

# Monique R. Lowe PhD, LLC

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## Document of Informed Consent

### My background

I am a licensed clinical psychologist in the state of Washington (PY 60226299) In the state of Minnesota (LP 4771). I have a Post Doctorate in Neuroscience from Fielding University, a Doctorate in Clinical Psychology from Pacifica Graduate Institute and a Master's Degree in Marriage, Family and Child Counseling and Art Therapy from California State University, Sacramento. My clinical experience includes individual, family, couple and Child therapy. I have been a practicing clinician since 2003.

### Therapy Approach

As a therapist, there are several aspects that are important to the “client and therapist” interaction. First, the ability to easily engage with others, while demonstrating good interpersonal skills and being flexible in different eclectic approaches because one approach does not fit all. These approaches can take on many different expressions such as, verbal and artistic mean. I also personally believe in the recognition of a client individuality and honoring a client's spiritual and cultural values. The second aspect as a therapist is to work toward the goal of facilitating the client into solving their own problems yet demonstrate a genuine concern and compassion for their dilemmas. It is also important to formulate a goal to address the ultimate objective. The client can then judge the plausibility of the desired goal based on the benefit of the goal and the confidence of successfully achieving it. Therefore, goals may need to be scaled down, implemented in a gradual manner, or modified all together to optimize adherence. It is also important to employ creativity to make the new goals as rewarding as possible.

As a neuropsychologist, my aim is to help others discover and identify their cognitive strengths and weaknesses. I will also try to determine an appropriate treatment and resources that will best assist the client.

### Your Rights

Clients always have the right to request a change in a counseling approach, referral to another counselor, or terminate therapy with me. At the same time, if I believe that I am not a suitable clinician for you or that my clinical approach to therapy will not fit your needs, I will provide you with 3 referrals to other therapists or clinicians who may better assist you. If you have any concerns about the course of treatment, please discuss them with me. Should you feel I have been unethical or unprofessional you may contact the Department of Health, 101 Israel Road SE, Tumwater, WA 98501 or P.O box 47890, Olympia, WA 98504-7890 (360-236- 4426).

### Appointments

Individual appointments are 50 minutes long; testing sessions range from 1.5 to 2.0 hours respectively. it is important to be on time because your appointment will not be extended

beyond the scheduled time. if you are unable to keep your appointment for any reason, you must call at least 24 hours in advance; otherwise you will be charged a late fee for the time I have reserved for you. Exceptions, such as, emergency and/or other unavoidable circumstances will be discussed.

#### Confidentiality

Our counseling and testing sessions are held in the strictest of confidence and you determine whether information shared in our session can be released to others, you can do this by signing a release of information form. Exceptions to this right of confidentiality, which is protected by law, are: When there has been child abuse or abuse of the developmentally disabled or in life-threatening situations in which you post a clear threat to your life. And all of these situations, I am required by law to take necessary steps to secure your safety and/or the safety of others.