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## **Clinician Disclosure and Informed Consent Statement**

Welcome! This information has been prepared to inform you of my qualifications and what you can expect from me as a therapist. Please read this information carefully. Feel free to ask questions or discuss this information with me at any time.

Please be aware, you have the right to choose a mental health counselor who best suits your needs and purposes and you have the right to refuse treatment.

## **Relevant Education and Training**

I am a Licensed Mental Health Counselor registered with the State of Washington. My license number is LH 60310404. I am a practitioner in a group practice where I work with individuals of all ages, couples, families, and groups. I received my Master of Arts Degree in Transpersonal Counseling Psychology from Naropa University in 2009.

My training is in experiential therapy (such as Gestalt and sand tray therapy), family systems theory and practice, solution oriented therapy, play therapy, and mindfulness practices. I have additional training in sand tray therapy, cognitive behavioral therapy (CBT), energy psychology, leading parenting classes, and restorative practices.

## **Counseling Approach**

In counseling, I am actively involved in working with you by providing information, suggestions, and support. I focus on your strengths and help you find solutions that work for you in your situation.

I use a combination of CBT, experiential therapies, and mindfulness practices. CBT explores what your thoughts and beliefs are and how those may be driving your behaviors and emotions. Experiential therapies provide a less thought oriented way to gain information and insight. Mindfulness is about being in the present moment without judgment. It allows you to develop the ability to observe your thinking and emotions and be less reactive and more responsive to your life experiences.

Counseling may involve helping you identify, develop, and implement more effective strategies for problem solving, healthier decision making, and healthier conflict resolution. I may ask you to practice skills outside our sessions as well as read or engage in other activities between sessions.

Counseling is understood to be a choice you've made among the available options. Other options include: receiving therapy from another counselor, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

### **Therapeutic Process**

I am required by law to keep records of our sessions together. To that end, I may take notes during sessions. All information is stored in our electronic health record.

### **Professional Consultation**

I participate in consultation with New Growth therapists as needed, in a monthly consultation with peers, and I reserve the right to contact other professionals as needed. In consultation, I do my best to avoid revealing my clients' identity. To that end, I do not share client names or other identifying information. In addition, all consultants are legally bound to keep any information confidential. Consultation helps me provide better care to my clients.

### **Parents and Child's Treatment**

Before I will enter into a therapeutic relationship with a child under the age of 13, I want to know that all parties responsible for making medical decisions are aware and agree to counseling. If one party has full medical decision making, a copy of the court order stating such must be provided to me. If I see a child under the age of 13 (the age of medical consent in Washington state), all custodial guardians have the right to access the child's records, unless otherwise ordered by the courts. Be aware that exercising this right may be detrimental to the therapeutic process, and so you may wish to allow confidentiality between the child and therapist. If I see a child whose parents are divorced, please provide a copy of the parenting plan outlining who has custody and who has medical decision making. If this document is unclear, I may have both parents sign consent to treatment. If that poses difficulty, I will have the parent seeking services sign a form stating they have full medical decision-making.

### **Families / Couples**

If you are a family or a couple receiving services, I consider all present to be the client. Treatment records of sessions contain information about each person. Participants in counseling should be aware that records will only be released with written consent of everyone who was present at any time during the treatment and who is capable of giving consent, including children ages 13 and older. In addition, I will not collude with individual members to keep individual confidences that are harmful or destructive to other members in treatment. Where conflicting family member goals exist, the objective of therapy becomes address everyone's goals in a manner that will preserve the integrity of the family as a whole. Differences in goals will be discussed during therapy.

### **Professional Boundaries**

Licensed psychotherapists are obligated to establish and maintain appropriate professional boundaries (relationships) with present or past clients (and, in some cases, client's close friends and family members). This includes not being "friends" with clients on social media. For example, therapists should not socialize or become friends with clients. The size of our community creates situations where you and I may be present in social situations or other places outside of my office. Due to confidentiality, I will not acknowledge the existence of the relationship outside of the therapy session unless initiated by you. We will discuss any potential situations and how we wish to handle them in our sessions.

**Personal Conduct**

Everyone is expected to conduct themselves in a responsible manner. A session should not be held when anyone is under the influence of a nonprescription drug, including alcohol.

**Financial Information**

You received New Growth Counseling Services Office Disclosure which outlines New Growth's financial policies.

**Risks and Benefits**

Counseling can have benefits and risks. Therapy will seek to meet the goals established by all persons involved. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with interpersonal relationships. Another possible benefit may be a greater understanding of family and personal goals and values that may lead to a greater happiness. Counseling may help provide solutions to specific problems and may help reduce feelings of emotional distress.

Since therapy often involves discussing unpleasant aspects of your life (or your child's life), you (or your child) may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In your work to achieve the potential benefits, therapy will require that you (or your child) make efforts to change and may involve the experience 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. Some clients only need a few sessions to achieve their goals while others may benefit from long term counseling. There are no guarantees of what you (or your child) will experience.

**Limits of Services**

I do not assess fitness for custody or make recommendations regarding parenting time. I do not assess fitness for duty for work. Unless specifically agreed to, I do not serve as an advocate on issues, act as an expert witness, or go to court as your advocate.

In addition to this document, you received a copy of New Growth's Office Disclosure, which describes confidentiality and other information regarding appointments and policies specific to New Growth. You have also have access to New Growth's Privacy Policies, which describes the limits of privacy and New Growth's cost sheet, which outlines the cost of services provided by New Growth.