CRC Community Resource Center of Stanwood Camano

Teen Elevate

Participation Form

ABOUT YOU

Full Name: Preferred Name:

Pronouns: Date of Birth: Race: Gender Identity:

Address:

Phone #: E-Mail:

School: Grade:

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: Relationship to Self:

Phone #: Email:

PROGRAM QUESTIONS

Would you prefer to meet with someone from our program team by yourself? ☐ Yes ☐ No

If yes, tell us a little about why, so we can best support you:

Do you have any questions or suggestions?

PARTICIPATION AGREEMENT

I agree to comply with the rules and policies of the program and facility:

Signature: Date:

CRC Teen Elevate

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Program Guidelines

Welcome to CRC Teen Elevate! Our goal is to guide you through a program where you will learn skills that improve your mental wellness, refine your coping skills, and develop your overall understanding of mental health. To do that, we need to create an environment where everyone feels welcome and accepted.

CRC Teen Elevate is guided by the following values, and will encourage all participants to engage appropriately and maturely with the program:

- **Respect:** showing consideration for the feelings, thoughts, wishes, rights, or traditions of others
- **Compassion:** to empathize with/relate to someone who is suffering and to feel compelled to reduce the suffering
- **Integrity:** a personal quality of fairness; being honest and having strong moral principles that you refuse to change
- **Open-mindedness:** the willingness to consider something without judgment

The social work staff will work with all participants to help them learn to act and make decisions that align with these values. If behavior or attitude redirection is needed consistently, a participant may be asked to leave the program for the remainder of the session, at the discretion of the Social Work Staff. If the behavior continues, the participant will be required to meet with the Social Work Lead prior to re-engaging with the program.

The following behaviors will not be allowed at CRC Teen Elevate under any circumstances:

- *Possession or use of weapons, alcohol, illegal substances, paraphernalia, or tobacco products*
- *Acts of physical violence, harassment, threats, bullying, or intimidation*

If a teen engages in one of the above behaviors, they will be asked to leave the program immediately and will only be allowed to return after a meeting is held with the youth and their parent or guardian, at the discretion of the Social Work Lead.

By signing below, I acknowledge that I agree to follow the above guidelines:

Printed Name Signature Date

COUNSELING DISCLOSURE STATEMENT, PROGRAM PARTICIPATION, AND INFORMED CONSENT

Counselor Credentialing Act RCW 18.19.180

The purpose of the Counselor Credentialing Act is to provide protection for public health and safety and empower the citizens of the state of Washington by providing a complaint process against those Counselors who would commit acts of unprofessional conduct. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. (WAC 246.809.710)

Program: CRC Teen Elevate
with Center for Justice Social Work

Clinician Name: Olivia Lauzon, LSWAIC **Contact #:** (360) 218-4645

Degree(s): Master of Social Work (2022), M.A. in Forensic & Legal Psychology (2018), B.A. in Criminology & B.S. in Psychology (2016)

Professional School(s): University of Denver, Marymount University, Lynchburg College (now University of Lynchburg)

WA License #: SC61298990

Supervisor(s): Sarah Trajano (LW60790880) & Kaitlyn Goubeau (LW61055538)

Supervisor Contact #: (360) 218-4645

Professional Experience: Individual counseling, case and care management, crisis intervention, interpersonal & sexual violence advocacy, group facilitation

Methods of Intervention: Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Solution-Focused Brief Therapy (SFBT), Motivational Interviewing (MI), Acceptance and Commitment Therapy (ACT), Mindfulness Techniques

Clinician is typically available (by appointment only): ☒Monday-Friday, 9am-5pm

Program schedule: Tuesday (Middle School) & Thursday (High School), 3pm-4:30pm

Notice of Privacy Policies & Disclosure Statements:
This statement contains summary information about our services and the Health Insurance Portability and Accountability Act (HIPAA) that provides privacy protections and client rights with regard to the use and disclosure of your Protected health Information (PHI) used for the purpose of treatment, payment, and health care operations. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Client Rights:
Therapy is a relationship between people that works in part because of clearly defined rights and

responsibilities held by each person. As a participant of an evidence based youth mental health program, you have rights and responsibilities that are important for you to understand. I, as your provider, have corresponding responsibilities to you.

These rights are listed below:
1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
2. You can seek a second opinion from another therapist or terminate participation at any time.
3. You have the right to a referral if you should want individual therapy, therapy from another place or therapist.
4. You have the right to request restrictions on certain uses and disclosure of protected health information about you.
5. You have the right to release confidential information about you. This requires our written consent.
6. You have the right to rescind your release of information, in writing. However, if disclosures have already been made based on your earlier consent, these disclosures cannot be undone.
7. You have the right to receive an accounting of disclosures of Protected Health Information (PHI).
8. You have the right to receive confidential communication by alternative means and at alternative locations. For example, you may ask that we contact you at your home address or phone number instead of work. I will do my best to accommodate these requests.
9. You have the right to inspect and obtain a copy of your file. You must request in writing. This however, does not include information gathered in anticipation of, or for use, in civil/criminal, or administrative action; information that I cannot legally disclose to you; or information that I determine should not be disclosed to you because it might hurt you or someone else.
10. You have the right to obtain a copy of this notice.

Engaging in an evidenced based mental health program has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of therapy often requires discussing the unpleasant aspects of your life. However, it has been shown to have benefits and I choose techniques that have research and evidence to back up their effectiveness. It often leads to clients having better coping skills to manage stress and resources to manage life's challenges. Your participation is vital to the process. If you are feeling that participating in CRC Teen Elevate is not working for you, let me know. We can always adjust and create a new plan going forward.

Confidentiality:
The activities and issues involved with CRC Teen Elevate are confidential. There are however several exceptions in which I am legally bound to take action even though it requires revealing some information about your participation. If possible, I will make every attempt to inform you when these have been put into effect. The legal exceptions to confidentiality include the following:
- Participant signs a release of information
- Participant presents foreseeable danger to them self or others
- A child or elderly adult is being abused or neglected
- Court orders a release of information

There may be times when I need to consult with a colleague, supervisor, or another professional, like an attorney, about issues raised by participants in session. Client confidentiality is still protected by me and

the other professional consultants. Signing this disclosure statement gives me permission to consult as needed to provide professional service to you as a client.

The other members of CRC Teen Elevate are not counselors. They do not have the same ethics and laws that we work under. You cannot be certain that they will always keep what you say in the group confidential. However, if you are a participant in CRC Teen Elevate, the expectation is that all information shared within the group setting is kept confidential, and each member will be required to sign a group confidentiality statement. Group members who are not adhering to this will not be allowed to return to the group setting. This is a youth group open to the community, and while we will not share that you participate in the program, we cannot guarantee anonymity.

Conduct and Relationship:
For the safety it is necessary that the following is required to be complied with by its members: Discussions made within the group session are not allowed to be discussed outside with anyone and should maintain the practice of confidentiality in order to build trust with fellow members; Participants should maintain positivity and not induce disrespect among others; Participants should not be under the influence of substances during session, nor they are allowed to take alcohol or take drugs before or after sessions; Maintain conduct that brings respect to fellow members' thoughts, emotions, or behavior.

Records:
According to Washington State law RCW 246.809.035. The Center for Justice Social Work is required to keep appropriate records of the therapeutic services. Your records are maintained in a secure location. CJSW keeps brief records noting your name, the fee paid, dates you attend the program, this signed disclosure form, the presenting problem (assessment), group goals, and notation of formal consultation with my supervisor.

Parents & Minors:
While privacy in therapy is crucial to successful progress, parental involvement can also be essential. Children 13 and over are legally able to consent to their own treatment and must do so freely in order for them to participate in services. However, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Appointments:
Sessions will be available weekly for the teen groups at CRC Teen Elevate. If you request to meet one-on-one, the frequency of appointments is dependent on the client's needs and goals.

Signatures Verifying Agreement:
"I have read the preceding information and understand my rights as a client. By signing below, I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation with other psychotherapists or professionals as the need arises. Additionally, my signature indicates my desire and consent to receive services from Center for Justice Social Work through the CRC Teen Elevate Program."

Participant Name	Signature	Date
Parent/Guardian Name	Signature	Date
Olivia Lauzon, LSWAIC Clinician Name	Signature	Date
Supervisor Name	Signature	Date

For immediate needs please call the Crisis line at 1-800-584-3578 or 988, or go to the nearest emergency department.

PLEASE GIVE CLIENT A COPY OF DISCLOSURE