Individual Therapy Consent & Privacy Agreement

Help for Couples
James Gallegos, LMFT

Welcome

Thank you for choosing individual therapy. This agreement explains your rights, my responsibilities, and how your privacy is protected.

Nature of Therapy

Therapy is collaborative and designed to help you address personal concerns, relationships, emotional well-being, and life transitions.

Confidentiality

- Protected by HIPAA and Washington law.
- Exceptions include imminent risk of harm, abuse/neglect reporting, court orders, and your written authorization.

HIPAA Privacy

Records are maintained in secure HIPAA-compliant systems. You may request access to your records and receive a Notice of Privacy Practices.

Electronic Communication

Email and text are primarily for scheduling and administrative matters.

Telehealth

Virtual sessions use a secure HIPAA-compliant platform.

Fees & Payment

Payment is due at the time of service. Superbills are available for out-of-network benefits.

Emergencies

I do not provide 24-hour crisis services. Call 911 or 988 in an emergency.

Ending Therapy

You may end therapy at any time. We will review progress together.

Client Acknowledgment

By signing, you consent to treatment and acknowledge the limits of confidentiality.

Client Name: _____

Signature: _____

Date: _____

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