

Kelsey Lockard, MA, LMHC

509-528-3807

info@kelseylockardtherapy.com

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INFORMED CONSENT FORM

Washington State law and professional ethics mandates that each client be provided with the following information before beginning therapy. If you would like a paper or digital copy of this form, please let me know. You are free to ask questions and to discuss concerns regarding this form with me. Your feedback is welcome.

Licensure

I am a licensed Mental Health Counselor in the state of Washington. My credential number is LH61429064. Licensure indicates that a practitioner has met basic education, competency, and supervision standards. If more information is needed, contact the Department of Health, PO Box 47890, Olympia, Washington 98504-7890, (360) 236-4030.

Qualifications

I obtained a Master's in Psychology with a concentration in Clinical Mental Health Counseling from Antioch University Seattle in 2020. I also received a Bachelor of Arts degree in Liberal Studies from Antioch University Seattle in 2014.

My clinical experience began in 2019, working in community mental health. I also have experience volunteering for the King County Crisis Line. I currently provide individual psychotherapy services to adults through my private practice, Kelsey Lockard Therapy PLLC. My individual NPI number is 1255982088 and my Tax ID is 87-2546338.

Therapeutic Approach

In my approach to therapy, rather than adhering to one specific school of thought, I utilize an integrative approach that carefully and thoughtfully selects from several useful models, including:

- **Attachment Theory** states that people are affected by their early attachment figures and that emotional attachments are connected to our most basic needs to survive and thrive. In practice, this means that I create a safe space for clients to explore and unpack the early relationship dynamics they have internalized.

- **Anti-Oppressive Therapy** acknowledges that the systemic injustice in our society often results in trauma. In practice, this means exploring the ways clients have been impacted by systemic issue rather than focusing on symptoms in isolation. I will always strive to make our work together a safe and affirming space for all parts of your identity.
- **Humanistic Therapy** is holistic in nature and focuses on the good in people and their growth potential. In practice, this means that I help clients access and understand their feelings, gain a sense of meaning in life, and increase self-compassion.

Benefits and Risks of Therapy

It is important for you to know about potential risks and benefits of therapy. You may find that you seem to feel worse before you begin to feel better. You may feel discomfort and experience intense emotions. However, psychotherapy also offers significant benefits including a deeper understanding of oneself, more satisfying relationships, decreased anxiety, and stronger coping skills. Although I cannot guarantee the outcome of therapy, I am committed to helping you heal and grow with compassion and respect.

Professional Boundaries

I believe once a therapeutic relationship is established, any other relationship would potentially compromise the efficacy and the outcome plan for therapy. Therefore, in order to keep the focus of the therapeutic relationship on the client's growth and well-being, I refrain from entering into dual relationships with any of my clients.

- **Contact outside of therapy:** In order to protect confidentiality, I will not acknowledge the existence of a relationship with any of my clients outside of therapy sessions. If we see each other in public, I will not acknowledge you in order to protect your confidentiality. If you acknowledge me, I will be happy to respond in kind, but only to the extent that you offer. We will not discuss topics related to your therapeutic work outside of the therapy sessions or a phone conversation.
- **Social media:** In order to maintain your confidentiality and the privacy of our work, I will not be connected to any current or former clients via any social media platform.

Telehealth Therapy

I provide psychotherapy services solely via telehealth. I use a confidential, HIPAA compliant video chat platform. It is important to note that there are inherent limitations to telehealth therapy, and it is not appropriate in all circumstances. In Washington, licensed therapists may provide psychotherapy via telehealth to Washington residents.

Course of Treatment

I generally recommend that sessions be scheduled once a week. In certain cases, we may agree upon other arrangements. Duration of treatment varies with the nature of the presenting and underlying concerns and the particular needs of the client.

Termination of Service

You have the right to end therapy at any time. However, completion is an essential part of the therapeutic process and I strongly encourage you to discuss your decision with me so that we can bring sufficient closure to our work together. Please also be aware that I, as your therapist, have the right to terminate therapy if: 1) I feel it is in your best interest to see another professional with specific training or expertise; 2) I feel threatened by you; 3) you fail to pay the negotiated fee; 4) you fail to consistently show up for appointments; 5) there is a discovered conflict of interest (for example, I later learn that you are close friends with one of my relatives); or 6) I am moving or closing my practice.

Financial Responsibilities

My standard fee is \$130 for a 55-minute session. You will be expected to pay for each session at the time that it is held. My fee may go up \$10 every one to three years; I will inform you of this increase in advance.

- **The No Surprise Act and The Good Faith Estimate:** I am required to provide you a Good Faith Estimate of charges that you can anticipate for my services to comply with the federal No Surprises Act. Length, frequency, and number of sessions is dependent upon your condition and is a collaborative decision made by both provider and client. The following estimated costs are valid for 12 months from the date of the Good Faith Estimate. The primary service code and service I provide is CPT 90837: Individual Psychotherapy (55 minutes), which is billed at \$130. Missed Appointments/Late Cancellations are also billed at \$130. Please note the following: additional services may be recommended and must be scheduled or requested separately; The Good Faith estimate is only an estimate and actual charges may differ; you have the right to initiate a dispute resolution process if the actual billed charges substantially exceed the expected charges in the Good Faith Estimate; The Good Faith estimate is not a contract and does not obligate you to obtain services from me. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises.

Insurance

I am an in-network provider with Premera, LifeWise, and Aetna. By using your insurance benefits to pay for services, you are authorizing me to release the information required by your insurance carrier to process insurance claims. This means that your insurance carrier will have access to information such as: your name, dates of service, and diagnosis and treatment codes. It is your responsibility to keep me fully up-to-date about any changes to your insurance coverage. If your insurance carrier denies the claims associated with your care, you are responsible for paying my standard fee of \$130 per session.

- **Out of Network Benefits:** For all other insurances, I am an out-of-network provider. Upon request, I will provide a superbill (monthly invoice) for you after payments are

received. You can then submit this superbill to your insurance for potential reimbursement. Please note that most insurance carriers require an official mental health diagnosis in order to use out of network benefits.

Cancellation Policy

A minimum of 24-hour notice is required for rescheduling or canceling an appointment. If you do not show up for your appointment or if you do not give a 24-hour notice, you will be charged the full fee for your session. If you are late for your session we will still end on time.

Methods of Communication & Contact Hours

You may email me or leave a confidential message on my voicemail at any time. On weekdays, I will make every effort to respond to all messages within a 24-hour period. However, I do not check my email or return calls from Friday evening through Monday morning. I do take vacations throughout the year; however, I will give reasonable notice before taking vacation leave.

Please be aware that email and texting are not secure forms of communication and I cannot guarantee that information transmitted through these methods will remain confidential. To protect your privacy, please limit texting to scheduling concerns.

Client Rights and Responsibilities

You have a right to confidentiality. The only exceptions are: 1) in the event of a threat of harm to self or other; 2) in the event of suspected child or vulnerable adult abuse; 3) if a complaint is brought against me by you with the Washington State Department of Health; 4) if records are subpoenaed through the court of law. Whenever possible, I will speak with you about an exception to confidentiality before any action is taken. Additionally, you may give me written permission to share your records and details of service to whomever you choose. In order to accomplish this, you must sign a *Release of Information* form. You can change your mind and revoke that permission at any time.

As a client, you have the right to choose a therapist who best suits your needs and goals. You have a right to raise questions about my therapeutic approach and to request a referral if you believe you might make better progress with another therapist. I encourage you to talk to me directly if you have any questions about our therapy or are dissatisfied with my services. I will take such concerns and criticism seriously, and with care and respect.

You have a right to ask questions about anything that happens in therapy. You may ask questions about the work we are doing together, why we are approaching it this way, and whether there are alternative methods for working through your concerns.

To assure quality of care, it is your responsibility to keep me fully up-to-date about any changes in your feelings, thoughts, and behaviors and to cooperate with treatment to the best of your ability.

Emergencies

In a crisis or emergency, please do not contact me since I am often not immediately available and you may need assistance before I am able to get back to you. If you need immediate emotional support, please use one of the following resources: 988 Suicide & Crisis Lifeline (call or text 988), King County 24-Hour Crisis Line (1-866-427-4747). If you are in imminent danger or believe you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance.

Complaints

If you're unhappy with what is happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, or by calling 360-236-4700.

CONSENT TO TREAT

My eSignature below is acknowledgement that I am the client or the person authorized to consent for psychotherapeutic care for the client, that I have read and understand the information provided on this form, that I was provided this form before or during my initial session, that I consent to treatment, that I understand I am responsible for payment, that all questions were answered to my satisfaction, and I understand I can refuse treatment at any time.