

# Restored Hearts

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## INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

### **Background Information**

I, Teri Cress am a Licensed Marriage and Family Therapist and Licensed Professional Counselor with a Specialization in Sex Therapy. I use a whole-person approach in counseling, integrating Interpersonal Psychotherapy, Emotionally Focused Therapy, Attachment-Focused EMDR, Somatic-Ego State and Trauma resolution/integrative healing. I obtained my Master's Degree from Richmond Graduate University, and my undergraduate degree in Family Studies from Seattle Pacific University. I am a National Board Certified Counselor, a member of the American Association of Marriage and Family Therapists (AAMFT), American Board of Christian Sex Therapist (ABCST), and EMDR International Association (EMDRia). Through my private practice, Restored Hearts, I provide individualized customized counseling and/or intensives for couples or individuals on Whidbey Island, north of Seattle.

### **Theoretical Views & Client Participation**

It is my intention to form an alliance with you and empower you in your growth process. I invite clients to be courageous as they journey toward compassion, connection, joy, and a restored heart. Your personal development is my number one priority. I ask that you take an active role in the process of therapy by working on the things we talk about both during and between sessions. Please avoid any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. If at any point you are unable to keep your appointments or I don't hear from you for two months, I will close your chart. However, as long as I still have space in my schedule, I welcome reopening your chart and resuming treatment.

### **Confidentiality & Records**

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will always keep everything you say completely confidential, with the following exceptions:

- You direct me to tell someone else and you sign a "Release of Information" form;
- In the event of a medical emergency, emergency personnel or services may be given necessary information;
- If a church provides a scholarship, I will create a modified bill for the provider only
- I determine that you are a danger to yourself or to others;
- You report information about the abuse of a child, an elderly person, or a disabled individual who may require protection;
- If the client brings a complaint against me with the State of Washington, Department of Health, client information will be released;
- If an attorney in the State of Washington subpoenas records, they will be released unless the client files a Protection Order within 14 days of the subpoena;

**Please note that in couple's counseling, I do not agree to keep secrets.** Information revealed in any context may be discussed with either partner.

Finally, although there may be benefits to recording our sessions, such recordings may compromise your confidentiality if they get in the wrong hands. Periodically, I may ask to record a session for therapeutic or supervisory purposes only. Therefore, possible recordings will require an additional consent.

Please initial that you have read this page \_\_\_\_\_

### Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of \$125 per 50-minute session, unless otherwise negotiated. Payments are to be made at the beginning of each session. When scheduling a 2-5 day intensive 25% non-refundable payment will be charged at the time of scheduling. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable forms of payment. I will be glad to provide you with a super-bill that you may file with your insurance company for reimbursement, but I do not work directly with insurance companies. Returned check fee: \$30 for any returned checks.

### Cancellation Policy

**If you are unable to keep an appointment, you must notify me at least 24 hours in advance via phone.** Email and text messages are not adequate notice. If such advance notice is not received, **you will be financially responsible for the session you missed.** Exceptions are for sudden illnesses and emergencies. Please note that insurance companies do not reimburse for missed sessions.

### In Case of an Emergency

Restored Hearts is set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call General Emergencies: 911
- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Crisis Clinic: 800-244-5767
- Go to your nearest emergency room.

### Professional Relationship

Because of the nature of therapy, your relationship with me needs to be different from most relationships. Our relationship must be limited to that of therapist and client. If we were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### Statement Regarding Ethics, Client Welfare & Safety

I assure you my services will be rendered in a professional manner consistent with the ethical standards of the American Association of Marriage and Family Therapy. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Be aware changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. While I can assist in helping you manage changes in your interpersonal relationships as they arise, your awareness of this possibility is important nonetheless.

Additionally, at times people find they feel somewhat worse when beginning therapy before beginning to feel better. This may occur as you begin discussing certain sensitive areas of your life. Addressing the sensitive topic often indicates it needs attention and is an opportunity for growth. Once you and I are able to target your specific treatment needs and the particular modalities which will work the best for you, help is generally on the way.

Please initial that you have read this page \_\_\_\_\_

## Technology Statement

With an ever-changing technological culture, the opportunity for confidentiality to be compromised increases with each on-line, cyber communication outlet. Therefore, Restored Hearts Counseling has developed the following practices in order to better secure and protect your confidentiality:

Cell phones: Even though it is common practice to use cell phones to communicate, they are not a secure means of communication and may compromise your confidentiality. If my use of a cell phone to contact you is a problem, please discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. Because it is not always possible to encrypt texting, I am unable to text with clients. It is my policy to utilize email with clients strictly for brief topics such as appointment confirmations. Please do not bring up any therapeutic content via text or email. And please note that I am required to keep a copy of all emails and/or texts as a part of your clinical records.

Facebook, LinkedIn, Instagram, Pinterest, Etc: My policy is to not accept requests from current or former clients on social networking sites because it may compromise your confidentiality.

Google, etc.: I do not search for information regarding clients on Google or any search engine. You are free to share with me any information you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

Twitter & Blogs: Periodically, I may post psychology news on Twitter or write an entry on our blog. If you decide to follow either of these, please be aware it may have potential implications on you and/or our therapeutic relationship. I recommend using an RSS feed or locked Twitter list, to avoid having a public link to my content.

Recommendations to Websites or Applications (Apps): During the course of your treatment, I may recommend you visit certain websites or utilize apps for the purpose of enhancing your progress. Websites and apps often have tracking devices which allow automated software or other entities to know you've visited these sites and may utilize this information to attempt to sell you other products. In addition, anyone else who has access to the device may be able to see you've been to these sites. Therefore, communicating with me whether you would like this adjunct information or would prefer I not make these recommendations is your responsibility.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. The goal is to protect your confidentiality. Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

## Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

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**Client Name (Please Print)**

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**Date**

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**Client Signature (or Guardian's signature)**

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**Date**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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**Therapist's Signature**

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**Date**

Please initial that you have read this page \_\_\_\_\_