

Consent to Treatment

Professional Training and Therapeutic Orientation

I am a Licensed Independent Clinical Social Worker in Washington State. I graduated from the University of Washington School of Social Work in 2000 and from the UW School of Public Health, Maternal and Child Health Program in 2001. I have worked in the field of reproductive health for over 12 years and have over five years experience counseling women during the pregnancy, postpartum and transition to parenthood periods. I have also been trained as a Certified Gottman Educator with the Bringing Baby Home Program.

My experience working with clients has taught me that each individual comes to therapy with a different set of needs. For that reason, I believe in an integrated approach to therapy. Pregnancy and childbirth are critical times of reflection and change. For some the experience brings up painful past experiences that may demand a psychodynamic approach that facilitates greater understanding of how past events and relationships affect us in the present. For others the experience of being a new parent may cause relationship conflicts that demand a more here and now problem solving or interpersonal approach. For those clients experiencing postpartum depression, it may require a referral to a physician to discuss options for medication along with close follow-up and crisis intervention counseling. With all of these approaches the critical aspect of successful therapy is the collaborative aspect of the work between client and therapist. The more open and honest you are able to be in our sessions together, the more likely it is that you will uncover the conscious and unconscious dynamics behind your problems and find solutions to them.

Business

Sessions are 50 minutes long and my fee is \$110. Once we decide to work together, I will reserve the agreed upon times to be held exclusively for you. Our mutual protection of this time is important in order to preserve the integrity of your ongoing work in therapy and to afford the best opportunity for change. I will give you notice in advance of my vacation time. I will generally charge for my time if you fail to come to an appointment or cancel within less than 24 hours notice. Please call and leave a message if you plan on missing an appointment.

If you plan to use your health insurance benefits, please let me know if there is any way I can help you navigate your coverage plan. For co-pays, or if you are paying for therapy out of pocket, it is most helpful for me to receive payment at the time of service. Please let me know if for some reason this doesn't work for you, and I will be happy to work out another mutually beneficial schedule for payment. Please make checks payable to Anna LaRocco-Cockburn.

Washington Laws Regarding Counselors

Washington State law requires that “all counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.”

The purpose of the Counselor Credentialing Act regulating counselors is (A) to provide protections for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

All clients, as individuals have the right to choose counselors and treatment modalities that best suit their needs and purposes. All clients have the right to question, refuse or terminate treatment at any time.

If requested, I will provide you with a copy of the State of Washington, Department of Health brochure entitled “Counseling or Hypnotherapy Clients”. This brochure includes the name, address and contact telephone number for the Department of Health and provides a listing of the acts of unprofessional conduct as provided for in RCW 18.130.180. (A copy is available through the Department of Health, Health Professions Quality Assurance Division, Counselor Registration/Certification, P.O. Box 47869, Olympia, WA 98504-7869. You may also call them at 360-236-4903).

You have the right to Confidentiality as provided for in RCW 18.19.180. Your therapist may not disclose any information you may have given her/him during therapy except as provided below.

1. You give written consent, or in the case of the death or disability of the client, the client’s personal representative, other person authorized to sue, or the beneficiary of an insurance policy on your life, health, or physical condition gives written consent.
2. Communication to me that reveals the contemplation or commission of a crime or harmful act or in the event of a serious threat of harm to oneself or someone else, the proper individuals may be contacted (which may include the individual against whom the threat was made).
3. If the client is a minor, and the information acquired by the counselor indicates that the minor was the victim or subject of a crime, then the counselor may testify at any proceeding wherein the commission of the crime is the subject of the inquiry.
4. If you bring charges against me with the State of Washington Department of Health, the records will be released to the Department of Health.
5. In the event of a medical emergency, emergency personnel, emergency services or other relevant individuals may be given information if such disclosure will avoid or minimize an imminent danger to your health or safety. (Uniform Health Care Information Act, RCW 70.02).

6. In response to a subpoena from a court of law or the secretary of the Department of Health. The Secretary may subpoena such records if they are related to a complaint or report under RCW 18.130.

7. If the records are subpoenaed by an attorney in the State of Washington, provided such compulsory process was in accordance with RCW 70.02.060, they will be released unless you procure a Protection Order within fourteen (14) days of the date the subpoena was served on the counselor and on you. (Uniform Health Care Information Act, RCW 70.02 et. seq.).

8. In the event that it should become necessary to refer your account for collections or to legal counsel in order to collect amounts owed by you (this would not include any information other than the fact of money owed for services by you).

9. As required by RCW 26.44, as now or hereafter amended, (Abuse of Children and Adult Dependent Persons), which requires reporting to the proper authorities in all cases of suspected abuse (or victimization by a crime), including sexual exploitation, negligent treatment or maltreatment, abuse or neglect of a minor, a developmentally disabled person, or an elderly adult.

I, _____, with full knowledge of the benefits and consequences of psychotherapy, consent to be treated by Anna LaRocco-Cockburn, LICSW, MSW, MPH, on a voluntary basis.

I also agree to take financial responsibility for my session at the rate of \$90 per 50-minute hour. I will pay for services at the time they are rendered or in advance. I realize that failure to pay for any given session will require me to send payment by mail before the next session or it will not be conducted.

Signature of Client

Date