



Weeds to Wishes  
Counseling & Consulting

**ADOLESCENT INFORMED CONSENT**

Washington State Law states the age at which a person may consent to counseling is 13; however, it is my policy to provide you and your parent(s) or legal guardian(s) all of the information below and obtain their consent as well whenever possible. It is my belief that the more informed and supportive they are, the more successful your time in counseling can be.

**Confidentiality:** The privacy of your personal information is of the utmost importance. I am compliant with current Federal and State of Washington laws, including the Health Insurance Portability and Accountability Act of 1996 known as HIPAA. As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. This would require a Release of Information form signed by you. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to break confidentiality whether or not I have your permission.

- You tell me that you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me that you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed. For example: drug abuse, reckless driving/DUI, or illegal or risky sexual activity.
- You tell me you are being neglected or abused (physically, sexually, or emotionally) or that you have been abused in the past. In this situation, I am required by law to report the abuse to Child Protective Services.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to. I will do all I can within the law to protect your confidentiality; if I am required to disclose information to the court, I will inform you that this is happening.

**Communicating with your parent(s) or guardian(s):** Except for situations such as those mentioned above, I will not tell your parent or guardian the specific things you share with me in our therapy sessions. This includes activities and behavior that your parents would not approve of or would be upset by, but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I must communicate this information to your parent or guardian.

- You can always ask me questions about the types of information I would disclose. You can ask in the form of a hypothetical questions, like "If someone told you they were doing \_\_\_\_, would you tell their parents?"
- Even if I have agreed to keep information confidential, I may believe it is important for them to know what is going on in your life. In these situations, I will encourage you to talk to your parent/guardian and will help you find the best way to tell them. Also, when speaking to your parents, I can describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

**Appointments and cancellations:** We will schedule our appointments via phone or in person at the end of a session. It is likely that your parent(s) or guardian(s) will make and pay for appointments on your behalf, but understand that you are ultimately responsible for attending your appointments. Please notify me by phone, at 253.653.6217 or via email at [kat@weeds-to-wishes.com](mailto:kat@weeds-to-wishes.com), as soon as possible if you have any schedule conflicts or emergencies which would require you to cancel our appointment. Likewise, I will notify you if I should need to cancel our appointment. **There is a \$75 fee for appointments cancelled with less than 24 hours notice.**

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

**Emergency Contacts:** You may call me anytime and leave a message on my voicemail and I will get back to you as soon as I can. You may also email me with your concerns and we can attempt to do some brief problem solving or resource sharing that way. I am not able to provide on-call crisis or emergency services. If you have a life-threatening emergency, please call your parents, 9-1-1, or the Seattle Crisis Clinic at 1-866-427-4747. For peer-to-peer support, you can contact Teen Link at 1-866-833-6546.

Weeds to Wishes  
Counseling & Consulting  
220 M St NE  
Auburn, WA 98002  
253.653.6217  
weeds-to-wishes.com

Client Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_



Weeds to Wishes

Counseling & Consulting

**Therapy Relationship and Professional Boundaries:** It is my intention to provide a warm, safe, and professional environment where I consider your best interests my priority. Because I have the utmost respect for you and our therapeutic relationship, professional boundaries are essential so that no harm or damage is done. I uphold the following practices regarding professional relationship boundaries:

- I will not, at any time, have a social relationship with you outside of my office, even after we have ended our therapeutic relationship; this includes contact on social networking sites, such as Facebook. I will not accept social or family event invitations from you, and I will not offer them to you. This is not for a lack of interest or care. It is a professional ethical obligation.
- I will not, at any time, have physical or sexual contact with you, aside from shaking your hand as a greeting or parting.
- I will not, at any time, accept any gifts from you. I may accept a card or note from you.
- If I were to see you in public at any time, I will not initiate contact or familiarity with you. If you choose to initiate visible or audible greeting, I will reciprocate, but will not attempt further communication unless you request it.
- I will uphold confidentiality standards pertaining to Federal and State of Washington law during the course of therapy and thereafter. By law, our sessions are not considered privileged.

**Therapeutic Duration and Termination:** Because you are legally able to give your consent for therapy in Washington State, you have the freedom to make decisions as you please. You may engage in therapy for as long as you like. You may also withdraw from therapy at any time. I respect and promote your right to make your own decisions. You may, at any time, change your goals for therapy and/or may choose to end our relationship no matter where you are in the process of goal achievement. If you would like to end therapy, I would only ask that we first discuss this in person. However, in order to provide the best possible care for you, I must take into account the decisions of your parents/guardians as well and give that some weight in the decision.

- If more than 30 days has passed since our last contact, and I have not received any word from you or your parent(s) or guardian(s), I will accept that as your notice that you no longer wish to continue counseling, and that our therapeutic relationship is terminated.

#### **INFORMATION FOR THE CLIENT'S PARENTS/GUARDIANS**

**The Need for Adolescents to Have Confidential Therapy:** As a parent or guardian of a teen receiving therapy, I will involve you in helping your child to the fullest extent possible. However, the content of your child's sessions must be confidential in order to enable them to confide in me. The biggest indicator of successful treatment is a strong therapist-client bond.

- In the treatment of adolescents, there are many issues that therapists have no opportunity to address unless adolescents trust that communication in therapy will not be shared with the parents or guardians. These issues include: use of cigarettes, alcohol, and drugs, sexual concerns or behavior, self-harming behaviors, involvement in gangs, cutting classes or truancy, school failure, unauthorized time with peers, and criminal activity. I will work with your child to help them to behave in ways that are not self-destructive, that do not limit options for the future, and that are considerate of others. If any of these issues rise to the level of serious, imminent danger to self or others, parents and/or appropriate authorities will be notified.

**Payment for Services:** I accept cash or check payments made payable to Kathryn Chocie, or individual sessions via PayPal, and will provide a receipt upon your request. Payments are due directly to me at the time of service (at the start of each session). I do not currently accept insurance. If payments are made via PayPal, a \$5 processing fee above the published rate will be assessed. If a sliding scale payment arrangement has been made, it will be revisited each \$90 days. Payments will increase in increments of \$5 per session.

**Treating Children of Separated or Divorced Parents:** In families of separation and divorce, therapists work to help children and teens cope. Treating children in these contexts is difficult because:

- Parents can have different views of the child's feelings and needs.
- Parents' views may be affected by their own experiences, issues, and needs.
- Both parents could fear that the child's therapist will side with the other parent.
- Both parents could fear that the child's therapist will make custody or visitation recommendations that are not in the best interest of the child or parent.

For these reasons, I abide by the following policies if I am treating an adolescent child of separated or divorced parents who share legal custody:

- *For those under 16:* Both parents must consent to treatment, ideally before the first session with the child or shortly thereafter.
- *For those 16 and over:* You may begin counseling of your own consent if paying for services yourself. If your parent/guardian pays, they must sign consent as well.
- Both parents have access to face-to-face and/or phone contact with me. The exception to this would be cases in which I believe that contact with one or both parents may negatively affect the child.
- I may share any information provided by one parent with the other parent. Please note this will fall within the confidentiality constraints listed above.
- I am not qualified to provide custody or visitation recommendations to a court, mediator, and/or psychologist conducting a family evaluation. If your child has a court representative (attorney, guardian ad litem, etc.) or if requested by both parents or ordered by the court, I may discuss observations about the child with these parties.

*Weeds to Wishes*

Counseling & Consulting

220 M St NE

Auburn, WA 98002

253.653.6217

weeds-to-wishes.com

Client Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_



*Weeds to Wishes*

*Counseling & Consulting*

These policies may not apply when a parent resides out of the area or is incarcerated, when a parent-child contact is limited by a court (juvenile, Family, or Guardianship) or court representative, when there is substantial evidence that a parent might be physically or psychologically harming the child or damaging the therapeutic relationship, or when a parent fails to respond to the therapist's attempts to establish contact with that parent.

**Complaints:** If you have a complaint or inquiry about my professional service that cannot be resolved with me directly, you have the right to contact the Department of Health: Health Services Quality Assurance Division, PO Box 47857, Olympia, WA, 98054; 360-236-4700, or via email: [HSQAComplaintintake@doh.wa.gov](mailto:HSQAComplaintintake@doh.wa.gov).

Client Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

*Weeds to Wishes*  
Counseling & Consulting  
220 M St NE  
Auburn, WA 98002  
253.653.6217  
weeds-to-wishes.com