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INFORMED CONSENT AND DISCLOSURE STATEMENT

Welcome to my practice. Please read this information carefully and sign the consent for treatment at the end. The information in this document is provided to you so that you can make an informed decision about engaging in services. If you have questions about the information provided, please contact me. When you sign this document, it will represent an agreement between us.

BACKGROUND

Jennifer Auger is a Licensed Marriage and Family Therapist who earned her Master of Science in Marriage and Family Therapy from Seattle Pacific University in June 2012. She has been conducting therapy since January 2010 and has a background in working with clients in a community mental health agency. Through her work with individuals and families, Jennifer has gained skills in working with trauma, domestic violence, family discord, parenting issues, and other family concerns. She has experience running groups as well as working with couples, families, and individual clients.

PARTICIPATION

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist and client and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

While your active participation is necessary for progress, your decision to be in counseling is voluntary. It is up to you when you would like to start counseling, how often you would like to meet, and when to terminate. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the counselor you select. If you have any questions

about my procedures, we should discuss them whenever they arise. If your doubt persists, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Counseling is interactive. I like to collaborate with clients and I find that mutual participation is the key to success. The process will be most effective when both you and I are open, honest, and willing to share. As we build a strong therapeutic relationship, active participation is vital to meet your goals. You need to follow the given recommendations and complete homework assignments for you to get to your intended destination.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Yet, there are no guarantees of what you will experience.

After agreeing to counseling we will set regularly scheduled appointments. Initially we should plan on several sessions to orient ourselves to each other and the issues we will be working on. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. After our first few sessions together, we will make a mutual decision to continue or stop. Generally, we will reassess our situation every five sessions or so and make a decision to stop or continue.

The best contribution I can give to our work together will be to listen and help you to reflect and understand your situation from different perspectives. I will respond non-judgmentally to you. I like to share experiences and ideas as they seem relevant to your situation and will continually help you seek your own path to resolve issues in a healthy manner. I am here to help you find better solutions for the problems you are facing. Most importantly, I am here as a support to you in your development.

CONFIDENTIALITY

Your sessions will be confidential in accordance with applicable laws and ethical practices. In sessions I may take notes and will create a written record of observations for your file. You will have complete access to your file for review upon request.

Under applicable state laws and ethics, there are possible circumstances in which I am required to provide information to the appropriate authorities. These circumstances are intended to protect the safety of you and others. They include:

- When you have indicated serious potential harm to yourself or others;
- When you have indicated awareness of abuse or neglect to anyone less than 18 years of age, a dependent adult, or a developmentally disabled person;

- When I receive a mandatory court order to share information with a judge or lawyer; and
- When an involuntary commitment for mental health assessment seems necessary.

Please note that I may make consultations about cases with other mental health professionals and supervisors. These professionals are also required by Washington State Law to respect client confidentiality. Upon request, I can refrain from using names. I cannot withhold names in situations where I am a mandated reporter.

CONTACT AND EMERGENCY INFORMATION

My contact information is at the top of this document. If you have an emergency please call 911, the King County Crisis Line at 1-886-427-4747, or Pierce County Crisis Line at 1-800-576-7764 depending on the county you live in.

FEES

My individual hourly rate is \$125.00 per session regardless of how many people in the session. An hourly rate of \$80 applies for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. As a result of the difficulty of legal involvement, I charge \$125.00 per hour for preparation and attendance at any legal proceedings.

BILLING AND PAYMENTS

Payment is due at each meeting session and immediately following a telephone session and document preparation. If the client cannot pay at the session time, the session will be automatically cancelled and rescheduled for a later date when the client can pay for the services. Payment is by cash or credit card only. If there are any unpaid services such as sessions, phone consultations, or document preparation, there will be a review of whether or not we should continue therapy.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it

will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. If you wish to see your records, I recommend that you review them in my presence so that we can discuss their contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests. If other providers request records, I cannot release records without written authorization from the client, or if the client is a minor, their parents/guardian(s) who have legal authorization to do so. In order to protect sensitive and unnecessary confidential information being passed to third parties I will work to collaborate with various systems as appropriate through other ethical means first before releasing written records if able.

APPOINTMENTS

A typical appointment schedule would be once a week for 50 minutes. The actual schedule will be worked out together based upon our mutual schedules and circumstances. Cancellations of an appointment should be made a minimum of 24 hours in advance by email or phone. A cancelled appointment or failure to attend sessions without notice, delays our work and I am rarely able to fill a session time if cancelled in less than 24 hours. If you cancel within 24 hours or no-show an appointment you will be charged a \$50 fee. Two cancellations in a row or frequent cancellations are basis for review of whether or not we should continue therapy.

MINORS

If you are under the age of 13, please be aware that the law states that your parents or legal guardians have the right to examine your treatment records and consent to your treatment. If your parents agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Outside of imminent risk, before giving them any information I will discuss it with you.

D.O.H. CONTACT

If you have any concerns of an ethical or legal nature regarding your therapeutic experience I am open to discussing those with you. You also have the option of contacting the Washington State Department of Health (D.O.H.) about illegal health care practices or to ask questions regarding the same. The D.O.H. may be contacted by calling 360-236-4700 or contact them at www.doh.wa.gov

SIGNATURES

Your signature below indicates your understanding and acceptance of the information provided in this document and a decision to engage in services with Jennifer Auger Counseling. My signature indicates willingness to provide services as described in this document.

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Clinician signature: _____
Jennifer Auger, MS, LMFT, MHP, CMHS Date