing or unexpected outcomes. If you have concerns about your progress or any aspects of treatment, I invite you to discuss this with me in person or in writing. You are free to terminate at any time; however, I hope you will discuss this prior to stopping. I can give you a referral to other providers

if you choose to discontinue our work together. If we cannot resolve your complaints, or if you feel I have acted in an unprofessional manner, you may contact the State of Washington Department of Health.

### **Terminating Therapy**

I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.

I understand that if I withdrawal from Cypress Counseling Center and want to reengage in counseling with said center, that I may be put on a waitlist until an available spot opens up.

### **Number of Visits**

The number of sessions needed depends on many factors and will be discussed by the therapist.

### **Length of Visits**

Therapy sessions are 50 minutes in length.

### **Relationship**

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. The therapist cares about helping you but is not in a position to be your friend or to have a social or personal relationship with you.

Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

**Payment:** Your payment is due in full at the time of service, unless other clear arrangements are made with me. You may make a debit or credit card payment at the time of service. A credit card is required to be on file through Square Point of Sale for sessions and/or missed no show appointments. A credit card authorization form is attached.

### **Fees:**

**Individual Counseling:** \$90-\$150 per 50 minutes session depending on household income.

**Telephone Calls:** Any phone call longer than five minutes will be charged at your regular rate (\$90 -\$150 up to 60 minutes)

**Letters:** Should you need me to write any letters on your behalf, you will be charged at the regular rate (\$75-\$120/60 minutes) for the time required to write the letter

**Appointment Cancellation:** Appointments cancelled with less than 24 hour's notice will be billed to you, at the rate of the normal office visit, since that hour has been reserved for you. Please note that third-party payers will not pay for a missed session. Since the cancellation policy applies if there is no

communication and no show. With sufficient notice, appointments can be rescheduled. Counseling will be terminated if there are 2 consecutive no shows and you will be placed on the waitlist if you call to reschedule. All invoices must be paid before scheduling your next appointment.

**Telephone Contact and After-Hours Coverage:** To reach me by telephone, call (425) 418-1096. You may leave a confidential message and I will return the call as soon as possible, although this may take more than 24 hours. It's my policy to limit contact between sessions (whether via phone, email or text) to discussion of scheduling; therapeutic issues will be discussed only during a scheduled appointment. If you are experiencing a crisis and in need of immediate assistance, please contact the Crisis Call Center at (206) 453-1408 or an emergency service such as a hospital emergency room. As a private practitioner who treats many clients, I am not available for crisis intervention between sessions. If you feel your child's/ family's situation is too acute to be treated on a weekly outpatient basis, please let me know. We can discuss adding appointments or referral to a practitioner or clinic more suited to your needs.

**Confidentiality:** Our discussions are kept confidential. Information is never released to anyone, including your spouse/partner or family, without your written consent, except as required by law or ethical conduct as noted below:

- 1) I am required by law to report any suspicion of abuse or neglect of children or vulnerable/elderly adults
- 2) If a threat of physical harm is made against yourself or toward a specific person, I will take steps to protect those in danger. This may include notifying law enforcement personnel and the intended victim, contacting a friend or relative, hospitalization, or referral for medication assessment.
- 3) If the issue of your mental status is raised in a court of law, the information in your case file can be subpoenaed and I can be compelled to testify about your treatment and your mental health. Examples of situations in which this might occur include: SIIS claim, competency hearing, insanity plea, child custody suit, being a witness or a defendant in a criminal case or law suit, or issues related to emotional damage or mental distress. I will not release information to the court without your permission (or the parent/guardian's permission) unless I am ordered to do so by a court order. If an individual who participated in couple or family therapy does not wish to release information to the court, I will attempt to refrain from releasing information, unless ordered by the court. Please note, if you are or expect to be involved in a court action, it is my policy not to testify or otherwise participate in any legal proceeding unless I am legally compelled to do so.
- 4) Your records will be released if you file a complaint with a professional licensing board.
- 5) To provide the best possible treatment, I regularly consult with other professionals about my cases; no identifying information will be given in these consultations.
- 6) I make all efforts to protect your confidentiality when I call you. If you have special instructions for how I leave a message, please let me know; otherwise, I usually state my name, and leave a brief message. I ask that you return the call as soon as possible.

**Emergency Contact**

In the event that the therapist reasonably believes that I am in danger, physically or emotionally, to myself or another person. I specifically consent for the therapist to warn the person in danger and to contact the following persons in addition to medical and law enforcement personnel:

NAME TELEPHONE NUMBER

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**Electronic Communication and Confidentiality:** My office phone is a cell phone. If we speak on the phone, or communicate via text or email, there is (as with any electronic communication) a small risk of interception by a third party. Your signature below constitutes full acknowledgement of this potential risk to your confidentiality, and a waiver of any liability on the part of Cypress Counseling Center, Michelle Langstraat LLC for any breach of confidentiality resulting from electronic communication.

**Disputes**

All disputes arising out of/or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral party chosen by agreement of Michelle Langstraat, MA, LHMCA and client. The cost of mediation, if any, shall be split equally, unless otherwise agreed.

**Client Records/Court Appearances**

I do not appear in court but will submit my records to the judge if subpoena is requested by the court. The case notes that I keep belong to the client and can be copied at your request with a two-day turnaround time. As per WAC 246-809-035 I retain client records for five years from termination of services.

I have read, understand and agree to abide by the office practices, limits of confidentiality, and financial arrangements as described in this consent form.

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Client/Parent (PRINT) Date

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Client/Parent Signature Date

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Michelle Langstraat, MA LMHC

Therapist

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