

CONSENT TO TREATMENT
AND USE OF PERSONAL INFORMATION FORM

Peace and Balance Counseling

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Counselling & Psychotherapy

Counselling and psychotherapy provide a space and opportunity for you to explore your behavior, relationships, feelings, and thoughts. Counselling therapy is also a legitimate source of support in a crisis or during a difficult time. Therapy can bring deeper personal insight and awareness, better ways of understanding and coping with problems, and improved relationships. You should know that therapy sometimes requires you to be willing to examine difficult topics or times in your life, to experience stronger than usual emotions, and to try out new and different behaviors.

Collection, Use and Disclosure of Personal Information

Personal information gathered in the course of counselling and psychotherapy will be used in accordance with the purposes outlined in the paragraph above and will not be disclosed except as follows.

Confidentiality and Its Exceptions

Confidentiality is a key to the effectiveness of the counselling and psychotherapy processes, so the personal information you share in therapy will be kept confidential.

Confidentiality continues after the end of the therapeutic relationship. There are, however, some exceptions to the therapist's duty of confidentiality, in particular:

- (a) if a child is or may be at risk of abuse or neglect, or in need of protection;
- (b) if a therapist believes that you or another person is at clear risk of imminent harm;
- (c) for the purpose of complying with a legal order such as a subpoena, or if the disclosure is otherwise required or authorized by law.

The therapist may also disclose information for the purpose of a professional consultation, in which case your identity will remain confidential.

If you have any questions or concerns about WA's Personal Information Protection Act (PIPA) or about the therapist's personal information policies and procedures, please ask.

Reviews, Referrals, and Ending

In counselling and psychotherapy, you are entitled to:

- (a) have a review of your progress and of any of the topics in this form;
- (b) a second opinion from another therapist at any time;
- (c) be provided with a referral to another counsellor or health professional;
- (d) withdraw consent for the collection, use, or disclosure of your personal information, except where precluded by law;

- (e) end the therapeutic relationship by so advising the therapist — *clients often know when they no longer need therapy and when the desire to end therapy is based on a sense of completion rather than due to unresolved difficulties;*
- (f) access or obtain a copy of the information in your therapy records, subject to the end of the therapeutic relationship.

Your right of access to or to obtain a copy of your personal information continues after the end of the therapeutic relationship. John Gass may remove portions of the record prior to inspection if deemed detrimental to the therapy of a client. You have the right to request an update of your record and you may rebut information in your record in writing. You have the right of appeal (in writing) to record access.

Concerns

If you have a concern about any aspect of your counselling or psychotherapy, you are requested to first address it with John Gass. If this is impossible or unsafe, or if your concern is not resolved through discussion, you may contact the Department of Health at 360-236-4700, or by writing to Department of Health, Health Professions Quality Assurance Division, P.O. Box 47857, Olympia, WA 98405-7857.

You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported.

Signature

My signature below confirms that I have read the above, had an opportunity to discuss it with the counsellor, and had my questions answered to my satisfaction.

Name of Client

Signature of Client

Name of Parent/Guardian

Signature of Parent/Guardian
(if client is under 13)

Date Signed

Office Use: Copy of Consent offered to client: OYes ONo
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