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*All consent documents are contained in this file. You will have a separate document to acknowledge that you have read and consent to the different parts of these forms.*

*Updated: 02/16/2026*

These policies will be updated periodically and a notice will be given to current clients. Updated forms will also be available on the "Forms and Notices" section of the website ([www.meaningfuljourneycounseling.com](http://www.meaningfuljourneycounseling.com)).

## **Consent for Counseling**

Welcome to Meaningful Journey Counseling. The purpose of this document is to clearly outline your choice to participate in mental health counseling/psychotherapy and to enter the therapeutic process with as much information as possible so that you can make an informed decision. You are encouraged to ask questions about any part of this document at any time.

### **The Therapeutic Process**

You have taken a positive step by deciding to seek therapy. The outcome of therapy depends largely on your willingness to engage in the process, which may at times result in emotional discomfort. Making changes, recalling difficult experiences, and becoming aware of emotions may bring up strong feelings such as sadness, anxiety, anger, or grief. Working with these feelings is a meaningful part of therapy. While specific outcomes cannot be guaranteed, psychotherapy has been shown to be beneficial for many people. I commit to supporting you in your therapeutic goals and to applying my training and professional skills to the best of my ability.

## **Confidentiality**

Your session content and all materials relevant to your treatment are confidential and will not be disclosed without your written authorization, except as required or permitted by law.

### *Limits to Confidentiality*

As a mandated reporter, I am legally required to disclose information in the following circumstances:

1. If you threaten or attempt suicide or otherwise present a substantial risk of serious harm to yourself
2. If you threaten serious bodily harm or death to another person
3. If there is reasonable suspicion of physical, emotional, or sexual abuse or neglect of a child, dependent adult, or elder
4. If a court issues a valid subpoena or court order

Except in emergencies, I will make reasonable efforts to discuss the disclosure with you in advance and address any concerns you may have.

## **Confidentiality Specific to Couples**

When a couple enters counseling, the couple is considered a single client unit. This policy is intended to support transparency and emotional safety within the therapeutic relationship.

Information disclosed in individual sessions that is relevant to the couples therapy process is considered part of the couples counseling record. I do not keep secrets for either partner that materially affect the therapeutic work. I will encourage clients to share relevant information directly and will use clinical judgment regarding how and when information is addressed.

If I am unable to exercise clinical judgment due to restrictions imposed by either partner, I may determine that continuation of couples counseling is not clinically appropriate and may terminate services.

**Court Involvement:** Couples counseling is not intended for forensic or legal purposes. Neither partner agrees to use therapy records or communications against the other in legal proceedings, including divorce or custody matters. Neither partner shall attempt

to subpoena my testimony or records. If compelled by court order, disclosures will be limited to what is legally required.

Release of Records: Both partners must provide written consent for the release of couples counseling records. If one partner does not consent, records will not be released.

Course of Treatment: The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at their individual request.

### **Substance Use Disorder Records - Additional Federal Protections**

Some health information may be subject to additional confidentiality protections under federal law (42 C.F.R. Part 2), which applies to certain substance use disorder (SUD) treatment records.

If I receive or maintain records that are protected under this law:

- Such records will be used or disclosed only as permitted by federal law or with your written consent
- These records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order
- You have the right to revoke consent for disclosures, request an accounting of disclosures, and request certain restrictions

These protections apply only to records covered by federal law and do not limit other confidentiality protections that apply to your care.

### **Authorization to Release Information**

When you authorize the release of your protected health information, you may revoke that authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

You are advised that information disclosed to a third party may no longer be protected by federal privacy laws and may be subject to redisclosure by the recipient.

### **Consultation**

I may consult with other licensed professionals to support your care. Information shared during consultation is limited to what is clinically necessary and does not include identifying information whenever possible.

## **About my Education, Credentials, and Services**

I received my Master's of Science (M.S.) in Clinical Psychology and Doctorate of Psychology (Psy.D.) in Clinical Psychology from Nova Southeastern University. I completed my pre-doctoral internship at the VA North Texas Healthcare System in Dallas, TX and my postdoctoral residency at the Edith Nourse Roger's Memorial Veterans Hospital in Bedford, MA. I am a fully licensed psychologist with the state of Washington (PY60450189). As a psychologist I provide psychotherapy to adults. I am certified in Emotionally Focused Individual and Couples Therapy and use this as the backbone of my approach, but also incorporate ACT and interpersonal therapeutic approaches. These approaches have extensive research backgrounds to show their validity.

Psychology licensure provides that psychologists have passed examinations administered by the Examining Board of Psychology for Washington State and attests that Psychologists are qualified to engage in the independent practice of psychology. The Washington State licensure law provides complaint and discipline recourse procedures for clients. Inquiries about a psychologist's professional qualifications and/or treatment may be directed to the Examining Board of Psychology, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504. My WA State license number is PY60450189.

## **Practice Policies**

The therapeutic relationship is both personal and contractual. The following policies clarify mutual expectations.

### **Attendance**

When I start working with a new couple, I see you together for one session and then each partner individually for one session.

Most therapy clients come weekly at least in the first couple of months. Committing to and prioritizing this time is ideal and may equate to a better outcome. A weekly cadence creates momentum and provides accountability to progress more quickly. As we progress we will have conversations to mutually determine whether to continue weekly or move to biweekly, then finally moving towards monthly for maintenance as you preparing to end therapy.

Longer sessions are an option for busier clients schedules or travel obligations that don't allow for weekly sessions.

If we do not meet three (3) weeks in a row, without advanced discussion, then I will consider you an inactive client and you will need to reach out to me directly in order to restart appointments. Also consider that, as I work with a limited number of clients at one time, in an effort to offer the highest quality of service, it may mean losing your spot on my caseload and you may need to wait for a spot to open up.

### **Scheduling**

We will schedule future sessions during your appointment or through the client portal. This is first come first serve. You can schedule all your appointments for the next month or more as this allows us both to plan our schedules as much as possible and offers the most availability. If you need specific times based on your schedule, please make sure to communicate with me early so we can get you scheduled. Specific times are not guaranteed, but I will do my best to accommodate your scheduling needs. If you would prefer a regular weekly slot we can talk about what this would look like, please feel free to bring it up with me.

## Reschedule Only Policy

A commitment to our time together is essential for meeting your counseling goals. To ensure a beneficial experience, I kindly ask that you familiarize yourself with my cancellation policy:

A scheduled appointment is a mutual commitment that you and I will be present for the work at a specific date and time. That date and time is then exclusively held for you and is not offered to others. To preserve the continuity of your care, my practice adheres to a 'reschedule only' policy.

What does this mean? It means that, when my schedule opens you will schedule your appointments. Once a session is scheduled, you will be financially responsible for them, regardless of whether or not they are attended. If you are unable to attend a scheduled appointment, you will have the option to reschedule it provided you notify me before the start of your original appointment, and the rescheduled appointment occurs the week *before, during, or after* the original appointment date.

Please text or email me to let me know that you need to reschedule your appointment with general days/times that would work for you and I will provide some available times. I will always do my best to find availability. If you choose not to find an alternative or a workable alternative is not available, the original appointment will counted as a missed session and a fee equal to your session rate will automatically apply.

If you'd like to reschedule, I ask for as much advanced notice as possible. The more lead time, the greater the likelihood that you will be able to find an alternative appointment that works with your schedule. However, you are able to let me know that you'd like to reschedule at any point **before** the time of the original appointment. If you do not let me know before the original appointment time, then it is considered a missed appointment and the full session fee will be charged without the option to reschedule.

Waived Session Fees: I appreciate that life can be unpredictable. That's why I offer the flexibility of waiving session fees for one missed appointments per calendar year. After you have utilized your waived session fees, any subsequent missed appointments not rescheduled within the three-week window will result in a cancellation fee equal to your session rate.

## **Late Arrivals**

Your session starts promptly at our agreed upon time. If you are running more than five minutes late, please notify me via phone, text, secure messaging or email. If I do not hear from you within 15 minutes of the start time of your appointment, the appointment will be counted as a missed session and charged accordingly.

## **Returned Checks and Balances**

A \$30.00 service charge, in addition to any bank fees, will be charged for any checks returned for any reason for special handling. Accounts must be paid in full within 30 days. If your payment is not received within 30 days of billing, you will be charged a 10% fee on the remaining balance. If you are in default on payment for appointments, I reserve the right to no longer schedule future appointments until payment is made. It is my goal not to let the balance become unmanageable and will cease scheduling appointments (or cancel future appointments that exist in the scheduling system) if the balance is equal to or greater than \$750, or the equivalent of two of your typical session fees, whichever comes first. I will always attempt to contact you before cancelling any future appointments by phone, email, secure messaging and/or text.

## **Fee Information**

It is up to you and me to determine the length of time of your sessions. This will be discussed in the initial appointment and periodically throughout treatment as necessary. For couples, the Initial Family and Attachment History session is one 80 minute session at \$600 and one 50 minute individual session for each partner at \$375 each. For individual therapy there is one 80-minute Initial Assessment Session at \$600. The standard hourly rate is \$375 per 50 minute session. Longer sessions are billed at \$600 for an 80-minute session and \$825 for 110-minute session.

Consultation with other professionals, release of information, reading records, longer sessions, etc. will be charged a prorated rate based on the standard 50 minute appointment. Any work pertaining to legal proceedings are billed at a rate of \$375 per 50 min with a minimum of 8 hours, including preparation and travel/commuting. Rates are subject to change; they are evaluated quarterly.

## **Paying for Sessions and Credit Card on File**

Payment is due at the time of service in the form of cash, check, credit/debit card, or flex-spending (FSA)/ Health Savings Account (HSA) card. Checks can be made payable to "Meaningful Journey, PLLC". It is my policy to securely hold your credit/debit card number on file, as per HIPAA guidelines, and submit the charge following your appointment. You may also use a separate credit card than the one on file, should you choose, on the day of your service. You are responsible for your account and are expected to pay for all services you receive. Please make sure that this credit card on file remains up-to-date and valid.

Credit card transactions may be linked to protected health information and are handled using secure systems consistent with HIPAA requirements.

## **Insurance**

I do not directly participate in any insurance panels, but I can provide you with a receipt ("Superbill") that you can submit to your insurance company to seek reimbursement. It is up to you to check with your insurance provider about your coverage for out of network providers and their services. If your insurance company requests more information than is provided on the receipt, I will provide a briefsummary of treatment and an explanation of why further treatment would be beneficial; I will not provide a treatment plan or therapy notes. You retain ultimate responsibility for payment of services if your insurance company decides that this documentation does not meet their requirements for coverage of your treatment.

## **Communication**

I check email and voicemail throughout the day on days that I am working and typically respond to messages within a couple of hours. Please do expect a delay in communication on nights and weekends, knowing that I will return your message as soon as possible when I'm back in the office.

## **Telephone Accessibility**

If you need to contact me between sessions, please send a text message or leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 48 business hours. Telephone, urgent, and professional consultation sessions are billed at my session fee rate, in quarter hour segments, after the first 10 minutes.

I make and receive phone calls and texts on a HIPAA secure app on my mobile phone. When calls are received, your phone number is not visible. If my mobile phone should be lost or stolen please be aware that separate passwords are required to access my mobile phone and the secure app that may contain your information. I also have the ability to delete all contents from my mobile phone, which I will utilize if my phone is lost or stolen.

## **Emergencies**

If something urgent comes up outside of our sessions you are welcome to call me. We may talk briefly by phone and/ or schedule an emergency session for you to come in ASAP. Time spent on the phone beyond 10 minutes will be billed at my hourly rate. If a true emergency situation arises, please call the local crisis line at 866-4-CRISIS (866-427-4747), 911 or go to any local emergency room.

## **Social Media**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

## **Interactions Outside the Office**

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.

## **Electronic Communication and HIPAA**

I use HIPAA-compliant platforms and secure systems whenever possible for scheduling, billing, telehealth, and recordkeeping. However, no electronic communication system can be guaranteed to be completely secure.

If you choose to communicate with me via non-secure methods (such as standard email) for scheduling or administrative purposes, you acknowledge and accept the

potential risks to confidentiality. Your choice constitutes informed consent to communicate in this manner. You may change your communication preferences at any time in writing.

### **Client Privacy Rights**

You have rights under federal law regarding your protected health information, including the right to request restrictions, request confidential communications, access records, request amendments, receive an accounting of disclosures, opt out of fundraising communications, and file a complaint if you believe your privacy rights have been violated.

These rights are described in greater detail in the Notice of Privacy Practices, which you have received.

### **Fundraising**

This practice does not use protected health information for fundraising purposes. If this policy changes, you will be provided the opportunity to opt out of such communications.

### **Ending Therapy**

You may discontinue therapy at any time. I recommend at least one closing session to support a thoughtful transition. I also reserve the right to terminate therapy when clinically appropriate, with reasonable notice whenever possible.

If you do not show up for scheduled sessions for two consecutive appointments, I will consider our professional relationship ended, unless we have discussed otherwise. The fee for missed sessions will still apply and you will be billed for services as per my cancellation policy.

### **Acknowledgement and Consent**

By signing or electronically acknowledging this document, you confirm that you have read, understood, and agree to the policies and consent to participate in counseling services under the terms described above.

## Financial Agreement

**\*\*Financial Agreement and Authorization To Charge Credit Card \*\***

- I acknowledge that the fee for each session is based on the type and duration of service as laid out online and in the practice policies.
- I understand that Meaningful Journey Counseling does not accept insurance. I understand that Meaningful Journey Counseling can provide a superbill, which will require diagnosis, that I can submit to my insurance. I understand that understanding my insurance company's out-of-network benefits is my responsibility.
- I acknowledge that full payment is due at the time of service. I understand that any phone conversation over 10 minutes will be charged at a prorated fee based \$375/50 min.
- I understand that any appointments scheduled but not kept, as per the Reschedule Only Policy, will be charged at the full fee for that appointment type and duration as was scheduled.
- I authorize Meaningful Journey Counseling to charge my card, which will be kept on file using secure systems, for office charges. I understand that if my credit card does not accept the charge, I will immediately make the payment to the practice. I understand that I may cancel this authorization at any time, but by doing so, I acknowledge that the balance owed will be due & paid in full. I acknowledge that credit card transactions could be linked to Protected Health Information.

# **Telemental Health Appointments**

## **CONSENT FOR THE USE OF VIDEO APPOINTMENTS**

Frequently over the course of counseling it has been useful to use remote counseling. This may happen if you are sick and cannot make it to the office (including due to weather or snow), when you are out of town, or if you are choosing to be seen remotely exclusively for appointments. This document details the benefits/risks and important information that you will need to know when using remote appointments.

## **DEFINITION OF TELEMENTAL HEALTH**

TeleMental health means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology and includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means.

## **LIMITATIONS OF TELEMENTAL HEALTH APPOINTMENTS**

There may be a disruption to the service (e.g., phone gets cut off or video drops, there is a lag in video or audio). This can be frustrating and interrupt the normal flow of personal interaction. Should this occur, there is a risk of misunderstanding one another when communication lack of visual or auditory cues.

As the therapist, I will take every precaution to insure a technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider using a "do not disturb" sign/note on the door.

If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please text or call Rachel Orleck Lozano, Psy.D. at 206-745- 3526. Please make sure you have a phone with you, and I have that phone number.

## **IMPORTANT INFORMATION**

I am only able to provide counseling to clients who reside in the states where I hold my license to practice psychology. Rachel Orleck Lozano, Psy.D. is licensed in the states of Washington.

Go to this link to understand how to use the SimplePractice Video Office platform:  
<https://support.simplepractice.com/hc/en-us/articles/360003183011-Telehealth-FAQs-for-clients#howtojoino>

Telehealth services are not emergency services. In the event of an emergency, you agree to contact 911, your local emergency room, or a crisis hotline.

<https://suicidepreventionlifeline.org>  
1-800-273-TALK (8255)

## **HOW TO MAXIMIZE THE VIDEO SESSIONS**

Have excellent lighting behind the camera to make sure I am able to see your facial expressions. Make sure that I can see you from the shoulders up and have a clear view of your face. For couples, please make sure that **both are in the same room** and are fully within the frame from mid-torso to the top of your head.

Test your microphone and camera connection in the 10 min prior to session  
A reminder email or text, depending on the preferences you set up when completing your personal information form, will be sent to you 10 minutes prior to the start of session. This email or text will include the link for your session. If you did not receive it, please contact me by email or phone so that I can send you the link as soon as possible.

## Consent to Record

### Permission to Record Counseling Sessions

- Allowing me to record our sessions may offer you several advantages. Recordings allow me an unparalleled way to review and reflect on our progress toward your therapeutic goals. Research indicates this type of review can lead to increased positive outcomes for you. Recordings also facilitate consultations with other mental health professionals, who are legally bound to the same confidentiality guidelines as me, so you may benefit from additional professional expertise regarding your situation.
- Additionally, recordings assist me in my continuing professional consultation, education, and development as a psychologist. During these viewings no identifying information will be presented about you. If by chance someone in the consultation or training group was to know you or a member of your family, they will be asked immediately to leave the group and will not be permitted to participate in the portion of the meeting involving your case. Your case information and the copy of your recorded session will remain with me and will not be reproduced or shared at any point. Once the review has taken place, your session file and/or dvd copy of your session will be deleted permanently.
- You are under no obligation to permit me to audio- or video-record our work together. Additionally, you may decide to withdraw any permission previously given by letting me know in writing. In either case, your choices will not affect your ability to receive, or continue receiving, counseling services from me.
- Recordings are not part of your client file. They are kept in secure storage and used only for approved clinical and professional development purposes. I reserve the right to delete any recordings I have created if I no longer think they have continuing clinical value.
- This agreement does not guarantee that I will record our sessions.