



# Trauma Informed Therapies

222 W. Mission Ave.  
Suite 122  
Spokane WA 99201-2345  
(509) 842-0067

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## 6. INFORMED CONSENT

### Welcome to Trauma Informed Therapies

This document contains important information about our professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them in session. When you sign this document, it will represent an agreement between us.

### THERAPEUTIC SERVICES

The Trauma Informed Therapies (TIT) approach to treatment is client-centered, trauma-sensitive, inclusive and individualized. Our mission is to provide evidence-based counseling and education that promotes safe exploration of presenting problems, past difficulties, and desired outcomes through a collaborative process designed to empower client-centered change, build resilience, and strengthen relationships while promoting wellness for clients, staff, and the community.

At TIT, we have counselors trained in therapies that are researched to reduce anxiety, PTSD, and a variety of other challenges. All of our staff therapists are trained in two or more modalities to specifically address trauma, including EMDR, TF-CBT, and more. We attend to a wide range of client needs through a staff with diverse specializations in the field of counseling.

The type and extent of services that you receive will be determined based on your specific needs and symptoms, goals for treatment, and treatment preferences discovered through the intake assessment process and discussions between you and your therapist. Through this treatment planning process, information regarding recommended services will be discussed with you so that you, together with your therapist, can make the most informed and appropriate decisions about what is likely to work best for you. It is important to keep in mind that your treatment interventions and goals may change as the therapeutic process progresses- our therapists attend to the fact that therapy is a dynamic and active process which requires flexibility in both client and therapist.

Therapy can have benefits and risks. Since therapy often involves discussing symptoms, triggers, or unpleasant aspect of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness; sometimes, undesired behaviors or urges can even increase during the course of therapy. Important relationships in your life may be profoundly impacted by the process of therapy, even leading to the ending of relationships that are important to you. Despite these risks, consistent and sound therapy has been shown to be beneficial to those who dedicate themselves to the process. Therapy often leads to overall reduction in undesired symptoms, a greater degree of self-acceptance and awareness, improved life functioning that can include better relationships, more satisfying experiences at work and/or school, more constructive coping skills and significant reductions in feelings of despair. Therapy is a unique journey for each person, your experience of therapy will be unique to you. A client's commitment and engagement in therapy is known to be a contributing factor in the success of treatment, therefore it is crucial for you to work on things discussed during sessions with your therapist at home in order for you to achieve your best possible outcome.

Therapy involves a large commitment of time, money, and energy, so it is important that you and your therapist work together to develop a treatment plan collaboratively to help you reach your goals. It is also important for you to truly consider whether your therapist is the right fit for you because the therapeutic relationship has a large impact

on whether therapy is successful. If you have questions about Trauma Informed Therapies' procedures or any other aspect of your treatment, please bring them up as soon as possible with your therapist so that they may be discussed constructively in session.

## **CLINICAL RECORDS AND CONFIDENTIALITY**

State and federal regulations\* including the Health Insurance Portability and Accountability Act (HIPAA) and professional standards require TIT to keep records of the treatment and services provided. These records, and other information that TIT learns about you through the course of your treatment, is considered "protected health information" or PHI. Extensive measures are taken to ensure the privacy and security of your PHI pursuant to the state and federal\* regulations listed in this document. In most cases, you must provide written authorization for your PHI to be used or disclosed. TIT is, however, allowed to use and disclose PHI without your authorization for certain purposes. Examples of these allowed disclosures are:

- If you have plans to kill yourself or hurt/kill someone else.
- If you have plans to hurt society at large.
- If TIT gets a court order for your chart/records.
- If you are, or you make a report of, a minor or vulnerable adult being abused or exploited.

If you receive drug or alcohol abuse treatment/diagnosis at TIT, your records related to that treatment/diagnosis are entitled to further protection under Federal Law (42 CFR Part 2). TIT's Notice of Privacy Practices, which was provided to you at intake and is available on our website and in our offices upon request, provides more information regarding uses, disclosures, and processes regarding your protected health information and drug/alcohol abuse records, if applicable.

It is important for you to know that if you are using your insurance to pay for therapy, your insurance agency has the ability to request your records, request a conversation with your therapist about your treatment, receive updates from your therapist pertaining to your treatment, and to receive information about your mental health diagnosis from your therapist/therapy records. Your therapist is required to submit your mental health diagnosis to your insurance agency if you are using your insurance to pay for therapy. If your therapist determines that you do not meet the criteria for a mental health diagnosis as according to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), your mental health therapy will not be deemed medically necessary and therefore you cannot use your insurance for billing purposes.

If you are using insurance benefits, your insurance has the right to your health information.

## **Billing and Records Requests**

TIT uses the services of Concise Healthccare Solutions, LLC. This company will have access to client records and will also be providing services for any records requests that you may have.

## **SERVICES BY ASSOCIATE-LEVEL THERAPISTS**

Services directly provided by associate licensed providers, or providers not credentialed with your insurance company, are provided under the clinical supervision of a credentialed, licensed provider. By signing this form, you consent to receiving services by associate licensed or associate-level credentialed mental health therapists. Please note that your insurance may be billed under the name of the direct clinical supervisor.

## **MINORS**

If you are under the state-mandated age of consent (12 years old or younger), please be aware that the law may provide your parents the right to examine or receive a copy of your treatment records. It is TIT's goal to document your course of treatment accurately and thoroughly, yet with discretion. TIT will also do our best to maintain your

confidentiality while keeping your parents up to date on your progress as appropriate. However, if TIT feels there is a high risk that you will seriously harm yourself or someone else, TIT is professionally obligated to notify parents of our concern.

## **CLIENT AND STAFF SAFETY**

TIT is committed to providing a safe, supportive, and therapeutic environment for all clients and staff. To ensure client and staff safety, TIT may choose to discontinue services or prohibit an individual from entering TIT facilities if a risk to staff or client(s) is determined. Threatening behavior or language will be evaluated and handled on a case by case basis and addressed directly with the overall safety of clients and staff in mind. In addition, various items are prohibited from being brought in to our facilities, such as weapons (including guns, firearms, knives, and exposed blades), and illegal drugs or other items that may compromise the health, safety, or well-being of clients or staff. If you or your guest brings a prohibited item into the TIT office or displays threatening behavior or language, we may ask you or your guest to remove the item from the premises, ask you or your guest to leave the facility, or in some cases, ask you or your guest to not return to TIT in the future. Determinations on whether a particular item, behavior, or language is “prohibited”, and which of the above responses TIT chooses to take, are the sole discretion of TIT.

To assist in TIT's commitment to providing a safe environment, an automatic lock is used on the waiting room door. All clients are provided with a keypad code to enter TIT. To help assist with these efforts to keep TIT a safe environment, we ask that you never share this code with another person and also that you not hold the door for anyone seeking entry into the TIT office. If you forget the entry code, please call the front office or your clinician at 509-842-0067. This code is subject to change, you will be updated about these changes via text and/or direct communication from TIT Staff.

For security purposes, the main entry doors into the Garden Court building are locked at 5 pm by non-TIT staff. If you are unable to enter the Garden Court building, you will be met at a main entry of your choice by your clinician at time of your appointment.

## **VOLUNTARY PARTICIPATION AND TERMINATION**

All clients voluntarily agree to treatment and may terminate services at any time without penalty. Counseling involves a large commitment of time, money, and energy, so it is important that you work with a therapist you are comfortable with. If you decide that your assigned therapist is not right for you, please let us know so that we can look for a more appropriate match or refer you to another practitioner in the community.

## **CONTACTING YOUR PROVIDERS**

Providers are often not immediately available by telephone. Our administrative and client services staff can typically field most calls such as those related to appointment scheduling and general questions. However, if you do need to reach a provider, confidential voicemail is available, and providers make every effort to return calls as soon as possible. Unless specifically arranged, providers do not correspond in-depth with clients over email, mobile/cellular phone, or text message as we cannot guarantee the confidentiality of those communication methods. Additionally, in situations where you need immediate assistance or support, or in emergencies, call 911 or Spokane Regional Crisis Line at 1(877)266-1818 for assistance, rather than contacting your provider at TIT.

## **The State of Washington requires us to disclose the following information to you about TIT:**

You may contact the Washington Department of Health (DOH) to look up information on our agency and/or providers (<https://fortress.wa.gov/doh/providercredentialsearch>), and may contact the DOH Health Systems Quality Assurance Complaint Intake (360-236-4700, or PO Box 47857, Olympia, WA 98504-7857) to lodge a complaint regarding suspected unprofessional conduct.

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Spokane, WA 99201

DOH License Number: LW00009539 Washington

\*Trauma Informed Therapies maintains the privacy of protected health information in accordance with the following state and federal regulations: Washington: RCW 70.02, RCW 18.83.110 Federal: Health Insurance Portability and Accountability Act (HIPAA/45 C.F.R.), Confidentiality of Drug and Alcohol Abuse Records (42 C.F.R. Part 2)

## **INITIAL FOR CONSENT TO TREATMENT AT TRAUMA INFORMED THERAPIES**

My initial below indicates that I have been provided with a copy of this document, I have read and understand it, I was able to ask questions about its contents, and I consent to treatment by Trauma Informed Therapies my initial also indicates that I have been provided with a copy of the Notice of Privacy Practices and Statement of Client Rights and Responsibilities.

Client Initial:

Client Parent/Guardian Initial\*\*:

\*\*Required if client is a minor and under the state-mandated age of consent. Age of consent is 13 years old in the state of Washington, clients 12 years old and younger must have Parent/Guardian consent. For questions on your state's minor consent laws, please see the TIT Front Desk staff