

Restoration Counseling Services Informed Consent

Rebekah Deitrich: MA, LMHC

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Education and Approach to Therapy

I am a Licensed Mental Health Counselor in the State of Washington, and earned a Master of Arts degree in Counseling Psychology with a Concentration in Trauma and Abuse from The Seattle School of Theology and Psychology. I work primarily with individual adults and couples. I have completed Level I & II training in Gottman Couples Therapy, Gottman Treating Affairs and Trauma, and Gottman Couples and Addiction.

I practice from a relational, psychodynamic, and trauma informed perspective. I believe many struggles are connected to unresolved or ongoing relational harm and trauma, and that healing, growth, and change happen in the context of restorative relationships. My hope is that therapy is a place where you find safety, compassion, connection, and experience a profound sense of being seen and known as we examine and engage the issues that are important and meaningful to you. I consider it an immense privilege to walk alongside you on this courageous journey.

World View

Faith and spirituality form my foundational beliefs that humans are fundamentally good, uniquely valuable, and worthy of hope. It is from this foundation that I honor, value, and deeply respect the vast diversity and cultural locatedness of all persons who enter therapy. No matter one's race, color, ethnicity, sexuality, gender, relational status, economic status, nationality, or religion, all are uniquely human and deserve to be treated with the utmost regard and care. I believe therapy is a combination of biological, psychological, relational and spiritual processes that continually interact, influence and shape our lives and relationships. My desire is to participate in your flourishing based on who you already are, and to explore any or all aspects of what it means to be human based on the curiosity and willingness of the client.

Your Rights Regarding Therapy

- You may request a change of therapy, referral to another therapist or to discontinue therapy at any time.
- You have the right and responsibility to be informed about your treatment.
- If you feel that in therapy I have been irresponsible, unprofessional, or unethical, you may contact the Department of Health at 1-360-664-4375, P.O. Box 47857 Olympia, WA 98504-7857.

Confidentiality

The information you share with me during a counseling session is confidential. Personal identifying information will not be disclosed to anyone outside of my office without your written permission. To provide the best service possible, I seek consultation with other therapists who have the same obligation of confidentiality that I adhere to. These consultations are done in such a way as to maintain that confidentiality. If you have any questions or concerns about this, please communicate them to me as your sense of safety and privacy is of utmost importance.

I am obligated to keep notes of our meetings. You have the right to request an appointment to look at these notes and/or receive copies at any time. Open and clear communication is an essential part of therapy, so feel free to ask questions or seek clarity about our relationship.

Limitation to confidentiality for Couples Therapy

In couples therapy, the couple is the “client,” which creates an equal space for both partners to feel safe. I do not keep secrets or withhold information from either partner as this jeopardizes the well-being and health of the couple and the therapeutic process. During the course of my work with a couple I may see either individual alone for one or more sessions, and the individual session is still considered part of the couples therapy. Since I am working in the best interest of the couple, it may be in the best interest of the relationship for me to release information learned in an individual session to both members of the relationship. This policy is intended to avoid a possible conflict of interest that might arise if an individual's interests are not consistent with the interests of the couple being treated. I will use my best judgment as to whether, when and to what extent I will make a disclosure of information from an individual session and give the individual every opportunity to disclose applicable information first, with guidance. If there are issues which you are certain should not be part of the discussion in couples therapy, you may want to consult with a different therapist who can treat you separately from the relationship counseling.

Exceptions to Confidentiality

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others:

- *To report suspected abuse of a child, developmentally disabled person, or vulnerable adult*
- *To intervene against threatened harm to oneself or someone else.*
- *If required by court order or other compulsory process.*
- *If the client makes a complaint with the State of Washington or Department of Health. In the event of the client's death or disability, information may be released if the client's personal representative or beneficiary signs a release authorizing disclosure.*

Email and Text Messaging

Please be aware that I cannot guarantee confidentiality when using e-mail or text messaging. For this reason I will not discuss clinical content using e-mail or text. If you choose to use email or text as a means of setting and confirming appointments, you accept that confidentiality cannot be guaranteed.

Telehealth: There may be times that phone or video sessions are the best way for us to work. In order to do telehealth, both you and I must agree that it is an appropriate mode for therapy. There are many benefits to telehealth but there are also potential risks. Telehealth is not suitable for everyone and may be a source of frustration or miscommunication. In order to do telehealth you must have dependable connectivity, a device that allows for optimal engagement, and a private place where you can meet.

Financial Agreement

Fees for individual, couple, or family therapy are based on a 50 minute session. The fee agreed to pay per session is \$120.00, and the fee for 90 minutes is \$180.00. Some exceptions to this fee can be negotiated based on financial hardship. At this time, insurance is out of network only. Claims can be submitted for clients but there is no guarantee of payment by your insurance company. Missed appointments without 24 hour notice of cancellation will be billed to the client for the full fee.

Crisis or Emergency

In case of crisis or emergency and I can not be reached during my office hours, please call the Care Crisis Line at 988 or dial 911.

I understand the above information and voluntarily consent to treatment by Rebekah Deitrich. I agree that no promises have been made as to the outcome of therapy. I understand and agree to my rights and the limits of confidentiality, and I understand that I may refuse treatment at any time. I understand my financial responsibility for services.

Client(s) Signature: _____ Date: _____

Client(s) Signature: _____ Date: _____

Client(s) Signature: _____ Date: _____

As the parent/legal guardian of _____; _____;
_____; _____; I consent to therapy at Restoration
Counseling Services.

Parent or Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____