

Jeff Lynch - LMFT
Professional Disclosure Statement
Counseling with families, couples and individuals

Welcome! This paperwork has been prepared for you to inform you of my qualifications and what you can expect from me as a therapist. Please read this form carefully and sign/initial in the appropriate places. Feel free to ask questions or discuss this information with me at any time.

A. Philosophy and Approach to Therapy:

My philosophy of therapy is holistic, meaning that I believe that people are made up of many parts – body, soul (mind, emotions, will) and spirit. How those parts interact internally and externally makes us who we are. I am a Christian and I believe God has created us to be in a relationship with him and with other people. Problems arise when there is a disconnect between what you think should happen in a relationship (including your relationship with yourself) and what is actually happening in that relationship. Healing occurs through understanding the reasons for and then correcting these disconnects. This process will heal relationships by altering our interactions within those relationships.

My approach to therapy is from a systemic perspective and relies heavily on Emotionally Focused Therapy (“EFT”) developed by Sue Johnson. EFT has its roots in Attachment theory. Couples often get caught in cycles where it can feel that they are having the same fight over and over. EFT recognizes this is the result of unmet attachment needs. Working together we will understand the cycle, each partner’s moves in that cycle and how to meet our partner’s attachment needs.

B. Code of Ethics:

As a licensed marriage and family therapist candidate, I endeavor to adhere to the American Association for Marriage and Family Therapy (“AAMFT”) Code of Ethics and the laws of the state of Oklahoma.

C. Formal Education and Training:

Bachelor of Arts in Psychology
Master of Science in Marriage and Family Therapy.
Licensed Marriage and Family Therapist

D. Professional Boundaries:

I will not acknowledge the existence of our relationship outside of the therapy session unless initiated by you. The therapeutic relationship is a professional relationship and therefore there will not be a social or business relationship at any time. Such a relationship, in my view, would undermine our purposes of therapy and limit the process. Given this, I don’t participate with clients in social networking sites or as an employment reference.

E. Risks in Counseling:

Counseling may be tremendously beneficial, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual’s thinking, and calling into question some or many of your beliefs and values. For couples counseling, although the goal is to improve communication and increase closeness, there is no guarantee of those results. I am available to discuss any of your assumptions, concerns, fears, issues, problems, or possible side effects of our work together.

Initials here indicate your understanding and acceptance of the above:_____

F. Your rights as a client:

1. You are entitled to information about any procedure, method of therapy, techniques, and possible duration of therapy upon your request. If you desire, I will explain my usual approach as well as qualifications.
2. You have the right to decide not to receive therapeutic assistance from me or to get a second opinion from another therapist. I will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to expect confidentiality within the limits described as follows. There are certain situations in which I am required by law without your permission to reveal information obtained during therapy. These situations are: (a) if you threaten bodily harm or death to yourself or another person; (b) if I am compelled by a court of law; (c) if you reveal information relating to physical abuse, sexual abuse, or neglect of a child or elderly person. With respect to child abuse, I am not permitted to investigate if the information is true or not. I am considered a "mandatory reporter" and must report any information of the abuse of a child.

Also, I may discuss certain aspects of our sessions in consultation or case presentations with other therapists. No identifying information will be disclosed. Everything discussed in consultation is confidential. The purpose is to aid and enhance our counseling sessions and my training.

In addition, for couple's counseling and family counseling, I maintain a "no secrets policy." I believe that secrets hinder the intimacy building process. Therefore, anything one partner tells me outside the presence of the other partner may be discussed with either partner based on my professional judgment.

See the "Notice of Privacy Practices" for further explanation of how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule applies to counseling.

4. Email/text communication: Your confidentiality rights described in #3 above apply to email and text communication. However, email and text have certain risks that are not present with speaking in person or phone calls. The risks of email and texts are that they could fail to be received if sent to the wrong email address or phone number or if the recipient just does not notice them. Others who have access to the email account, computer or phone as well as hackers or Internet service providers could breach confidentiality in transit or at either end. To mitigate the risks with email I use passwords to protect confidentiality on my end. Nevertheless, if you wish to avoid these risks, please let me know by selecting "No" under the "Messages OK" box on the "Client Information" sheet next to your email address. If you've checked "yes" in the "Messages OK?" box, I may use your email address provided as well as any other email address you may later provide to me for direct communication with you. If you initiate a text to me, I assume it is OK for me to reply via text unless you state otherwise. I suggest email and text are only used to schedule appointments.

5. You have the right to end therapy at any time without any moral, legal, or financial obligation other than those obligations already accrued including, but not limited to, the right to pay for services already rendered and cancelation fees.

6. If you request in writing, your records can be released to any person or agency you designate (note that consent from all clients in the treatment group is needed for a release of records). Also, you may authorize me, in writing, to consult with another professional about your therapy.

7. I may not always be immediately available to you. If you are having thoughts of suicide and are unable to speak with me, please contact the National Suicide Prevention hotline at 800-273-TALK (8255), or 911 or go to the nearest emergency room.

Initials here indicate your understanding and acceptance of the above:_____

G. Appointment Issues:

1. I expect 24-hour notice from you if you need to change your appointment time. If I am not given this notice, I will expect payment for the scheduled time at our agreed upon rate. For clients in couple's counseling, unless we have planned otherwise, both partners must be present at the appointment time for the session to begin and continue. Children are not permitted in the counseling room except when part of a scheduled family session.
2. If you are late for a session, the time of your session may be shortened as we will have to end at the scheduled time, but you will be required to pay for a full session.
3. If you haven't called me and are late for an appointment, I will wait for up to 15 minutes, and then assume you are not coming. The regular fee will still be expected for the time I reserved for you.

H. Recording Sessions

1. As noted herein, my approach to therapy relies heavily on Emotionally Focused Therapy as a foundational element. To that end, I regularly meet with two other EFT therapists to improve our skill set. With your permission, I will videotape our sessions for the sole purpose of assisting in these discussions. Recordings will never be shared with anyone other than that consultation group or the International Center for Excellence in Emotionally Focused Therapy as I seek certification as an EFT therapist. As with any other record, I will adhere to strict legal and ethical standards concerning confidentiality and protection of your privacy.

I. Financial Consideration

1. ***In Office:*** My standard fee for therapy in my office is **\$100 per 45-50-minute session** ("Agreed Upon Rate"). If we agree to longer or shorter sessions, you will be charged accordingly.
2. Payment in full is expected for each session and is made with cash, check or credit card.
3. There may be a charge for other services, including consultation with other professionals, preparation of reports or correspondence, any necessary court appearances, and occasional phone calls lasting over 10 minutes or frequent conversations of any duration. The fee will be agreed on by both of us before the performance of these services. If the services require me to be out of the office, a minimum 8-hour day, including travel time, is due at the time of scheduling the services. Additionally, there is a \$15 fee for returned checks.
4. Therapists have a right to seek legal recourse to recoup unpaid balances. In pursuing these measures, the therapist will only disclose contact information and the amount owed, in order to ensure confidentiality. In the event that it becomes appropriate for me to resort to legal remedies to collect any amount you owe, then in addition to the balance due you will also be responsible for all costs of collections, attorney's fees, court costs, and all other related expenses including interest thereon at the highest lawful rate.
5. When diagnostic testing is appropriate and recommended, some psychological assessment needs may be referred to another mental health professional who will determine his or her own fee.
6. I do not take insurance, but upon request, I can provide you with a Superbill that you may submit to your carrier to recoup any out-of-network benefits that carrier provides.

Initials here indicate your understanding and acceptance of the above:_____

Consent to Treatment:

I affirm that prior to becoming a client of Jeff Lynch, he gave me sufficient information to understand the nature of therapy and the nature of confidentiality. In accordance with HIPPA regulations, a copy of the "Notice of Privacy Practices" has been made available to me. I consent to participate in evaluation and treatment and I understand that I may refuse services at any time. I am also aware that the therapist will periodically consult with clinical supervisors, as required, on client issues. I have read the above and both understand and agree to the financial consideration and the appointment policy. My signature below affirms my informed and voluntary consent to receive therapy in full accordance with the terms set forth herein. With the understanding of the above information and conditions, I agree to participate in therapy.

Signature_____Date _____

Signature_____Date _____

Therapist's Signature_____Date _____