



Informed Consent

This form is to welcome you and inform you of your rights and responsibilities as a client. Please read the following information, then sign and date on the last page.

Dion L. Menser-Andreini, MS, LMFT

Licensed Marriage and Family Therapist

License No. LF00001067

1015 14th Street, Suite F

Anacortes, WA 98221

(360) 899-5816

Education:

- Master of Science in Family Therapy; Texas Woman's University, Denton, Texas.
- Bachelor of Science in Family Sciences; Texas Woman's University, Denton, Texas.
- EMDR Level I Certified; EMDR Institute Training, Austin, Texas.
- Licensed Marriage & Family Therapist in Washington & Texas.
- Clinical Member of the American Association of Marriage & Family Therapy.
- Clinical Member of the Washington Association of Marriage & Family Therapy.

Notice of Privacy Practices

I am required to give you this notice under the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA). This notice describes how psychological/medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your “Protected Health Information” (PHI) is any information about your past, present, or future physical or mental health conditions or treatment, billing and payment information relating to this treatment, or any other information I have that could identify you. The law protects the privacy of the health information I create and obtain in providing my care and services to you.

Part I: Your Rights as Client(s)

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you.
2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer as a cost equal to or less than my own usual customary fee.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make such a decision with consulting with me.
4. You have a right to review your records at anytime. I do not keep any “secret notes,” so please do not ask me to do so.
5. One of the most important rights involves **confidentiality**: Within limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is seen in therapy, I view the family as a whole as the client and confidentiality extends to all those involved in therapy. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present at any time during the treatment. However, I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and discussions. This means I reserve the right to discuss in joint sessions information that you have shared in individual sessions and discussions if I believe it helps facilitate the achievement of the goals set forth in therapy.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have already released information based on that authorization; or if the authorization was obtained as a condition of insurance coverage.

6. If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.
7. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) information related to circumstances of actual or potential physical harm or death to yourself or another person, I am required by law to report this information to the governing authorities; (b) Court subpoena of the therapist or client file information; (c) if you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; (d) if you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court; and (e) if you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different).
8. You have the right to know about the possible harmful result of therapy. In my years of therapy service delivery, the only clear harm I have witnessed resulted from clients' insistence on using medical insurance for psychotherapy. Harmful events included: denial of insurability when applying for medical and disability insurance due to DSM-5 diagnosis (mental illness diagnosis, which are usually required for reimbursements under medical insurance); company (mis)control of information when claims are processed; loss of confidentiality due to the large number of persons handling claims; loss of employment, and repercussions of diagnosis in situations which require truthfulness about "mental illness," including driver's license applications, weapons permits, and job applications.

Part II: The Therapeutic Process

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family and personal goals and values that may lead to a greater maturity and happiness as individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy.

In working to achieve these potential benefits, however, therapy will require that firm efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.

I am required by law to maintain the privacy of your protected health information and to provide you with this Notice of my legal duties and privacy practices with regard to PHI.

Part III: Client Contract

1. I (the client) agree to pay \$_____ for each session (a typical session is 50 minutes). Payment is due at the end or beginning of each session or as arranged in advance.
2. I am expected to pay for all time reserved unless I cancel an appointment 24 hours in advance.
3. I am responsible for arriving at the scheduled appointment time. If I am ½ hour late for my appointment, the time is lost. If my therapist is late, it is the therapist's responsibility to make up the missed time.
4. As outlined above, all the contents of session are *confidential* unless I sign a written release of information waiver or Washington law requires such disclosure.

5. I understand that my therapist may at times consult on my behalf with professional colleagues. In consulting with any who have not worked with me, my therapist will keep my identity protected.
6. I (we) give permission for Dion L. Menser-Andreini, MS, LMFT, to contact my General Practitioner, if needed and in strict confidence, to ensure my best interests.
7. I understand that social media cannot guarantee confidentiality; therefore, social media will only be used for scheduling.
8. My office number is: 360-708-1087 and is checked daily. I return calls as soon as possible but if I cannot be reached and you are in a crisis, please call 911 or the 24-hour Care Crisis Line at 1-800-584-3578. Non-crisis messages left in the evening or on weekends will be returned as soon as possible the next regular business day.

Acknowledgment of Disclosure

I (we) understand the information and agree to the terms set forth in the above disclosure statement.

Client(s): _____ Date: _____

_____ Date: _____

Therapist: _____ Date: _____

Dion L. Menser-Andreini, MS, LMFT

If you have any questions about these policies, please feel free to discuss these with me at anytime.