

# Progressive Therapy & Counseling

**Gary L MAPLES M.S.**  
Licensed Mental Health Counselor,  
Lic.#LH 60502681  
5262 Olympic Dr. NW  
Suite A  
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## CLIENT CONSENT FORM

Please read carefully. Sign one copy and keep a copy for your records and future reference.

1. As your therapist I will maintain confidentiality of all information disclosed in therapy. However, there are certain situations where I am **required by law** to reveal information to other persons or agencies and may do so without your written consent. These situations include the threat of bodily harm to you or another person, evidence of child abuse or elder abuse, or the issuance of a subpoena by a court of law.
2. All therapists seek continual opportunities for professional development and therefore there may be an occasional need for peer consultation with other health care professionals in the format of anonymous case presentations.
3. Records of therapy sessions will be kept in a locked filing system in my office, and on my secure and encrypted practice management software on my computer. Process notes may be stored on [www.dropbox.com](http://www.dropbox.com) a secure encrypted HIPPA compliant online storage site.
4. In the case of an emergency you may leave a message on my confidential voice mail which I check several times a day. If you are in immediate need of assistance, please call 911.
5. My session fees as of 04/01/2016 are:  
\$175                      80 minute session; including initial intake  
\$140                      60 minute session  
\$120                      45 minute session  
\$500                      Hourly rate for being subpoenaed to court, including prep time, travel, and waiting at court. 4 hours minimum, paid in advance. This rate will also apply for letters being written, with a minimum of 1 hour for court purposes.
6. You are responsible to **pay your fees at the beginning of each session**. Checks can be made out to "Woodland Pathways." Having your check made out *before* therapy will insure that your therapy time is not taken up with check writing.
7. **Please note:** There is a policy of a **48 hour notification of cancellation** and thus the full fee for late cancellations or missed appointments will be applied. If therapist cancels, you will not be charged, arrangements will be made to reschedule your appointment.
8. You are responsible to **pay your fees at the time of service**. Fees may be paid by cash, check, or credit card.
9. By signing this statement you agree and consent to receive psychotherapeutic care from Gary Maples, LMHC, for yourself and/or your family member(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name(printed): \_\_\_\_\_