



**Sol Marie Doran  
MA, LMHC, SEP**

**RIVER VALLEY PSYCHOLOGICAL SERVICES  
5837 221st Pl. SW  
Issaquah, WA 98027  
425-391-0887**

## **Disclosure & Consent to Treatment**

### **Background & Orientation**

I am a somatically, ecologically, and culturally-oriented counselor committed to wellness through connection with self, community, and nature. My master's degree in Clinical Psychology with a concentration in Somatic Psychology was earned in 2012 from The Chicago School of Professional Psychology. I am licensed as a Mental Health Counselor (LMHC) in Washington State and am certified as a Somatic Experiencing Practitioner (SEP). The Somatic Experiencing Method® (SE) is a body-based trauma resolution methodology founded by Dr. Peter Levine. My other primary influences include Kim Scanlon and nature mentoring work. I have been in practice as a counselor since 2011, have been helping people connect with nature since 2002, and have been caring for children since 1995. I work with adults and motivated older teens and specialize in helping clients with anxiety, depression, PTSD, life transitions, parenting, self-insight, relationships, development of one's soulful contribution in life, and other areas. I am an LGBTQ+ affirming counselor with interest and training in social justice.

### **What to Expect in a Session**

My work includes listening, asking questions, sharing information (including "maps" for communication and tracking of self and others), present-moment awareness practices- including the physical environment and one's own sensations, movement, expressing emotions, attending to positive experiences as well as challenging ones, and working with patterns of perception, communication, and behavior. I value instinctual awareness and believe that our species has innate capacities for healing.

Somatic work involves sometimes pausing in one's talking and attending to sensation, movement, emotion, things arising in the imagination, and behavior. It is also about establishing a sense of orientation to what is around you, boundaries, groundedness, and connection to what is stabilizing or pleasurable. This is important for health in general and so that your nervous system has a foundation for processing challenging experiences. Growing this foundation can take a little time and may be different than what you expect from therapy, as many therapeutic forms focus more on catharsis and extreme emotional expression. Somatic work can be strong at

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times, but, ideally, any intensity occurs within the ability to stay connected to one's body, therapist, and environment.

Unintended side effects may occur from any form of counseling, as well as SE. These may include, but are not limited to challenging memories, sleep disturbances, or uncomfortable physical sensations or emotional states. You have the responsibility to choose a mental health provider and treatment modality that best meets your needs and the right to refuse any intervention or to terminate treatment at any time. With that, please know that communication is essential to the therapeutic relationship and that it is your responsibility to disclose if you want something changed about your treatment. Once I am familiar with your needs & it is appropriate in the course of our work together, I will discuss a relevant course of treatment with you.

In order to protect you and the therapeutic relationship, I will not: share confidential information about you other than 1) as specified under "limits to confidentiality" below or 2) to individuals or organizations for which you have provided a release. I will not have contact with you outside of the framework of the therapeutic relationship (attending events in your personal life, etc.). Sexual contact between a client and therapist is inappropriate and strictly forbidden. Ethical guidelines and practices for counselors limit the amount that is shared about my personal life in order to provide a protected space for your experience. Communication will occur in person or via talking on the phone/voicemail, as text messaging or email may compromise confidentiality.

The "frame" of a therapeutic relationship refers to the agreed-upon context for our work together. Part of setting the frame is choosing individual, couples, or family therapy. While a particular session may include more or fewer people (with the client's consent), the overall frame will not be changed without specific discussion and agreement by the client(s) and myself. For example, if I am working with an individual, we will not also engage in ongoing couples or family therapy. Referrals will be provided when needed and available for other therapeutic frames or if your needs are not within my scope of practice. I currently work primarily with individual adult clients. A referral to family, couples, or child counseling will be provided if needed. Please note that I am not an L&I, FMLA, disability, or legal proceedings provider and I do not prescribe medications.

## **Confidentiality & Limits to Confidentiality**

I will keep a record of the services I provide you. You may ask to see and receive a copy of that record or to have it corrected by contacting River Valley Psychological Services (RVPS). Information regarding records requests is available via RCW 70.02.080. Copies may be subject to a reasonable fee, which must be paid before the record is provided. Circumstances where a records request may be denied are listed under RCW 70.02.090.

Confidentiality is an essential aspect of counseling. I will not disclose your record to others unless you request that I do so, unless the law authorizes or compels me to do so, or I am incapacitated (see "Consultation" below). Your participation in counseling, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality.

Exceptions to confidentiality include:

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- If you provide a written release of information so that I can share relevant information with other individuals or organizations involved in your care;
- When I receive individual or group consultation (where the other clinicians are bound to confidentiality practices);
- If I am unavailable and you meet with another counselor that is covering my practice.
- If information is required for legal purposes, such in response to a valid court order or subpoena from the secretary of the WA State Department of Health for records related to a complaint, report, or investigation;
- If you request an invoice for insurance billing (which would include your name, diagnostic code, dates of service, and fees);
- If you are under 13 years of age and information needs to be shared with your parent(s) or legal guardian(s);
- If child or vulnerable adult abuse or neglect is suspected, as I am a mandated reporter who must contact Child or Adult Protective Services in these circumstances (RCW 26.44 & RCW 74.34);
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person. Confidential information may be released for protection of the individual(s) involved, including to police or health care workers, as in the case when involuntary hospitalization is required (RCW 71.05);
- In the case of your death or disability, I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- 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.

The legal guardian of a child client under age 13 holds the privilege of access to and control over the client's protected health information. Child clients 13 years of age and older have the right to request and receive outpatient treatment without the consent of their legal guardian(s) (RCW 71.34.530) and to determine who their confidential information is released to (RCW 70.02.130). With that, a counselor may legally act in the best interests of the client by disclosing confidential information to their legal guardian(s) without the minor's consent (WAC 246-924363(4) & RCW 70.02.050(d)).

If you have questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, I am available to discuss this further.

If we see one another in another setting, I will protect your confidentiality by interacting with you the way I would with an unfamiliar person. You can choose to greet me or not as you wish, on the understanding that others in the environment may interpret that you are a client if they know that I am a counselor. Any "content" would need to wait until our next session.

For more detailed information, please see the River Valley Psychological Services (RVPS) Privacy Notice document, which must be signed and submitted prior to your first session.

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“I/we have received and read a copy of the RVPS Privacy Notice document. I understand that I may request further clarification or information from my counselor regarding related issues.”

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(2<sup>ND</sup> PERSON, AS NEEDED)

COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **Consultation & Absences**

I seek ongoing consultation from colleagues in the River Valley Psychological Services (RVPS) group in order to provide you with the best services possible. I may disclose information about your counseling work in consultation with these colleagues, in which case I will limit the information I disclose to the minimum necessary.

In the case of my incapacity, you would be notified by the front desk. If your file needed to be accessed, a release of information for another RVPS provider would be requested from you.

If I will be away for any reason, I will provide you with contact information for the counselor covering my practice if you should need or desire support.

## **Emergencies**

In the case of an emergency, such as feeling suicidal, homicidal, psychotic, or otherwise vulnerable to harm, call 911. Suicidal or psychotic clients may also go to an emergency room. Suicidal clients can call the King County Crisis Line at 206-461-3222. If you do not live in King County, call 911 to be connected to your local crisis line. For urgent issues that are non-emergencies, you may call the RVPS on-call clinician at 425-391-0887. Questions regarding prescriptions should go directly to your provider and scheduling questions go to the front desk. Please note that voicemails left for me may not be received or returned immediately, due to my work hours or other variables, and that following the above procedure is the appropriate way to receive timely support.

## **Fees & Policies**

RVPS will bill your insurance. Co-payments are due at the time of service. In-network fees are determined by your insurance allowables. If you do not have insurance or if I am out-of-network for your insurance, payment will be due at the time of service. The intake fee is \$185 and follow-up sessions are \$130.

Billing insurance requires that I compose and share a diagnosis, which will be a part of your insurance records (and which constitutes an exception to confidentiality). Please check with your insurance provider to determine whether and to what degree your session fees will be covered.

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Please bring your planner to each session so that you can set up your next appointment via the front desk. **24 hours notice is required for cancellation or changes in appointment date or time; otherwise, the full fee for the session will be charged.** This is because a space has been reserved for you that I may be unable to utilize for other clients without adequate notice.

I am generally able to return phone calls within 24 hours of receiving them on my office days, which are Mondays and Wednesdays. Calls made on Fri-Sun will typically be returned the following Monday.

## **Litigation Consultation**

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation (such as in divorce or child custody proceedings). If you are seeking services for preparation of litigation or other legal action, I may be able to provide a referral to a forensic expert. I do not normally serve as an expert witness.

## **State of Washington Disclosures**

The Counselor Credentialing Act is the WA state law that regulates counselors in order to provide protection for public health & safety and to empower citizens with a system for receiving complaints regarding unprofessional conduct.

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, P.O. Box 47857, Olympia, WA 98504-7857. Phone: 360-236-4700. Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

## **Informed Consent for Treatment**

By signing this document, you are attesting that you have received, read, and fully understood and consent to the disclosures, terms, and conditions above, that you received a copy of my Privacy Notice, Financial Policy Form, this Disclosure & Consent to Treatment document; have read and fully understand these rights and responsibilities; and have been given the opportunity to ask questions. **By signing this document you are also attesting to your consent to participation in counseling services provided by Sol Marie Doran, MA, LMHC, SEP.**

## **Moving Forward**

You are, of course, welcome to consult with other therapists to choose the best course of your treatment. You may choose to stop treatment at any time, but it is important to discuss this choice with me. Please let me know your feelings and needs throughout our work together so that I can be as helpful as possible and we can determine the best way for you to receive support.

I look forward to our work together and hope that it will support you in a more soulful, nourished, connected, and pleasurable life.

***PLEASE BRING THIS DOCUMENT TO YOUR FIRST SESSION AND PROVIDE IT TO THE FRONT DESK, AS IT IS REQUIRED IN ORDER TO BEGIN OUR WORK.***

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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(2<sup>ND</sup> PERSON, AS NEEDED)

**COUNSELOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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