

Sunrise Family Therapy

SFT Informed Consent for Therapy

General Information

"We all deserve respect and access to supportive resources which can serve to enhance our lives and ability to grow. This is the inspiration for, and mission of Sunrise Family Therapy, to provide a safe place of "acceptance with access" to affordable family therapy. - Miles Hall, MA, LMFTA, MHP

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with us. Please read and indicate that you have reviewed this information and agree to it by clicking Save and E-Sign and Drawing your signature in the box (please call if you have difficulties with this step).

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. If we see each other accidentally outside of the therapy office, we will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge us first, we will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Fees and Cancellations

Initial session is scheduled for about 75 minutes with weekly follow-up sessions of 50 minutes. If you arrive late for an appointment, you will only be able to meet with us for the remaining time of the scheduled 50 minutes. Sometimes we will suggest meeting more than once per week, depending on your treatment plan.

If you do not show for or cannot come for your scheduled appointment, and would like to avoid paying a cancellation/no-show fee (full cost of session), please notify us directly at least 48 hours prior to your scheduled appointment via telephone or secure client portal.

At this time, we accept cash, PayPal, and credit cards through the client portal. Personal checks may be accepted only by long-term clients in good standing. We require a credit card be placed on file, regardless of your payment method

See Fees and Payment Policy for more details on current fees and payments.

By clicking the checkbox, I acknowledge that I will give at least 48 hours notice before cancelling or rescheduling an appointment, or I will be charged a full session fee.

Creating Safety and Trust

The space we create together is Unique, Creative, Conflicted, Open and always Safe.

1. No weapons of ANY kind are allowed on the Properties or in the Offices of Sunrise Family Therapy
2. Drugs and/or alcohol are prohibited from the Properties or in Offices of Sunrise Family Therapy
3. Anyone attending sessions under the influence of marijuana, illicit drugs, or alcohol will not be permitted to participate in the therapy session, and a missed session fee will apply
4. Law Enforcement will be notified in the event firearms are brought into the offices of Sunrise Family Therapy. No Exceptions.

By agreeing to the above, you accept the consequences of your actions which may 1) inflict additional emotional damage to my already fractured intimate relationships, and 2) result in law enforcement notification leading to possible criminal charges.

By clicking the check box, I indicate I have read and agree to SFT's drugs, alcohol and weapons policy

Domestic Violence Awareness

If you are experiencing domestic abuse or violence of any kind please call 911., and use the following resources: Washington State Domestic Violence Hotline 1-800-562-6025 (Voice and TTY) National Domestic Violence Hotline 1-800-799-SAFE (Voice) 1-800-787-3224 (TTY) National Dating Abuse Helpline for Teens: 1-866-331-9474

Suicide Awareness

If you are experiencing suicidal thoughts or ideations of any kind PLEASE call 911., and use the following resources: (800)576-7764 or 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255) or Text Telephone: 1-800-799-4TTY (1-800-799-4889) Forteens: 866teenlink.org 1-866-TEENLINK (866-833-6546).

Questions or complaints may be directed to Department of Health, Health Professionals Quality Assurance, P.O. Box 47868, Olympia, WA 98504-7869, (360) 236-4700.