

**Psychologist Information Agreement: Dr Catherine MacLennan**

{WA State RCW-18.83.115 Duty to disclose information to client}

**Telehealth** I, Dr Catherine MacLennan, provide only telehealth or telebehavioral health. This means that you and your family can get help to cope with the horrific stress of 2020 - while staying safe at home and avoiding the cost and stress of traveling for appointments. I am a Board Certified Telehealth care provider Level II, a competency based certification that I earned through the Telebehavioral Health Institute (TBHI).

I am a licensed psychologist in Washington state (License PY 00003197). I earned my PhD in clinical psychology at Fielding Graduate University in 2004; MA in clinical psychology at Fielding Graduate University in 2000; MA in Human Services at Heritage College (then called Fort Wright College) in 1981; and BA in multidisciplinary sciences at Michigan State University College of Social Sciences in 1972.

I have had over 40 years of experience as a mental health professional in various settings and have had extensive advanced post graduate training.

I am honored to have joined the team at Couple & Family Institute of Tri-Cities in October 2020, where I provide Emotionally Focused Therapy (EFT) with couples, families, and individuals. I have had post graduate education, training, and supervision with EFT and I continue to study about the EFT model with supervision and consultation. I continue to learn about attachment, bonding, and the importance of healthy relationships. I am a member of the: International Centre for Excellence in Emotionally Focused Therapy (<https://iceeft.com/>); Seattle Center for Emotionally Focused Therapy (<http://www.seattleeft.com/>); and, Eastern Washington Northern Idaho Emotionally Focused Therapeutic Community (see <https://ewnief.com/>). In EFT we do not pathologize or look at the individual as having mental illness that needs to be “treated.” Rather, we focus on your attachment and the interactions between you and your important others. We help you notice and change the patterns that develop in our relationships over time. Changes those patterns facilitates change in the relationship. EFT has been found helpful for many types of problems that occur with couples, families, and individuals.

**Telehealth Sessions** are scheduled through Zoom, a HIPAA compliant platform. If you are not familiar with this, we can talk about how to do it. You click on the link emailed you and Zoom will open on your computer. Zoom is stable and secure, but we cannot promise there is no risk of intrusion or hacking. For this cause, we are informing you of this possibility and you have the right to refuse services. However, if you do sign this form you are agreeing to the risks before outlined. If you do not receive a link via email check your spam box, if you cannot find one, contact me at [dr.cathie@couplefit.org](mailto:dr.cathie@couplefit.org) so we can send you another link.

**Confidentiality:** The laws of the State of Washington govern your rights of confidentiality. All information shared during a counseling session will be held in strict confidence and will be disclosed to other interested parties only with your consent, with certain exceptions. I am required by law to reveal to appropriate persons or agencies the following: a) any communication that reveals a threat of imminent harm to the client or others, including child abuse or neglect: b) any communication which gives me reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect: c) information which is ordered by a court of law (Washington DOH, 2007). If you are seeing me as part of a couple, I require a release of information between partners to prevent secrets that could be damaging to the therapeutic alliance and contraindicated to the healing and progress of the relationship. You have the right to deny this request, as each client ethically and legally has the right to full confidentiality. However, I hold the right to refuse to offer treatment if a release of information is denied to your partner.

Your confidential records are held by Couple & Family Institute of Tri-Cities (CFIT), in compliance with all HIPAA regulations. Please contact CFIT if you want to request your records.

All existing confidentiality protections under federal (HIPAA) and State law apply to information used or disclosed during Telehealth. All existing confidentiality protections under federal and state law apply to information used or disclosed during telemedicine. If you use any method of electronic communication (email, text, internet) with me there is a minimal chance that a third party could intercept that

communication. With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. Please only communicate through a computer or other device that you know is safe and secure. You are responsible to review the privacy settings on the device you use, and to be aware of the agreement forms of any applications or technology you use. For therapy, it is always best to use a computer or tablet, rather than a smartphone because it is important that I see your face.

Part of why EFT works so well is that I record sessions in order to review myself and to review with my supervisor and consult group. I ask your permission in advance to record to my secure computer (not to the internet), and I promise to delete the recording after I am finished reviewing. You will be asked to sign a separate form regarding the recording, and you will not be recorded without your explicit consent. Please know that it is okay if you would rather not have your sessions recorded.

**Limitations of telehealth:** Although research has proven the effectiveness of telehealth for behavioral health purposes, there are limitations to be aware of:

1. Telehealth may lack visual and/or audio cues, which may cause misunderstanding or make it difficult to hear.
2. There may be disruptions in service and quality of the technology –internet and cell service.
3. Telehealth may not be appropriate if you are unable to find a private space during the session or if you are having a crisis, suicidal or homicidal thoughts.
4. It is possible that our secure connection could be hacked or safety protocols could be broken - despite my efforts to create a secure connection.

**Costs** Please see the Couple & Family Institute of Tri-Cities fee agreement. And please note the 48 hour cancellation fee as is specified in the fee agreement.

**Other** In addition to being a clinical psychologist at Couples & Family Institute of Tri-Cities, I maintain an independent practice as a forensic psychologist. I do psychological evaluations for individuals, family courts, and criminal courts.

Partly because of my experience as a forensic psychologist, before you see me as a couple or family therapist, you must agree that the couple or family are the client. You agree to never use our treatment records against each other in family court, custody battles, or other litigation; and to never subpoena me to testify in court; you agree to never ask for or use treatment records about a child for court purposes.

If you should ever request our records: (a) for couple therapy, both parties must sign consent to release records because they are about the relationship; and, (b) for family therapy, each family member who is 13 years or older must sign consent to release records.

**RCW-18.83.115 Psychologists** Specifies that you have the right to refuse treatment, that it is your responsibility to choose the provider and treatment modality which best suits your needs, and to be aware of the extent of confidentiality provided by this chapter.

**Signatures**

*By signing below, I (we) attest that we understand the limitations and specific concerns related to telepsychology and EFT as a treatment modality. Dr MacLennan has discussed with me the information provided above. I have had an opportunity to ask questions and my questions have been answered. I (we) have read and agreed to future participation in telepsychology or telehealth sessions with Dr MacLennan and Couples and Family Institute of Tri-Cities.*

*I (we) understand that I (we) are not a client(s) of Catherine MacLennan or of Couples & Family Institute of Tri-Cities until after we have had our first session.*

Client name: \_\_\_\_\_ signature: \_\_\_\_\_ date: \_\_\_\_\_

Client name: \_\_\_\_\_ signature: \_\_\_\_\_ date: \_\_\_\_\_