

**Patrick Dougherty, MA, LMHC**

WA State License #LH 60624559

2366 Eastlake Ave E., Suite 213

Seattle, WA 98102

<http://patrickdougherty.com>

360-358-5679

**Informed Consent Disclosure Statement**

**General Information**

My personal mission is to foster more good in the world through helpful interaction with my community. My mission in our therapeutic relationship is to provide a safe environment, in which you can grow, come to know yourself more deeply, and find ways to relieve your suffering. My counseling style is both educational and therapeutic. I believe that by finding out more about yourself through a therapeutic relationship, you can find healthy ways to get your needs met and live your life more fully.

**My Approach**

**Personal Approach**

My first goal in our therapeutic relationship is getting to know you. I want to develop a thorough understanding of how you find meaning in life, and what your values are. I want to know what obstacles you have faced and what obstacles you have to overcome. I believe that each and every person comes from a completely unique history of encounters throughout their life, and my ability to help an individual is predicated on how well I can understand things from your perspective. I will work to ensure that you feel safe exploring your fears, needs, and goals with me. My hope is that through this trusting relationship, I can help you to understand yourself to a deeper degree, towards profound growth.

**Therapeutic Approach**

I utilize approaches and techniques from many individual and family systems theoretical orientations. My natural approach is client-centered; I believe that the client should guide the session more than the therapist. The client-centered approach also provides that the client should always feel a sense of unconditional positive regard. In this sense, no matter what you bring to the session, I promise to treat you with respect, hoping that the trust we have built through the client-centered approach will help you to feel as open and honest with me, and yourself, as possible.

I always look at my client's life with a family systems perspective as well. The ways we were raised, for better or worse, shape who we have become. Each person's family is vastly different than any other, and exploring one's history of both good and bad experiences in their family (or families) will help me to better understand and aid my clients to work towards more positive experiences in their families in the future.

Client Initials: \_\_\_\_\_

I also identify as a Gestalt therapist. Instead of change being the goal of the work, Awareness, and new Choices are the result. That is, I am to help you define what you want and are in life, so that you might choose wisely. In my study of the Gestalt approach, I have found the techniques to be growth-catalyzing, powerful interventions which have helped my clients to quickly gain awareness from which to make better choices. Through gestalt experiments designed on-the-spot by both I and you, we can creatively work to foster awareness, leading to new choices which may change your future for the better.

I am also influenced by Transpersonal psychology, which posits that the totality of our being is influenced by far more than just ourselves, that we are one with our environment, both seen and unseen. A transpersonal approach helps clients who have experienced things in their lives that they cannot explain, especially transcendental experiences found in dreams, spiritual or religious experiences, and near-death encounters. Together we may work to process such experiences and integrate them into my client's being, instead of feeling overpowered by the events.

Increasingly in my practice, I have found a knack for addressing extremely "dark" emotions, choosing them to be instances of human functioning embedded with a deep wisdom that we can learn from. Such dark emotions can come from traumatic experiences including emotional and physical abuse, neglect, sexual abuse, dysfunctional family systems, persistent depression, grief and loss, natural disaster survival, and many other problematic events. By helping my clients gently investigate the dark emotions that may be persistently plaguing their day-to-day functioning, I can help them to look at themselves and their world with a perspective of opportunity, rather than fear or doubt.

### **Education and Training**

I received a BFA in digital imaging and printing from Washington State University in 2001. After being a graphic designer and doing various truck driving jobs, a year of hiking and camping with at-risk youths and adolescents in Idaho sparked my interest in helping people for a living, as a mental health counselor. I achieved a MA in Mental Health Counseling from Antioch University in 2013, which included a practicum at the Antioch University Community Counseling Clinic, as well as an internship at Sound Mental Health of Seattle. I currently work as a clinician with Compass Health of Everett during my non-private practice weekdays.

I have also studied meditation which I teach to clients, and am ordained as an interfaith minister through a two year training program, which provides a helpful background when working with clients of many faiths. I constantly pursue training opportunities to enhance my skills and further my professional growth. At times, I may share pieces of our work with a supervisor or consult group. As much as possible, when sharing such information, I will protect your privacy and will not share identifying information.

### **Ethics and Professional Standards**

**Washington State Law:** I honor all regulations in the 18.225 RCW. The purpose of the law is: (A) To provide protection 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 commit acts of unprofessional conduct.

Client Initials: \_\_\_\_\_

**Client Rights:** As a client receiving counseling services in the State of Washington, you have the right to:

- 1) Choose the counselor and treatment approach that best suits your needs and purposes
- 2) Have full and complete knowledge of your counselor's qualifications and training
- 3) Be fully informed as to the terms under which services will be provided
- 4) Refuse treatment.

**Confidentiality:** As a counseling client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality.

**Exceptions to Confidentiality:** Information identifying you and your treatment are confidential and cannot be disclosed without your consent. However, I may disclose the following information in the following situations:

I may consult with other professionals and colleagues about your case. I do not disclose names or identifying personal information of clients during these consults. These professionals are also bound by confidentiality laws.

There are also some situations in which I am legally obligated to take actions, if I believe they are necessary to protect you or others from harm. In such cases I may be obligated to reveal specifics of your treatment as my client:

1. If you provide information about the physical or sexual abuse of a child under the age of 18, abandonment, abuse, financial exploitation, or neglect of a vulnerable adult, I am required to inform Child Protective Services within 48 hours and Adult Protective Services immediately.
2. If I have a reason to believe that you as my client are planning to harm someone else, I must attempt to inform that person of your intentions and I must contact the police and ask them to protect the intended victim.
3. If I believe you are a danger to your self, I may legally break confidentiality and report this, although I am not obligated to do so. I would explore other options for you before I took steps to guarantee your safety.
4. If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of Washington, I am required by law to report that conduct to the Department of Health.
5. If you have given written consent to have the information released to another party.

Client Initials: \_\_\_\_\_

6. In response to subpoena, I may be required to submit notes or information regarding treatment, in which case I will do everything in my power to protect you as my client.

Should disclosure of confidential information be necessary, I am committed to working with clients as respectfully as possible.

### **Complaints:**

If you are unhappy about my professional behavior and/or the way therapy is going, I ask that you talk to me about these issues personally. I highly value criticism and take it very seriously. If you feel like these issues are still not resolved after talking with me or believe I am behaving unethically you can contact the following agencies:

Mental Health Counselor Program  
P.O. Box 47852 Olympia, WA 98504-7852  
Phone: 360-236-4700  
Email: [Hpqa.csc@doh.wa.gov](mailto:Hpq.csc@doh.wa.gov)  
Website: <http://www.doh.wa.gov/hsqa/licensing.htm>

You can also contact:

Department of Health  
HSQA Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)  
Website: <http://www.doh.wa.gov/hsqa/Complaint.htm>

**Record Keeping:** By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification.

### **Fee Information, Cancellation Policy and Legal Matters**

**Rate:** Unless agreed upon otherwise, the fee for a private 50-minute session is \$90 and \$125 for a 75-minute session, and is payable at your session, in the form of check or cash or credit card (a fee may be applied to credit card transactions). If you are unable to pay the full fee, I may offer a sliding scale fee at my discretion and may be able to work with you to find a rate that best matches your current financial situation.

**Cancellations:** If you are unable to pay the full fee, I may offer a sliding scale fee at my discretion and may be able to work with you to find a rate that best matches your current financial situation. If you must cancel your appointment please contact me at least 24 hours in advance. This ensures I can see other clients in the opening and can plan accordingly. You will be responsible for the fee when cancellations are received less than 24 hours in advance, or if you don't show up for your appointment. Fees are subject to increase, and you will be notified at least 30 days in advance.

Client Initials: \_\_\_\_\_

**Insurance:** At this time I do not accept insurance. However, some insurance plans will cover my work as an out-of-network provider. Please contact your insurance company for more information.

**Other:** I am open to phone calls between sessions and phone calls that last more than 10 minutes will be charged at my hourly rate. Likewise, any work such as writing assessments or letters on your behalf or talking to other care providers will also be charged at my hourly rate. Finally, I welcome referrals, which signify your satisfaction and trust in my services. It is my policy not to become involved in clients' legal matters (e.g. divorce, custody, immigration, etc.). For several important ethical and professional reasons I do not speak with clients' attorneys, provide reports, etc. If I were ever subpoenaed to testify in court regarding you and your psychological work with me, my base fee would be \$300/hour and additional fees may apply. In short, I am not a forensic psychologist, do not have skill or expertise in dealing with the court and do not feel it would be to your benefit to use me in that way.

**Emergencies:** I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult. If for any reason you are unable to contact me by telephone and you are having a true emergency, please call the Crisis Clinic (206-461-3222) or 911 or check yourself into the nearest hospital emergency room immediately if your personal safety or mental health is at stake.

Client Initials \_\_\_\_\_

**CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT**

I understand that if I have any questions or would like additional information, I may feel free to ask during the initial session and any time during psychotherapy process. By signing this disclosure statement I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in psychotherapy when deemed necessary by myself and Patrick Dougherty for purposes of assessment or treatment.

I understand that confidentiality cannot be assured for electronic communication like cell phones, e-mails, and faxing. I do not hold Patrick Dougherty responsible or liable for breach of confidentiality if I choose to communicate with my psychotherapist by these electronic means. I also give permission for such electronic communications to take place in consultation by my psychotherapist, who shall make efforts to exclude personally-identifiable information in such communications.

I understand that sometimes in psychotherapy things get worse (because of repressed issues and systematic dynamics) before things get better. I understand this may be a natural part of the psychotherapeutic process. I understand that Patrick encourages his clients to discuss these issues in session.

I have received and reviewed the Client Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

I understand that Patrick Dougherty desires to maintain strict confidentiality. This includes not discussing with any person that may have referred me about having entered into a professional relationship with him. However, I may grant Patrick Dougherty permission to express his gratitude to the person who referred me, which would involve mentioning of my name (no other information would be revealed). By initialing here \_\_\_\_\_, I give Patrick Dougherty permission to express his thanks to \_\_\_\_\_.

I understand that records of our sessions and communications must be kept by law, unless I request otherwise. By initialing here \_\_\_\_\_, I hereby request that Patrick Dougherty does **not** keep records beyond basic identification, session dates and times.

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date