



**Jesse Z. Mann**  
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## **INFORMED CONSENT FORM**

Washington State law and professional ethics mandate that each client be provided with the following disclosure information at the commencement of any program of treatment by a licensed marriage and family therapist. You are welcome to ask questions and to discuss concerns regarding this form with me. Your feedback is welcome and encouraged.

### **Licensure**

I am a Marriage and Family Therapist Associate License number: MG70035874 working toward full licensure in the state of Washington, and I am currently under the supervision of Jennifer Samsom, MA, Licensed Professional Counselor (LMHC) (License Number: LH61103557) in the state of Washington. I hold a Master of Arts degree in Couple and Family Therapy from Antioch University Seattle. I am a proud member of the American Association of Marriage and Family Therapists (AAMFT).

You can reach my supervisor, Jennifer Samsom, MA, LMHC at (503) 766-4000, or by email at [jenn@mindfultherapypnw.com](mailto:jenn@mindfultherapypnw.com). They are located at 4055 SW Garden Home Rd Portland, OR 97219 if you would like to reach them by mail.

### **Qualifications**

MINDFUL THERAPY PACIFIC NW, LLC  
4055 SW Garden Home Road  
Portland, Oregon 97219  
(503) 766-4000 • [info@mindfultherapypnw.com](mailto:info@mindfultherapypnw.com)  
[www.mindfultherapypnw.com](http://www.mindfultherapypnw.com)



In addition to my professional training at Antioch University Seattle, I have been involved in mental health advocacy and education since 2017 through my nonprofit, Mental Health Media. As the director of this project, I've had the privilege of collaborating with patients and therapists from across the country, helping to share their unique stories through videos and podcasts. This work has been a meaningful way for me to amplify voices, foster understanding, and celebrate resilience within the mental health community.

## **Therapeutic Approach**

In my practice, I work with individuals, couples, and families, focusing on helping you create meaningful improvements in your life. Therapy is a collaborative journey where we'll work together to identify goals that matter to you. These might include building stronger relationships, finding relief from depression or anxiety, living with greater purpose, or increasing your overall satisfaction with life, among other possibilities.

Therapy is most effective when we develop these goals together, tailoring them to your unique needs and aspirations. Whether it's reducing conflict, finding greater happiness, or gaining insights into patterns that no longer serve you, we'll regularly revisit and adjust your goals as our work evolves.

My approach to therapy is integrative, meaning I draw from a variety of therapeutic models to meet you where you are. Some of the perspectives that inform my work include:

- **Emotionally focused therapy and attachment theories**, which explore how early relationships shape who we are, and how our emotional worlds influence the patterns in our lives
- **Humanistic psychology**, emphasizes your innate potential for growth and well-being.



- **Systems theory**, which recognizes the ways our connections to others influence us.
- Guidance on **scientifically supported self-care practices**, such as improving sleep, managing routines and stress, physical activity, and fostering social connections.

This flexible, integrative approach allows us to explore many avenues for growth, including emotional healing, better communication, personal discovery, psychological awareness, education, cognitive shifts, behavioral changes, and strengthening your relationships and support systems. My goal is to help you create meaningful, lasting changes that empower you to live a more fulfilling life.

For more information on integrative therapy, you may visit the following resources:

1. <https://positivepsychology.com/integrative-therapy/> - An overview of integrative therapy
2. <https://www.psychologytoday.com/us/therapy-types/integrative-therapy> - Another overview

Please contact me if you have any questions or would like more resources on this therapy method so you can be more informed about how I work as a therapist.

## **Benefits and Risks of Therapy**

Therapy is a powerful tool for growth and healing, but like any tool it can come with challenges as well as benefits. It's important to consider both when deciding if therapy is right for you.



At times, therapy might bring up uncomfortable feelings or memories. You may recall past experiences that were painful or uncover challenges in your current relationships. Family secrets might come to light, and sometimes, therapy can bring tension into relationships, even though my focus is always on strengthening and supporting connections. It's also possible that certain symptoms might temporarily feel more intense as we begin exploring them. These moments, while challenging, are often a natural part of the process of making meaningful changes in your life.

That said, the benefits of therapy are well-documented in hundreds of scientific studies. Therapy has helped countless people feel less anxious or depressed, improve their relationships, and develop healthier ways to cope with stress. It can also provide clarity around your personal goals and values, helping you grow in ways that are deeply meaningful.

While no outcome can be guaranteed, therapy can be a powerful step toward a more fulfilling life. I'm here to support you through both the challenges and the victories as we work together toward your goals.

## **Financial Responsibilities**

My goal is to make the financial aspect of therapy as clear and straightforward as possible. If you are not using health insurance, the fee for a 50-minute session for individuals, couples, or families is \$115.

Occasionally, my fees may increase, but I will always let you know well in advance. Payments are due at the start of each session and can be made by cash, check, or credit card.

Mindful Therapy Pacific NW, LLC offers mental health therapy for \$115 per session. I work with a limited number of insurance companies but I am happy to provide you with a SuperBill should you determine that utilizing



out of network benefits is most beneficial for you. Clients are expected to pay for their session immediately following their sessions. This same amount is charged for appointments not cancelled with at least a 24-hour notice and no-shows.

Lastly, please know that you won't be charged for any services provided before receiving the disclosure statement.

## **Client Rights and Responsibilities**

As a client, you have the right to choose a therapist who feels like the best fit for your needs and goals. If you choose to work with me, I want you to feel comfortable asking questions about my approach, sharing your thoughts, or requesting a referral if you believe another therapist might better support your journey. Therapy is a collaborative process, and your progress is my top priority. You also have the right to end therapy at any time.

If you ever feel that I have acted unethically or unprofessionally, you have the right to voice your concerns by contacting the Department of Health at 360-236-4700.

It's important to know that I am one therapist using one particular approach to therapy. If you feel that our work together is not meeting your needs, I am happy to help you find another therapist who might be a better match. I also might suggest adding or transitioning to another professional if I believe that could enhance your care.

To ensure the best possible care, I encourage you to keep me informed about any changes in your feelings, or thoughts in regards to your



experience in therapy. Open communication and active participation are key to making the most of our work together.

## **Termination of Service**

I am committed to providing the best care possible and believe in the importance of a strong therapeutic relationship. However, there are some situations where I may need to consider ending our work together. These include: 1) if my therapeutic approach is not a good fit for you 2) if the cost of therapy is providing financial strain and payments for our sessions are not maintained as agreed; 3) if there are difficulties in working together on the treatment plan we've discussed 4) if a potential conflict of interest arises (such as discovering a close connection between you and someone in my personal life); or 5) if I am relocating or closing my practice. If any of these situations come up, we will have an open conversation and I will work to provide a supportive transition if needed.

## **Emergencies**

In a crisis or emergency, please do not call me since I am often not immediately available by phone. Instead, for a life threatening emergency call 911. For a non-life-threatening mental health crisis you may call the King County Crisis Clinic at (206) 461-3222 or 988.

Your safety and well-being are my highest priorities, and I'm here to support you. If you've experienced thoughts of self-harm or harm to others in the past, or if you think these might arise in the future, we can work together to create a safety plan before starting treatment and to create a list of resources tailored to your needs. This plan empowers you to have more control over your mental health care and supports you in case of an emergency. Please know that, as part of my responsibility, I may need to involve emergency services if you share any immediate plans to harm



yourself or others, in line with state law. Having a safety plan in place can provide additional options and help ensure you're in a safe, well-supported environment should an urgent situation arise.

### **Virtual telehealth / Teletherapy:**

Your privacy is important. The confidentiality of everything we discuss in therapy is protected by law, and I will not share anything about your sessions—including the fact that you are receiving counseling—without your written permission. This applies equally to both in-person and virtual teletherapy sessions.

For virtual therapy, I use a HIPAA-compliant platform through Simplepractice, ensuring your privacy and security. My commitment is to provide the same level of care, connection, and support in teletherapy as I do in our in-person sessions.

**To respect the trust and safety of our work together, both you and I agree not to record any part of our sessions—audio or video—without first obtaining written consent from each other. Recording without this agreement could result in the termination of therapy, as maintaining a safe and respectful therapeutic environment is essential to our work together.**

### **Vacations**

If I am on vacation or otherwise unavailable, you will have the option to work with another therapist who will be covering my practice. If you choose this option, you will be given their name and phone number and they will have access to your client's information. If you choose to work with them they will be bound by the same laws and rules as I am in order



to protect your privacy and confidentiality. In my absence, you may be provided with other resources to help support you upon your request.

## **Legal Disputes**

If you ever become involved in a legal dispute (e.g., divorce or custody dispute), I will not willingly participate if subpoenaed. I will not provide evaluations or expert testimony in court unless expressly discussed and agreed to. You need to hire a different professional for those services. However, I will participate in a legal dispute if I am court-ordered or mandated by law.

## **Multiple Relationships**

As your therapist, my role is to provide you with professional, ethical care, and to maintain clear boundaries that support the therapeutic relationship. This means that I can only be your therapist—not a friend or someone you socialize with outside of our work together. To uphold these boundaries, therapists are not permitted to engage in romantic or sexual relationships with clients at any time, whether before, during, or after the course of therapy.

While I deeply value the connections we build in therapy, I must respectfully decline invitations to personal events such as family gatherings, parties, or weddings. Similarly, I may refuse gifts during our time together, as maintaining these boundaries helps ensure the focus remains entirely on your well-being and growth.

These guidelines are in place to protect the integrity and safety of our therapeutic work, creating a space where you can feel supported and cared for in the most professional way possible.





## **Complaints**

Your feelings about our work together are very important to me. If you ever feel unhappy or unsure about what's happening in therapy, I encourage you to share your concerns with me. Open communication gives me the opportunity to address any issues and ensure that our time together is as helpful and supportive as possible.

If you feel that I have not listened or responded to your concerns, or if you believe I have acted unethically, you have the right to file a complaint. You can do so by contacting the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, at P.O. Box 47857, Olympia, WA 98504-7857, or by calling 360-236-4700.

My goal is to create a safe and trusting environment where you feel heard and respected, and I am committed to working with you to address any concerns that may arise.

## **Public Media**

Before beginning our work together, I want to share some important information about my involvement in public media. I participate in podcasts, interviews, published articles, books, and professional social media platforms as part of my mission to make a positive difference in the world. I have decided to extend that mission to public media. In doing so, I incurred the ethical responsibility of carefully considering whether or not the benefits justify the risk (AAMFT, 2015; ACA, 2015; APA, 2017).

Through these efforts, I aim to:

1. Share knowledge widely and make it more accessible.



2. Foster compassion and self-compassion for those experiencing challenges.
3. Address and correct misinformation about mental health.
4. Offer helpful resources that can complement therapeutic care.
5. Advocate for fairness and equity for those who are underserved or marginalized in the mental healthcare system.

However, there are also potential risks, such as confidentiality concerns, boundary challenges, or unintended impacts on how I represent the profession. For example, if you listen to my podcast or read my public work, you may come across personal opinions—like my stance on a public figure or political issue—that could influence how you experience our therapeutic relationship. Additionally, commenting on my social media posts could inadvertently reveal your connection to me as a client, potentially impacting your privacy.

To safeguard our work together, I follow specific ethical guidelines:

- If you encounter my public content and it raises questions or feelings, I encourage you to bring it up so we can explore its impact on our therapy.
- I will never discuss anything about you in public media. When I reference cases, I ensure complete anonymity by using fictional examples, generalizing details, or obtaining explicit consent.
- I will not accept friend requests, follow you on social media, or respond to your comments to protect both your privacy and the professional boundaries of our relationship.
- If you email a question to my podcast, I will not read it on air or respond publicly. I will only address such questions directly with you to maintain your confidentiality and ensure clear communication.



If you attend an event I produce, please let me know in advance so we can discuss ways to maintain your privacy and protect our therapeutic relationship. Similarly, I will not search for information about you online without your consent unless there is a serious risk of harm that warrants this action.

I also want to be mindful of any financial or ethical concerns. For instance, I discourage becoming a paying “patron” of my podcast on platforms like Patreon, as it could create unintended financial obligations. If you’d like access to exclusive content, I’m happy to provide it free of charge.

Lastly, on my public platforms, I occasionally discuss my personal experiences with mental health and the healthcare system to foster understanding and connection. You are welcome to ask me about these insights if you believe they could benefit your therapeutic process. However, I will only share personal experiences in therapy when it feels appropriate, relevant, and helpful to your goals.

If you ever have questions or concerns about these guidelines or their implications for our work together, I’m here to listen and provide clarity. My goal is to create a space where you feel respected, understood, and fully supported on your journey.

## **Notice of Privacy Practices Confidentiality**

You have a right to confidentiality. I highly value your privacy. I want you to feel free to tell me whatever you want to tell me. However, there are some exceptions, and I will do my best to inform you of any time I have to break confidentiality. The exceptions are:



- *Mandated reporting:* If I have reasonable cause to believe that a child or vulnerable adult has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services within 48 hours.
- *Duty to protect:* In the instance when you or someone else is in imminent danger of harm I may disclose your protected health information for the purpose of safety. If I have good reason to believe that you will imminently and seriously harm another person, I may legally give this information to the police or the disclosed victim. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality by calling the police, calling the county crisis team, or contacting your family. In an emergency where your life is in danger, and I cannot get your consent, I may give another professional some information to protect your life.
- *Criminal activity against me:* I may disclose your protected health information to law enforcement officials if you have committed a crime on my premises or against me.
- *Court proceedings:* I may be required to disclose your protected health information if a court of competent jurisdiction issues an appropriate order. I will comply with this order if (a) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, (b) no protective order has been obtained, and (c) I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand. In these cases, I am required to submit information to the court unless I have reason to believe that this disclosure will harm the client.

## Children



When I treat children 12 and under, the parents or guardians have access to the child's protected health information. When they are 13 and older the parents will not have access to information on the client's care without the client's consent.

## **Couple and family therapy**

In the case of couple and family therapy, I reserve the right to discuss information with other members involved in the therapy that you have shared if I believe it helps facilitate the achievement of the goals set forth in therapy. In most cases, I will not reveal secrets but instead will help you speak to your family about it – if it is necessary for therapy to progress.

## **Seeing each other in public**

If I see you in outside of therapy (e.g., the grocery store), I will protect your confidentiality by not acknowledging that I know you. However, you are free to initiate communication if you choose to do so.

## **Email and text**

I primarily use email for scheduling and occasional communication between sessions. I will do my best to respond to your emails within 1–3 days. If you don't hear back from me in that time, it may be that I didn't receive your message, so please feel free to follow up by phone. If you leave a voicemail, I will try to respond within the week.

Please note that my email and text accounts are not encrypted, and while I take your privacy seriously, email and text communication may not be fully secure. If you are concerned about confidentiality, I encourage you to reach out to me by phone instead. Also, be mindful that third parties, such as your email or internet or phone provider, may have access to your messages. If



you use a shared computer or email account, or if your email is left open on an unattended device, others may also be able to read your messages.

Your privacy is important to me, so if you have any concerns about using digital communication, I'm happy to discuss other communication options that feel more comfortable for you.

## **Record keeping practices**

Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your protected health information. I may use or disclose your protected health information for the following purposes.

*Treatment:* I may use or disclose your protected health information to coordinate or manage your treatment. An example of treatment would be when I consult with another healthcare provider or therapist. Consultation with colleagues is an important means of ensuring and maintaining the competence of my work. Ethical standards permit discussion of client information with colleagues without prior consent as long as the identity of the client can be adequately protected. In some instances, the obligation to provide the highest quality service may require consultation that reveals a person's identity without prior consent; such disclosures occur only when it cannot be avoided and I only disclose information that is necessary.

## **Payment**

If you request that I bill a third party for services, such as your health insurer, I may need to disclose certain information to them, including your protected health information. This is necessary to process your claim, determine coverage, or confirm eligibility.



In the event that an outstanding balance remains on your account and we have not set up a payment plan, I may need to use legal methods to recover payment. However, the only information I will share with a court, collection agency, or lawyer is your name, address, the dates of our sessions, and the amount owed.

Additionally, there are times when I may need to share your protected health information as part of the routine operations of my practice. These are activities that help ensure the smooth functioning of my services, such as quality assessments, case management, audits, or administrative tasks.

Please know that I take your privacy seriously and will only share your information in ways that are required for billing, legal matters, or essential operations. If you have any questions or concerns, I'm always happy to discuss them with you.

## **Your rights regarding your protected health information**

1) You have the right to inspect and copy your protected health information, which may be restricted in certain limited circumstances, for as long as I maintain it. I will charge you a reasonable cost-based fee for copies. 2) You have the right to ask that I amend your record if you feel that the protected health information is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record. 3) You have the right to request the required accounting of disclosures that I make regarding your protected health information. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care. 4) You have the right to request a restriction or limitation on the use of your protected health





information for treatment, payment, or operations of my practice. While I will in most cases comply, in outstanding instances where I believe it is in the best interest of quality care, I will not honor your request. 5) You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request. 6) If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint. 7) You have the right to have a paper copy of this disclosure. These confidentiality rules apply after the death of the client. The privilege passes to the executor or legal representative of the client.

## **Records**

I maintain your records in a HIPAA-compliant encrypted digital form that cannot be accessed by anyone else. This documentation shall include:

- a. Client name, date of birth, address, phone, email, family members
- b. The fee arrangement and record of payments
- c. Dates counseling was received
- d. Disclosure form, signed by you and me
- e. The presenting problem and diagnosis
- f. Notation and results of formal consults, including information obtained from other persons or agencies through a release of information
- g. Progress notes sufficient to support responsible clinical practice

It is your right under the law to request that only items **a** through **d** above be kept in the form of written records. Files I create are stored seven years after your last date of service and then will be destroyed. Paper files will be shredded, and electronic copies will be deleted using a secure delete process.





## **Course And Type Of Treatment Listed Below If Determined:**

Not determined at this time.

## **DOH statement and grievance procedure for clients**

The following WA State DOH brochure is included in compliance with WA State Law. It outlines the laws that regulate counselors and how you may file complaints about your treatment if you may have them.



## Counseling or Hypnotherapy Clients

### State of Washington Department of Health

**The purpose of this publication is to briefly explain how the law regulating counselors and hypnotherapists helps you and your counselor or hypnotherapist work together. Feel free to talk about any of the information in this publication with your counselor or hypnotherapist. Remember, his or her role is to help you.**

#### ***Requirement for Registration or Licensure***

Your counselor or hypnotherapist must be either registered or licensed through the Washington State Department of Health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become licensed, a person fills out an application and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or certified because they are exempt from the law. You should ask your counselor or hypnotherapist if he or she is registered or licensed and discuss his or her qualifications to be your counselor or hypnotherapist.

#### ***Definitions***

Counseling means using therapeutic techniques to help another person deal with mental, emotional, and behavioral problems or to develop human awareness and potential. A registered or licensed counselor is a person who gets paid for providing counseling services.

#### ***Client and Counselor Responsibilities and Rights***

You and your counselor or hypnotherapist should discuss the type of counseling you will get; the methods or techniques that might be used; the therapist's education, training, and experience; and the cost of counseling sessions. The counselor or hypnotherapist must give you written information that explains these topics, let you read the information, and have you sign a statement that you've read the information.

If you have concerns about being dependent upon your counselor or hypnotherapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your counselor or hypnotherapist is doing or plans to do.

#### ***Confidentiality***

Your counselor or hypnotherapist cannot disclose any information you've told them during a counseling session unless:

You give written consent;

The information concerns certain crimes or harmful acts;

The client is a minor and the information acquired by the counselor indicates the minor was the victim or subject of a crime, then the counselor may testify at any proceeding wherein the commission of the crime is the subject of inquiry;

You bring charges against the person registered or licensed under the law;

The counselor receives a subpoena to provide the information;

The counselor has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect. Therapists are required to report such incidents to authorities.

### ***Assurance of Professional Conduct***

Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts, or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law:

Abuse of a client or sexual contact with a client.

Incompetence, negligence, or malpractice that harms a client or creates an unreasonable risk of harm to a client.

Willful betrayal of a practitioner-client privilege as recognized by law.

The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of counseling or hypnotherapy. The act does not have to be a crime in order to be a violation of the law regulating counselors and hypnotherapists.

Practicing counseling or hypnotherapy while suffering from a contagious or infectious disease in a way that would pose a serious risk to public health.

Aiding a client to obtain an abortion through illegal means.

Possession, use, or distribution of drugs except for a legitimate purpose, addiction to drugs, or violation of any drug law.

Habitual use or impairment from the use of alcohol.

Misrepresentation or fraud in any aspect of the conduct of the profession.



Advertising that is false, fraudulent, or misleading.

Offering to treat clients by a secret method, procedure, or treatment.

Promotion for personal gain of any drug, device, treatment, procedure, or service that is unnecessary or has no acceptable benefit to the client.

Conviction of any gross misdemeanor or felony relating to the practice of counseling or hypnotherapy.

Violation of a state or federal statute or rule that regulates counselors and hypnotherapists, including rules defining standards of practice for licensed counselors.

Suspension, revocation, or restriction on the registration or licensure to practice the profession.

Aiding an unregistered or unlicensed person to practice counseling or hypnotherapy when that person is required to be registered or licensed.

Violation of the rebating laws which includes payment for referral of clients.

Interference with an investigation by use of threats or harassment against a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal actions.

*This publication should not be considered as the final source of information. If you want more information about the law regulating counselors and hypnotherapists, or want to write a complaint, please write to:*

Department of Health  
Health Professions Quality Assurance Division  
Counselor Registration/Licensure  
PO Box 47869  
Olympia, WA 98504-7869

If you want to contact someone by phone to discuss the law or talk about a possible complaint, call (360) 753-1761.



*My signature below is an acknowledgment that I am the client or the person authorized to consent for psychotherapeutic care for the client, that I have read and understand the information provided on this form, that I was provided this form before or during my initial session, that I have received a copy of this disclosure form, that I consent to treatment, I understand I am responsible for payment, all questions were answered to my satisfaction, and I understand I can refuse treatment at any time.*

Print Client Name Client Signature Date \_\_\_\_\_