



Angie Osborne MA, LMFT
Wish Breathe Believe

INFORMED CONSENT

Individual, Family & Couple Counseling

LF # 60746315

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I am pleased you are considering me as your therapist. As a marriage and family therapist, I am governed by certain laws and regulations and by the code of ethics for my profession. The ethics code requires that I make you aware of certain office policies, which may affect you. This document is required by law and binding upon services of Angie Osborne under the auspices of Wish Breathe Believe PLLC. It's purpose is to provide you with complete and accurate information about the services provided and the policies and practices thereof, so that you can reach an informed decision about pursuing such services. Your signature indicates you have read and understood the information in this document.

1. Your Rights as a Client:

- You have the right to ask questions about any procedures used during therapy.
- You have the right to decide at anytime not to receive therapy from Angie Osborne. She will provide you with the names of other qualified professionals whose services you might prefer.
- It is important to understand your therapist is not available 24 hours a day. If you are unable to reach your therapist it is your responsibility to seek help by calling 911 or utilizing any additional resources appropriate.

2. Confidentiality:

Within certain limits, information revealed by you during your therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times therapy will involve the participation of more than one family member and / or significant person(s). While Angie Osborne MA, LMFT will attempt to follow your wishes, she does not guarantee confidentiality among participants in the family or couples therapy.

There are certain situations in which Angie Osborne MA, LMFT is required by law to reveal information obtained during therapy to other persons or agencies without your permission.

These situations include:

- If you threaten bodily harm or death to yourself, Angie Osborne MA, LMFT will inform the appropriate law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
- If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, Angie Osborne MA, LMFT is required by law to report this to the appropriate authorities.

3. "No Secrets" Policy for Family Therapy and Couple Therapy

This written policy is intended to inform you, the participants in family therapy or couple therapy, that when I agree to work with a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. Since these sessions can and should be considered a part of the family or couple therapy, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

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I may, however, need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you may want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the patient (the couple or family unit) by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

We, the members of the _____ (couple/family or other unit) being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Angie Osborne MA, LMFT and that we enter couple/ family therapy in agreement with this policy.

Each family member must initial:

Initials _____ Initials _____ Initials _____ Initials _____ Initials _____

5. Minors

If you are the guardian of a minor or are a minor, please read the following: By signing below, I give my consent for Angie Osborne MA, LMFT to conduct therapy sessions with the minor listed below. I have been informed of the limitations to the confidentiality in terms of the treatment about certain topics. In situations where parents are divorced paperwork will need to be provided prior to treatment clarifying custody and outlining parents’ rights to seek therapy services for the minors listed.

6. Emotionally Focused Therapy & Emotionally Focused Family Therapy

What is EFT?

Emotionally Focused Couples Therapy (EFT) is a short-term treatment approach whose goal is the reconnection between partners. EFT, developed by Susan Johnson and Les Greenberg, is based on John Bowlby’s Attachment research over 50 years ago. Bowlby found that humans and higher primate animals appeared to have an innate need to feel attached to and comforted by significant others.

Adult attachment relationships are believed to have the same survival function as the mother-child bond, since ideally these attachments can provide the same love, comfort, support, and protection throughout the lifespan. However, due to our relationship histories, and the negative interaction cycles we get into with our partners, many of us have difficulties with trust and expressing emotion to those who mean the most to us.

When couples argue about such issues as jealousy, sex or money, the origins of these arguments are usually some form of protest from one partner about not feeling connected, not trusting, or not feeling safe or secure with the other pattern. When those we are attached to are not available, or are not responding to our needs to feel close or supported, we feel distressed. We may become anxious or fearful, numb or distant.

These behaviors can become habitual or rigid modes of reacting to our patterns. Furthermore, these toxic behavior patterns seem to take on a life of their own as they cycle into repetitive couple’s interactions that cause much pain, injury and despair. We focus on these patterns and work on changing these negative interaction cycles in a non-judgmental environment.

In a relatively short time, couples begin to recognize and eventually express their needs for love, support, protection and comfort that are often hidden or disguised by the harsh or angry words used in repetitive self-defeating

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patterns of conflict or arguments with each other. Partners begin to “listen with the heart,” one of the cornerstones of EFT—which means listening not for the literal meaning of a partners’ words, but for the feelings that lie beneath. In return, the other partner is better able to respond from the heart in kind. This is the emotional focus of Emotionally Focused Couples Therapy.

We view the building of “a safe haven” in your relationship as our primary task, and we will try to focus on your primary needs—to feel close, secure and responded to—which probably underlie most of your couple’s conflict.

Once this safe haven and feelings of connection are reestablished, you will better be able to manage conflict and the painful or difficult feelings that will inevitably arise from time to time in a close relationship. Furthermore, without so much defensiveness, each of you will be able to send clearer messages and will be better able to hear the other’s perspective. You will be better able to collaborate, problem-solve, and compromise—in short—you’ll be more of a team—which is the secret of a long-lived, successful marriage!

Research on the success of EFT:--EFT appears to move couples from distress to recovery in 10-2 sessions for 70-75% of cases and creates improvements in 90% of couples coming in for therapy. EFT has been used with many different types of couples in private practice, university training centers and hospital clinics. These distressed couples include partners suffering from disorders such as depression, posttraumatic stress, and chronic illness.

To view further references, recent articles describing EFT therapy and books on EFT, please refer to the EFT website: www.eft.ca; Psychology Today, March/April 2003.

The goals of EFT are:

1. To expand and re-organize key emotional responses
2. To create a shift in partner’s (families) interactional patterns with one another
3. To foster the creation of a SECURE bond between partners/ families.

7. Consent for EFT consultation / Developmental Model Consultation:

In order to provide the best possible therapy treatment for you and your family, it is common for Angie Osborne MA, LMFT to participate in consultation and training groups with seasoned mental health professionals on a regular basis. If you give your consent, during these consultation and or training groups Angie Osborne will present your case(s) to the group via videotape. Typically a ten-minute segment of your confidential session will be shared with the group, along with a summarization of the presenting problem(s) and relationship history. Absolutely, no identifying information is presented to the consultation and/ or training group members. After the case has been presented, the professionals in the group will collaborate on how to best work with the presenting relationship dynamics. Angie Osborne will take record of the feedback and recommendations and will then review this information with you at your next session. Angie Osborne will notify you ahead of time if this is going to happen so that you have the opportunity to revoke consent after the session(s) have been recorded.

The mental health professionals in the consultation and /or training group must follow the same confidentiality guidelines as Angie Osborne. If by chance someone in the consultation or training group was to know you or a member of your family, they will be asked immediately to leave the group and will not be permitted to participate in the portion of the meeting involving your case. Your case information and the copy of your recorded session will remain with Angie Osborne and will not be reproduced or shared at any point. Once the review has taken place your session will be deleted permanently.

8. Professional Profile of Angie & Therapeutic Orientation

I have a Master of Arts degree in Marriage and Family Therapy as well as a Masters degree in Education, both from Pacific Lutheran University. I completed an internship working at Pacific Lutheran University’s Couple and Family Therapy Center and I also worked as an intern for the Puyallup Tribal Heath Authority, at Kwawachee Counseling Center.

I have additional therapeutic training in the following treatment models: Emotionally Focused Therapy, Emotionally Focused Family Therapy, EMDR, The Couples Institute, Dialectical Behavior Therapy, and Play Therapy. In addition to my

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clinical experiences, I spent 13+ years working in the education system, which greatly influences my therapeutic approach and techniques with clients.

I am current member of the American Association of Marriage and Family Therapists AAMFT, the Washington Association of Marriage and Family Therapists, WAMFT and a member of The International Centre for Excellence in Emotionally Focused Therapy- ICEEFT.

I use myself in the therapy process, matching client tone, pace of speech and level of energy. As I listen to client's words, spoken and unspoken, I assess for attachment styles also identifying primary and secondary emotional responses. Through curiosity, compassion, and genuine authenticity I help clients identify patterns of interaction in their primary relationships.

9. Your Appointments

Sessions run 50 minutes or 90 minutes depending on where we are in the therapy process and client needs. *If you need to cancel your appointment, please do so at least 24 hours in advance, or you will be responsible for the full session fee.*

_____ Initials

_____ Initials

10. Consultation

The purpose of consultation is for my professional competency and growth and the ability to utilize the knowledge of other therapists' experience to benefit my clients. The focus of clinical consultation is to provide brief or specialized information and suggestions about designated cases or topics while maintaining my clients confidentiality.

11. Use of Social Media, Email and/ or Text Messaging

Simply by their nature, electronic forms of communication are not completely confidential. I will use email and text messaging for the purposes of scheduling or re-scheduling appointments. Therapy type questions or comments (such as "do you think....?" or "should I do....?" Etc.) should be addressed during the therapy session as these issues and concepts can be easily misinterpreted.

I do not accept friend or contact requests from current or former clients on any social networking site. I believe adding clients as friends can compromise your confidentiality and blur the boundaries of our therapeutic relationship. I do have a business facebook page you can like and follow. (wishbreathebelieve)

In regard to responding to emails, text messages or voice messages~ I will respond within 24 hours of receiving the message- unless otherwise indicated. If it is an emergency please use the emergency contact information or call 911.

12. Fee and Fee Arrangements

Please make checks payable to Wish Breathe Believe PLLC. I prefer to take care of payment, scheduling appointments, and any other practical matters at the beginning of the session. Allowing you to leave the session with your feelings and experience without having to interrupt the process to handle these practical items.

Fees are due at the time of service. If you are initiating treatment for a minor, please be aware that regardless of the financial arrangement determined by your parenting plan, you will be held responsible for payment of the account.

The fee for service is :

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\$140 for a 50 minute session

\$180 for a 90 minute session

All payment is private pay only and payment is required at the time of service.

I require 24 hours notice to cancel scheduled sessions. Any sessions cancelled within less than 24 hours will be billed at the full rate of service.

A credit card is required on file to book therapy sessions (Including the intake session)- This credit card will be billed in the event of late cancellations or no-show appointments.

CC Number _____ Full name on CC _____

Expiration Date _____ Billing zip code _____

Billing Address _____ Code on Back _____

Client Signature authorizing payment _____

Your signature indicates that you have read this agreement regarding the policies and procedures and understand its contents. It also acknowledges that any questions or concerns have been addressed prior to signing this document. This form will be included in your records and a copy will be given to you.

Client or Parent/ Guardian Signature Date

Client or Parent/ Guardian Signature Date

Client or Parent/ Guardian Signature Date

Client or Parent/ Guardian Signature Date

Angela Osborne LMFT, MA ED Date

