

Tara Ettlín, MS, LMHC

119 N Commercial Street, Suite 335, Bellingham, WA 98225

360.734.7310 ext. 4515

Licensed Mental Health Counselor # LH60031137

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.

Approach to Therapy:

I view the therapeutic relationship as a powerful process to cultivate change and foster self-exploration in our lives. Counseling can help you improve your awareness of the thoughts, behaviors and feelings that motivate your actions. I utilize an eclectic mix of evidence based counseling techniques such as cognitive behavioral therapy, dialectical behavioral therapy and mindfulness-based therapy. I believe in fostering a safe, non-judgmental environment where you can feel comfortable to examine the challenges you are currently facing in your life.

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.

Education:

2004 M.S. Psychology, Mental Health Counseling, Western Washington University

2002 B.A. Psychology, Humboldt State University

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 paid sessions you have with me. Please do not invite me to social gatherings, 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 your personal identity information will be disguised and held to the same confidentiality laws 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.

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 Tara Ettlin'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 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 emergency between sessions, I can be reached by phone at 360.734.7310 ext. 4515 or by cell at 360.527.5854. 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**.

Treatment consent:

By signing below, I consent to mental health therapy with Tara Ettlin, MS, LMHC. I have been informed of the type of therapy I will receive from Tara Ettlin, MS, LMHC, the methods and techniques used, her education, training and experience. I also attest that I have read, understood, and agreed to all information and policies on the **Terms of Service/Disclosure Statement, Billing Practices/Financial Agreement, and Notice of Privacy Practices** forms. I have received my own copies of these forms. I also give Bayside Therapy Associates and Tara Ettlin, MS, LMHC permission to release to my insurance company any medical or other information necessary to receive payment for my sessions.

Client's Signature

Tara Ettlin, MS, LMHC

Date

Date