Megan Taylor, LMHCA
Integrity Counseling
201 SE 124th Ave., Suite 203
Vancouver, WA 98684

Client Consent and Disclosure Form

integrity-counseling.com
megan@integrity-counseling.com
Ph 360.356.8756

As a Mental Health Counselor Associate in the State of Washington (MC60647677), I am providing the following disclosure of information, policies, and procedures so you are able to be fully informed about me and offer your consent to treatment.

Education, Training, and Experience. I hold a Master of Arts in Counseling Psychology from St. Martin's University in Olympia, WA and a Bachelor of Science in Human Development from Warner Pacific College in Portland, OR. I have one year of experience counseling Military personnel and their families, two years' experience in Crisis Intervention, and Four years' experience working in the Mental Health industry. I have received specialized training in Expressive Therapies, Suicide Prevention, and Trauma-Focused Cognitive Behavioral Therapy.

I am supervised by Elizabeth Hover, LMFT, licensed marriage and family therapist in Washington (LF00002457).

Therapeutic Orientation. As a Person-Centered therapist, I want to build a strong working relationship with you that is safe and free from judgement. My approach involves the consideration your whole being, including your feelings, spirituality, stage of life, relationships, and health. While building a trusting relationship is my primary focus, I often use techniques of Cognitive Behavioral Therapy and Motivational Interviewing to offer practical ways of changing thought and behavior patterns. No matter where you are on your journey to awareness or change, your individualized needs will direct our course of treatment and goals. I will strive to provide you with insight, support, and tools to help you reach your mental health goals.

Confidentiality. All information you disclose in treatment is confidential unless you specifically request a release of this information in writing. It is important however, that you are aware that the law provides certain exclusions from confidentiality that include, but are not limited to: reported child, elder and dependent adult abuse; when a client makes a serious threat of violence towards a reasonably identifiable victim; when a client is dangerous to him/herself or the person or property of another; or when there is a court order. For my own professional growth and development and to ensure quality service to you, I participate in small consultation groups with other therapists. I may discuss your situation but will do so without revealing your name or other identifying information so as to maintain confidentiality.

Fee Information and Cancellation Policy.

Initial Individual/Family/Couple Session (50 minutes): $165
Individual/Family/Couple Session (50 minutes): $130

Credit cards, cash and personal checks made payable to "Megan Taylor Counseling Services, LLC" are accepted. When we schedule an appointment, I set aside that time exclusively for you. I would like a 24-hour advance notice if you must cancel or reschedule any appointment. It is my policy to charge a fee of $100 for any missed appointments or one that is cancelled with less than 24-hour notice.

Insurance Reimbursement. If you have a health insurance policy, it will often offer some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, and not your insurance company, are responsible for full payment of my fees.

You should be aware that submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank.

Emergencies. I attempt to respond to my messages within 24 hours. If you need help sooner or if there is a life-threatening emergency, call Clark County Crisis Line (360.696.9560), call 911, or go to the nearest hospital emergency room.

Laws and Client Rights. *WAC 308-109-040:* (WA Registration #RC 39893) Counselor practicing for a fee must be registered or certified within the department of health for protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. *Health Insurance Portability and Accountability Act (HIPAA):* My Notice of Privacy Practices provided at intake informs you of HIPAA, a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. This notice carries more detailed information regarding your rights. *Washington State Department of Health's brochure for counseling clients* is provided at intake. It contains information about client and counselor rights and responsibilities, confidentiality, and an assurance of professional conduct. If you wish to complain about any improper conduct you can call the state Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504.

Consent. I have read and understand all the information provided in this disclosure statement. I have read Integrity Counseling Notice of Privacy Practices and Washington State Department of Health's brochure for counseling clients. I hereby give my consent for treatment.

_____ _____
Client's Signature Date

_____
Client's Printed Name

_____ _____
Client's Signature Date

_____
Client's Printed Name

If a client is under 13 years of age:

_____ _____
Child's Name Date of Birth

_____
Parent/Legal Guardian's Printed Name

_____ _____
Parent/Legal Guardian's Signature Date

_____ _____
Megan Taylor, LMHCA Date