Initial meeting

Redeeming Stories Inc.

The purpose of this visit is to provide a time for us to meet and see if we are a good fit for the work ahead. We will briefly discuss the topic you are wishing to explore in therapy and I will present you with some possible options for addressing this issue. This is a time to ask questions about my therapeutic approach as well as the therapy process itself. If we choose to establish a therapeutic relationship and continue meeting, I will give you a client information form to read, complete and return. These forms are also available at: www.redeemingstories.com/forms.htm.

Before beginning, it is important to review the limits of confidentiality in counseling. This information is also found in the disclosure statement.

Confidentiality:

There is legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following are situations that may require or allow me to break confidentiality and share information with others:

1. The client gives written permission to share confidential information with a specific person or persons,
2. Anything that suggests a crime or harmful act against self or others,
3. If the client is a minor and there is indication that he or she was the victim or subject of a crime,
4. The client brings charges against the counselor,
5. In response to a subpoena and,
6. As required under RCW Chapter 26.44, the state's child abuse mandatory reporting law.

For a more detailed explanation of these items please consult the Washington Department of Health, Health Professions Quality Assurance Office at **https://fortress.wa.gov/doh/hpqa1/** or (360) 236-4700. When it is possible, we will discuss any exceptions to confidentiality as they arise.

Information Form

Name: _____ Today's date: _____

Mailing address: _____ Phone number: _____

City, State, Zip: _____ May I call and leave messages at this number? _____

Briefly, what are the topics you wish to discuss today?

How did you hear of my services? *(If from the internet, how specifically did you find me?)*

By signing below, I acknowledge that I have read and understand the information presented in this form. I have been offered a copy of this document and have been given opportunity to discuss my questions with the counselor. I have been informed that I have the right to choose a counselor who best suits my needs and purposes.

Client signature	Date	Client Signature	Date

Counselor signature	Date