*Licensed Marriage & Family Therapist Associate (#MG 60583510)*

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**Informed Consent Form**

**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 and agree to it by signing the form at the end of this document.

**The Therapeutic Process**
You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process. Growth and change will be unique to your individual situation. Who you are, where you are, and what you want as a person will help guide the ways in which you go about changing aspects of your life. Your participation in this process is completely voluntary. The process of change begins with an open, honest environment where both therapist and client openly participate. Honestly discussing feelings and thoughts, setting attainable goals, discovering client strengths, and applying those strengths in life are all part of the process toward personal change. Open communication between therapist and client is key for the success of any therapeutic relationship. During the course of therapy, it is not uncommon to discover areas of difficulty that make problems seem worse, and it is normal to feel as if things become worse before they get better. If you have any questions or concerns please bring them up in session.

**Therapeutic Approach​:**

As a therapist, I seek to assist clients by working through life’s challenges within the array of dynamics that come up through their relationships, work, and personal cosmology. This context and practice of engaging these areas help to provide concrete avenues to work on the areas you want to improve or focus on. Through therapy, I believe that people can understand the patterns and cycles that led them to the present situation and to gain skills in order to constructively gain the outcomes they seek from therapy. I integrate several theoretical approaches to best fit the needs and perspectives that are most relevant and helpful my clients. The foundation of my therapeutic work is client centered, with an emotion-focused and acceptance & commitment approach. Additionally, my work is informed by family systems and relational-cultural perspectives.

**Background:**

I received my Bachelor of Arts Degree from John Carroll University. I then began my studies in couples & family therapy at Seattle University and graduated with a Master of Arts degree in Relational & Pastoral Therapy; a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). I regularly receive training to further expand my clinical expertise in order better serve my clients and their needs. Additionally, I am a Pre­Clinical Fellow with the American Association for Marriage & Family Therapy and am a member of Washington Association for Marriage & Family Therapists.

**Confidentiality**:
The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client 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 the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert’s report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally 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 feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Confidentiality with Minors:**

​Effective therapy requires that session information remain confidential. If your child is 13 years and older, I cannot disclose information without the child’s consent (according to Washington state regulations). I invite youth clients to work collaboratively in determining with their parent/guardians what information should and can be shared.

**Disclosure for Families/Couples:​**

As a therapist, I exercise a “no secrets” policy. This means that clients in family and/or couple therapy should discuss matters during therapy sessions and not with me privately, whenever possible. Some exceptions may apply. Additionally, I will not testify for or against any client in matters of divorce, child­custody, etc.

***By signing below I agree that I have received, read, and understand the Informed Consent Form, as well as agree to its terms stated herein.***

Client Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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