

**Jason Lavelle, LICSW, MHP**  
**206-486-4419**

## **INFORMED CONSENT TO TREATMENT**

The therapist-client relationship must be open and direct. It is therefore important to begin our relationship with a clear agreement on our mutual rights and responsibilities. My goal is to provide services, which are tailored to your specific needs. To facilitate your personal growth, I encourage open communications and commitment to change through personal and collaborative efforts. Change and growth through the therapeutic process depends in large part upon your own decisional processes and your motivation to change.

## **PROFESSIONAL DISCLOSURE**

I have been working in the field of human services in a variety of capacities since 2005 and began my private practice in 2015. I earned a Master's Degree in Social Work from the University of Texas at Austin in 2012. Upon graduation, I worked for Sound Mental Health in the Seattle area treating children, adolescents, adults and families. Currently, in addition to my private practice, I am working with University of Washington Medicine as a behavioral health specialist. In this setting, I provide mental health assessments and services to adults and older adults with a variety of mental health needs. I have experience providing teen, adult, older adult, group, and family therapy throughout King County in outpatient and community/school-based settings. My license number is LW60686322.

## **TREATMENT APPROACH**

I utilize a variety of modalities aimed at ultimately meeting you where you are in your current therapeutic process. Some of these approaches include: Cognitive Behavior Therapy, which teaches one to challenge long-lived "mistaken beliefs" that ultimately dictate how we maintain unhelpful thoughts and behaviors that impact our current life experience; Behavioral Activation, which helps decrease one's avoidance and isolation behavior while focusing on increasing one's engagement in activities; Motivational Interviewing, an approach aimed at assisting people through the different stages of change; Problem-Solving Therapy, which helps one deal more effectively with the wide range of difficulties and stressful problems that occur in everyday living; and Exposure Response Prevention Therapy, which focuses on helping those with obsessive-compulsive behaviors resist the urges to engage in compulsions and other behaviors that generate a false sense of safety, such as reassurance-seeking.

I view the counseling process as collaborative in nature. My job is to facilitate recovery and growth while not judging or dictating how life should be lived. I believe that while some may benefit from long-term psychoanalysis, others can thrive from brief, solution-

oriented approaches. I believe in the concept that with consistent work and practice, you can create the change necessary to move past your old ways of interpreting life.

## **OFFICE LOCATION**

Pioneer Square Grand Central Building  
216 1<sup>st</sup> Avenue S, Suite 415  
Seattle, WA 98104

## **FEES AND APPOINTMENTS**

My base rate for 50-60 minutes of psychotherapy is \$120.00. Intakes are \$150.00 and are scheduled to run longer, which includes the preauthorization process for insurance if needed as well as intake paperwork. For students or circumstances of economic hardship, I have a sliding scale that is determined by your gross monthly income. If your income increases you are responsible for renegotiating your fee upward. I work on a current basis and ask that you pay me either by check, cash, or PayPal *at the time of the session*.

Appointments are typically scheduled for once per week. Individual therapy sessions are scheduled for 50 minutes. Family or couples are usually scheduled for 80 minutes and the rate is adjusted accordingly.

If you miss a session without canceling, or if you cancel with *less than 24 hours notice*, you are responsible for paying that session.

If I am able to fit you in for a different time/day within the same week you were originally scheduled, then I will not charge for short-notice cancellations; however, this option is dependent on my schedule and availability and is not always an option.

I will bill your insurance directly if you have a provider with whom I'm credentialed. If you have an insurance provider for whom I am not in network, then I will not bill them but will be happy to provide you with a receipt of my service. Please check with your insurance company's mental health coverage prior to our meeting to see if they will reimburse you for visiting an out-of-network provider. I do accept a limited number of sliding scale fee clients for those that are experiencing financial hardship. If you are in such a position we can discuss a reduced rate as a possibility that would be revisited two months into treatment.

## **Choosing a Counselor**

You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may end therapy at any time.

### **Confidentiality**

As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. This means that what is discussed during our counseling sessions is protected information that cannot be disclosed without your written permission. If you would like me to speak with others regarding your case, then you can sign a release of information. You should know that there are a few legal exceptions to confidentiality. The following situations, as provided by law, are those in which the information you have shared with me may be shared with others. These include:

- If there is a suspicion of abuse or neglect of a child, developmentally disabled adult, or a dependent or vulnerable adult, then I must report this to the Department of Social and Human Services.
- If you or your dependent child appears to be at risk of harming yourself or someone else, then I must take appropriate action.
- In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony.
- The law permits me to disclose information about your care to other health care providers if they are treating you and have reasonable need for that information. I believe this insures continuity of care. By signing this policy statement you are giving me permission to communicate basic information about your treatment in writing or by phone to your primary care physician. You have the right to see this communication and discuss it with me.
- In cases where payments for services become past due, I retain the right to enlist the services of an outside collection agency to ensure proper payment.

### **Consultations**

I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

### **Scheduling Appointments**

Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for from week to week if the client has not rescheduled at the end of session.

### **State Information**

Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

### **Unprofessional Conduct**

The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, you may contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

### **Contacting Me by Phone**

If you need to contact me, please call 206-486-4419. If I am unable to answer, please leave a detailed message. I will check these messages on a regular basis. If you are experiencing an emergency, please dial one of the emergency numbers listed below or the emergency room of the hospital nearest you. Please limit your phone conversation needs to appointment scheduling and emergencies.

### **Emergencies**

If you are in an emergency and cannot reach me, please call one of the following numbers for help:

***General Emergencies 911***

***Crisis Clinic 800-244-5767 or 206-461-3222***

*I have read and understand the information presented in this form.*

---

Client Signature (13 years and older)      Date

---

Parent/Guardian Signature      Date

---

Therapist Signature      Date