Danielle Moulds, PLLC
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Informed Consent for Therapy Services

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information by signing and dating at the end of this document

About Danielle Moulds

Education & Training: I am a Licensed Mental Health Counselor Associate (LMHCA) in the state of Washington. I hold a Master's of Science in Clinical Mental Health Counseling and a Bachelors in Psychology from Mississippi State University. My previous experience includes work in an addiction IOP/PHP, a child advocacy center, a non-profit agency that provided support for unhoused and low-income families, a psychiatric hospital providing care for acute adults, and a large group practice where I worked with clients aged 2 years and up providing support for those experience a wide range of symptoms and diagnoses.

My Washington LMHCA license number is JEH17ADST. You can get more information about that license at www.doh.wa.gov. Click on Licenses, Permits, & Certificates to find information on licenses, filing a complaint, and more.

Therapeutic Orientation & Modalities: I work with children, adults, and families. My treatment specialties include the following:

- Work with Queer and LGBTQIA+ individuals and families
- Therapy that is gender-affirming
- Therapy that supports neurodivergent individuals and families with ADHD, Autism, or other diagnoses
- World with individuals with disabilities and/or chronic illnesses
- Treatment for PTSD and Complex Trauma

The following list includes some of the therapy modalities I utilize. It is not a complete or static list, and I reserve the right to offer other modalities apart from this list.

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Internal Family Systems
- Mindfulness
- Somatic Therapy
- Acceptance and Commitment Therapy

My approach is collaborative, trauma-informed, and both neurodivergent- and gender-affirming. I lean into your strengths and interests to provide care and tools that align with you as an individual or family.

The Therapeutic Process

You have taken an important step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise that I will support you and create a safe space for us to better understand you and the patterns in your life and how you can move forward to meet your goals and live the life you want.

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What You Can Expect

We will work collaboratively on treatment that supports your needs and addresses what is most important to you. You are the one who chooses how long treatment lasts and when you feel ready to stop treatment. I may discontinue your treatment if I believe that I am no longer qualified to provide you with treatment. In this case, an appropriate referral will be made.

As an individual, you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. You have the right to voluntarily agree to treatment and any intervention I suggest or use. You also have the right to refuse any intervention you do not feel comfortable with.

Termination

You are free to terminate therapy at any time and/or request referrals to other providers. I will not generally terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with appropriate referral resources. You may also choose someone on your own or from another referral source. If you do not have any sessions scheduled and I have not heard back from you for 30 days, I will assume you have terminated services and will close your file.

Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

1. If you threaten or attempt to commit suicide or otherwise conduct yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. If I have a reasonable suspicion that you or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of children under age 18, elderly, or vulnerable persons.

6. If you are in treatment or therapy by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
7. In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation
8. If you waive confidentiality by bringing legal action against me.
9. If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.
10. If you give me written consent to have the information released to another party.
11. In the case of your death or disability I may disclose information to your personal representative

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Consultation

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information shared in this context will be limited to the minimum amount necessary.

Outside of Session

If we see each other by chance outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but do not feel it appropriate to engage in any lengthy discussions in public or outside of the therapy office.

Minors

If you are a minor under the age of 13, your parents are legally entitled to information about your therapy. If you are a minor 13 or older, your parents or guardians may not generally access your treatment record without your written permission. Adolescents 13 and up have the right to consent to treatment without parental involvement. When working with adolescents, I will clearly explain the limits of confidentiality with both the parents and the teen at the start of treatment if parents are involved.

Professional Standards

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

Emergency Information

If you need to contact me, you can contact the office phone 360-670-0512 or contact me by email at: danielle@daniellemouldstherapy.com. The office phone number is also able to receive texts. I will not be checking texts, voicemails or emails outside of normal business hours. I do not provide emergency services. If there is an emergency and you cannot reach me or it is outside of normal business hours, call or text the crisis line at 988 or the regional Crisis Clinic at 206-461-3222, or if it is a life-threatening emergency call 911. If you would like to develop a crisis plan, please discuss that with me in your sessions.

Mental Health Crisis Lines

National Crisis Line (call or text): 988
Regional (King County): 206-461-3222
Washington Recovery Line (substance use): 866-789-1511

Fees & Financial Responsibilities

Session Fees:

- Initial intake (60 minutes): $180
- Subsequent individual sessions (53 minutes): $150
- Couples/Family sessions (53 minutes): $200
- Case management and outside-of-session work: $50/hour

A credit card on file is required to reserve your session spots. Payment is due the same day as service and will be charged to the card you have on file. If you have two unpaid sessions, I will cancel further sessions until payment for previous sessions is received.

I am in network with most Blue Cross/Blue Shield (BCBS) plans (including Regence and Premera), as well as Kaiser, FirstChoice Health, and LifeWise. I can also provide you with a superbill for you to submit to your insurance for out of network benefits.

I use a HIPAA-compliant billing software called **Ivy Pay**. If there is a bill I need to send to you for insurance co-pays/coinsurance, late cancel fees, or otherwise, you will receive a text to set up your payment through Ivy. Please let me know if you would like for these things to be billed via another method of payment, or if you need receipts/invoices.

Cancellation/No-Show Policy

Cancellations and re-scheduled sessions will be subject to $80 unless received at least 24 hours in advance. This is done in order to respect both of our time and the time slot that is held for you. If you arrive late to your session, you will lose some of that session time. If you show up more than 20 minutes into your scheduled appointment time without prior contact, I reserve the right to decide if we will complete our session or if you will be charged a fee.

Returned Payments

Payments that are returned or do not go through are charged a fee of $20.

Unpaid Bills

Unpaid bills past 90 days due are subject to being sent to a collection's agency. If you are having difficulty making payments or paying your bill in full, please contact me so that we can discuss creating a payment plan that is fair to both parties.

Acknowledgement and Consent to Services

I have received, read and understood this disclosure document, have received a copy of the HIPAA Notice of Privacy Practices, and agree to treatment with Danielle Moulds, LMHCA.

Client Signature _____ Date _____

Client Print Name _____