

INFORMED CONSENT FORM FOR COUNSELING

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GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

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THE THERAPEUTIC PROCESS

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, challenge your ways of thinking, or feedback from your partner which is hard to hear. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and highlight repeating patterns, as well as to help you clarify what it is that you want for yourself.

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CONFIDENTIALITY

Gaaren Anderson, LMFT maintains confidential records of your contact, & the services provided to you, in order to ensure continuity & coordination of care. By clicking agreement below, you understand that confidentiality is maintained, & disclosures are made only in accord with:

- 1—your written consent
- 2—reimbursement from insurance companies / third-party payers requires Date Of Service, Diagnosis, etc.
- 3—billing, Authorization & Treatment Planning information with your managed care organization. (Your insurance company provides a statistical report to your employer.)
- 4—safety of you or others(physical/sexual abuse, homicide, suicide, violent crimes—CPS Mandatory Reporting Requirements, elder abuse/neglect, & other safety requirements apply to counselors),
- 5—required by law, such as a court subpoena
- 6—national security considerations (i.e., intensive background check for people applying for jobs involving classified military contracts, etc)
- 7—consultation—in order to provide the best treatment for you, information about you may be shared in this context without using your name.

I try to respect people’s privacy outside of therapy, so I may not respond much if we run into each other at the store, online, or somewhere else.

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FEES

Full RATE for intake session=\$125 & all other sessions=\$95. This is discounted down to \$75/session (“Cash Discount”) if paid at time of service, so we avoid billing time/expense. If you have insurance which applies, your out-of-pocket will depend on your insurance policy. We will confirm the insurance coverage & inform you of the benefits, usually by the second session. Whatever payment is due, is generally expected at the time of each session, and is usually subtracted from the bank card you have put on our SimplePractice portal.

Any involvement with court/attorneys is billed at \$150/hr including travel.

BILLING—If we do have to bill, a 1st statement will be sent

30 days=2nd Notice—cash discount no longer applies

45 days=Final Notice before being sent to collections department

60 days=Collections Dept—Charging 1% per month on remaining bal
NO SHOWS—It is important to attend every scheduled session to receive benefit. If you are unable to keep an appointment, please call (253) 804-9596 at least before 9am that morning to avoid charges. We reserve the right to terminate services for multiple NoShows or non-payment, or to temporarily suspend services until balance is paid.
NSF Checks—\$30 charge on checks returned for insufficient funds.

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ABOUT THE THERAPIST

Washington State Law requires that counselors provide clients with brief information on the therapist's qualifications, and on the client's rights as a consumer.

Gaaren Anderson earned his
Master's Degree (M.Ed.) in counseling (1981)
And his Bachelors (B.A.) in Psychology (1977)
From Brigham Young University
He is Licensed in the State of Washington as a:
–Licensed Marriage & Family Therapist (LMFT)
–Licensed Mental Health Counselor (LMHC)

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