

Restoration Counseling Services Informed Consent

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Education and Approach to Therapy

I am a Licensed Mental Health Counselor in the state of Washington. I earned my Bachelor's Degree from Long Beach State College (now University), California, in Sociology and obtained a teaching credential as well. I earned my Masters Degree in Counseling Psychology from Lincoln University in Missouri.

I draw from a variety of treatment modalities for therapy based in trauma informed care including EMDR (Eye Movement Desensitization), Dialectic Behavioral Therapy, as well as strong emphasis in multicultural understanding. Because I base my counseling in the belief of a Creator-Father, I am strongly brain-based in my teaching. Understanding how to change our thinking patterns, communication-habits and practices based on Biblical teaching can actually “renew our minds” and change our lives in beautiful ways.

I enjoy couples counseling and have found that most of our problems stem from miscommunication, making assumptions (mind reading), and unresolved (undiscovered) triggers from the past. Belief in a Creator also leads me to believe we were made in His image and have the ability to draw from inner wisdom to solve our problems. We get wounded in relationships and I believe we can heal in healthy relationships which makes the therapeutic relationship so important. I want to create a safe, non-judgmental environment in which my clients can discover the strengths they didn't yet recognize, and heal and grow and become increasingly resilient in these very difficult times.

World View

My foundation is a strong Judeo-Christian and Biblical base. I also respect other spiritual beliefs and have worked in a secular environment for most of my 25 years of counseling, working easily with peoples of many diverse spiritual beliefs. I believe we are body, soul (personality) and spirit and those three aspects of our self are deeply connected. For example, we have brain cells in our stomach. So, what we feed our stomachs affects our mind, and likewise our mind affects our physical well-being. It is my belief we should look at all these parts of self and how we are living to influence a life well-lived.

Your Rights Regarding Therapy

I believe in asking clients what they hope to gain out of therapy and what kind of therapy they think they want. Example: “just need someone to talk to” “want skills and knowledge, information”, “want to direct the sessions and that may change each time”, or “I want the therapist to direct therapy because I have no clue what I need.” All of this is good and it may change as we work together.

*You have the right to change the therapeutic process, request a different therapist, discontinue therapy any time you wish.

*You have the right to be informed about your treatment (include reading your notes)

*You also have the right to report to the Department of Health if you believe ethical standards have been violated. 1-360-664-4375

Confidentiality

Our sessions and what we say are all confidential. Personal identifying information is never disclosed to anyone outside this office without your written request and permission. Therapist are governed by ethical and legal standards regarding confidentiality but we are also mandated reporters under certain limited situations:

- To report suspected abuse of children and vulnerable adults
- To intervene against threats to harm oneself or someone else
- If court ordered
- If a client makes a complaint with the State of Washington Department of Health
- If a client has become disabled or died and a legal, personal-representative signs a release for authorizing disclosure

Confidentiality in Couples Therapy

In couples therapy the couples-relationship becomes the client. We will meet as individuals first in order to understand each member of the relationship’s views of the problems or difficulties they are having, and to help them work with their partner. All information will eventually be shared at an appropriate time and in the appropriate ways. I will not have secrets nor take sides. If areas arise in which it is felt that individual therapy would be beneficial for one or both members of the relationship, then a separate therapist is usually the best decision.

If at some point a request is made for the release of notes from our sessions from one of the members of the relationship, the other member must be in agreement and sign a release- of -information or those notes will not be released.

Email and Texting Messages

Confidentiality cannot be guaranteed in email or text messages. I will not discuss clinical contents in these methods. If you need to text or email to be reminded of an appointment you are accepting that confidentiality is not guaranteed.

Telehealth

Right now I am only able to do virtual sessions. We have a program that is approved by HIPAA for the standard for your privacy. There can be issues regarding disruptions of service, devices that let us down and sometimes the absence of a private place for you to talk freely. I have found though that my clients have loved the convenience of telemedicine. One doesn't have to get baby-sitters, nor arrange transportation, and can be in the comfort of their own homes and arranged at times when they can be private and relaxed.

Financial Agreement

The fee for individual, couple, or family therapy is based on a 50 minute session. The fee agreed to pay per session is \$110. We are an agency that is out of network for some insurances. Claims will be submitted but there is no guarantee of payment by your insurance company. We do take credit cards. Some fees can be negotiated based on financial hardship.

Agreement

I understand the above information and I voluntarily consent to counseling treatment with Judy Hessler. I understand there have been no promises regarding the outcome of treatment. I understand my rights and also the limits of confidentiality. I understand I may end treatment at any time. I understand my financial responsibility for treatment.

Clients signature: _____ Date _____

Clients signature: _____ Date _____

As the parent or guardian of

_____ ; _____ ; _____

_____ ; I consent to therapy at Restoration Counseling Services

Parent or Guardian Signature: _____ Date _____

Therapist Signature: _____ Date _____