

# Jordan Feigal, MS, LMHC

12 Bellwether Way, Suite 223, Bellingham WA 98225

360.734.7310 ext. 4121

Licensed Mental Health Counselor # LH00011099

## Terms of Service / Counselor Disclosure Statement

Welcome to my practice. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me and my therapy practice. Please read this information carefully and ask me to explain anything that you don't understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our therapy together.

### **Education:**

2005 M.S. Psychology: Mental Health Counseling, Western Washington University

1999 B.A. Psychology, St. Olaf College

### **Approach to Therapy:**

In my work as a therapist, I view the therapeutic relationship as a collaboration in which we work within each individual's unique strengths, history, culture, and life experience in reaching goals set out by the client. I utilize a variety of integrated theoretical approaches for treatment, including client centered, cognitive-behavioral, existential, family systems, and mindfulness based approaches. I also have training and experience working with guided imagery and play therapy, as well as crisis response and stabilization. I will always continue to develop how I approach working with clients, including maintaining efforts to expand my skills and techniques. Therapy may be offered in individual, couples, or family format, depending on what is assessed to be most helpful and effective. The format of therapy may need to be flexible throughout its course, depending on how goals and needs develop. I believe that engaging in counseling can foster rewarding and valuable outcomes for clients, while knowing that the path to change can be difficult to navigate at times. My intent is to provide a safe and comfortable mental and emotional space to help clients explore and create change.

You have the right to choose a counselor who best suits your needs and purposes, and if ever you or I feel that our therapeutic relationship does not suit your needs, I would be happy to provide information for other practitioners in the area. Additionally, you have the right to a confidential relationship to the extent as provided for by RCW 18.19.180(1) through (6). And, you also have the right to refuse treatment.

Counselors practicing for a fee must be registered or certified with the Department of Health for protection of the public health and safety. Registration of practice standards does not necessarily imply the effectiveness of any treatment.

### **Our Relationship:**

Although you may at times feel very close to me, it is important for you to realize we have a professional relationship rather than a personal one. Professional ethics require that our contact be limited to the sessions you have with me. Please do not invite me to social gatherings, contact me via social networking, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

### **Peer Review:**

Bayside Therapy Associates is a consultative group of experienced therapists. Good clinical practice requires occasional peer review and consultation within this group. Please be aware that your case may be clinically reviewed in this setting. Also be assured that you will be protected by the same confidentiality requirements followed by any of our therapists attending consultation.

**Confidentiality and Privacy:**

You have the right to a confidential relationship with a few exceptions as required by law. During family or couples therapy, I may meet with one of you individually for one or more sessions, or for part of a session. Anything we discuss when your family member(s) and/or partner are not present may be disclosed to them, if, in my best judgment, doing so is necessary to effectively help your relationship(s).

Minors age 13 or older may without permission from a parent or guardian consent to mental health treatment, and they have the right to a confidential relationship with a therapist. Serious threats of harm to self or others, however, will not be kept confidential, and steps will be taken to ensure everyone’s safety. This may include notifying the parent or guardian.

By initialing below, I acknowledge that I have been provided a copy of Jordan Feigal’s “Notice of Practices Regarding Protected Health Information” and read and understand the information provided.

\_\_\_\_\_

**Initial here**

**Billing Practices:**

Billing practices are explained in detail on a separate “Billing Practices / Financial Agreement” page. By initialing below, I acknowledge that the Financially Responsible Party (e.g. self or parent) has read and understood the information provided.

\_\_\_\_\_

**Initial here**

**Attendance:**

Attending scheduled appointments is critical to the success of counseling. Repeatedly missing appointments can be detrimental to the counseling process, and potentially costly if no show fees accumulate. If missing scheduled appointments becomes a concern, I will initiate a conversation about how to remain engaged in services. At that time, I may request that an attendance contract be discussed and signed.

**Emergencies:** If there is an urgent question or concern between sessions, I can be reached by phone at 360.734.7310 ext. 4121, or 360.510.6937. I would like to keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting psychotherapy. In the case of a life-threatening emergency, Volunteers of America have a 24-hour on call crisis line at **1-800-584-3578**, or please call **911**. You may also go to the nearest hospital’s Emergency Department.

**Treatment consent:**

By signing, I consent to mental health counseling treatment with Jordan Feigal, MS, LMHC. I have been informed of the type of counseling I will receive from Jordan Feigal, MS, LMHC, the methods and techniques used, his education, training and experience and the cost of counseling services. Furthermore, I have received this information in writing.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Jordan Feigal, MS, LMHC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date