

# Connie Thorson, MA, LMHC

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## Information and Disclosure Statement

Welcome. I appreciate the opportunity to work with you. This document contains information you will need before we begin our work together. Please feel free to ask me any clarifying questions that you may have.

### Counseling Information

Therapy is an investment of time, money and energy, so it is important that you choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you.

I specialize in working with couples and individuals. My theoretical foundation includes Family Systems Theory and Experiential therapy. I primarily practice Emotionally Focused Therapy (EFT), Internal Family Systems (IFS), and the Hakomi Method of Psychotherapy.

Family systems theory, introduced by Dr. Murray Bowen, suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Members of a family interact in patterns and take on roles that can sometimes create problems when roles become inflexible or negative patterns develop. Experiential therapy focuses on the individual's experience in the present moment, the therapist-client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation. Client participation allows new experiences to emerge, which creates new understandings and learnings that are applicable to their current life situation.

Emotionally Focused Therapy (EFT) was created by Dr. Sue Johnson. This method of couples therapy is based on attachment theory and heartily believes in creating a secure bond between partners. EFT is used to help couples recognize the dynamics that keep them emotionally distant, and helps them identify and articulate the needs and fears that are fueling their dynamics. Couples learn to listen and be there for each other in the ways they each need, which creates new cycles of interaction and strengthens their connection to each other.

Internal Family Systems (IFS) was developed by Dr. Richard Schwartz. The approach helps people find greater awareness to their inner world and to the different parts of themselves that are sometimes in conflict. With greater understanding of these inner parts, people can bring balance to all of their thoughts and feelings. Individuals find greater realization of their core self and this leads to greater self acceptance, confidence, and authenticity.

The Hakomi Method, created by Ron Kurtz, is a process of self-discovery. It helps bring into consciousness the habits and beliefs that underlie our decisions. When these core beliefs come into conscious awareness they can be examined, doubted, challenged and changed. This allows new experiences to then become possible.

During therapy, I will listen carefully so that I can get to know you, understand your current situation and your goals for therapy. I use a variety of methods and techniques that are determined based on your unique needs. Together we will work to achieve the best possible results for you. If at any time you have questions about the process or effectiveness of your therapy, please let me know so we can discuss them.

## Confidentiality Information

The information shared in a therapeutic session is confidential and protected by law and will be maintained except in the following unusual circumstances in which I am ethically and legally bound to release otherwise confidential information. They are as follows:

- If I am ordered by a court of law to do so.
- If you have substantial intent to physically injure another person.
- If I feel you are unable to take care of your basic needs or are a danger to yourself.
- If I become aware that you are abusing a minor, a developmentally disabled person of any age, or an elderly adult.
- Or as otherwise permitted by law.

In addition, **if I encounter you in public, I will not acknowledge you unless you acknowledge me first.** These conditions reflect my respect for your right to confidentiality in therapy and privacy in your life.

There are two situations in which I might talk about part of your case with another therapist. First, I utilize the services of other mental health professionals for case consultations. This helps me give high-quality treatment. Your issues, but not your identity, may possibly be reviewed in such a consultation. My colleagues are also bound by rules of confidentiality. Second, when I am away from the office for an extended period of time, I may have a trusted fellow therapist “cover” for me. This therapist would be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. **Please let me know if you have any objection to either of these instances.**

**In couples counseling, I may have some individual sessions with you. Anything revealed in an individual session may be revealed in a joint session and is not held confidential from your partner.**

Except for the situations I have described above I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

Legal proceedings for couples counseling: You are seeking counseling to improve your relationship. I will utilize my professional skills and best efforts to assist you and it is our mutual hope that our work together will be successful. However, there are times that, despite the best efforts and good will of the counselor and the clients, the relationship does end and the couple seeks to legally dissolve their marriage or domestic partnership. Because people in a counseling relationship, in order to do their best work, must be able to trust that disclosures made in the course of counseling will be kept confidential, it is very important that we agree that this will occur. Therefore, in signing this Disclosure Statement, both of you agree that you will neither call me as a witness nor seek to have my records of our work together disclosed in any legal proceeding between you. You also agree that I will be authorized to speak to anyone in connection with a legal proceeding between you only if you both sign an authorization permitting me to do so.

## My Qualifications

I am a Licensed Mental Health Counselor (LMHC) with the state of Washington. My education includes a Master of Arts (MA) in Applied Behavioral Science with an emphasis on Systems Counseling from Bastyr University and a Bachelor of Arts (BA) in Sociology with Honors from the University of Washington. I'm a Washington State Certified Teacher and I have over 25 years experience working in Education and Social Services with children and adults. In addition to my graduate work, I have extensive training in EFT (Emotionally Focused Therapy) and the Hakomi Method of Body-Centered Psychotherapy. My training includes work with Harville Hendrix and the Imago Relationship Model as well as work with John Gottman. Each year I attend professional trainings, workshops and seminars to deepen my knowledge and enhance my therapeutic skills.

## **Appointments and Fees**

Appointments vary in length and frequency. The most common appointment length for couples is 80 minutes and for individuals if 50 minutes. Appointments start at the scheduled time and will end 10 minutes before the hour, or half-hour. My availability is primarily during our scheduled time. I will return calls as my schedule permits, but I cannot promise emergency availability. I request that you do not bring children with you if they are young enough to need babysitting or supervision, which I cannot provide.

If you cannot make an appointment, please let me know as early as possible. Appointments can be cancelled or rescheduled 24 hours before the appointment time with no charge. **If you do not cancel within 24 hours of the appointment you will be billed for the full session.** In order to prevent the delay of another client's appointment, sessions will end at the scheduled time regardless of client tardiness. **Please be aware that most insurance companies do not reimburse for missed therapy sessions.**

## **Telephone calls and Email**

Telephone calls or email should primarily be used to schedule sessions. Any calls extending beyond 15 minutes may be billed at the same rate as regular therapy services. Long emails to explain a recent situation or concern are billed at \$35 each.

## **Fees**

Fees are billed at an hourly rate. My fee is \$110 per 50 minutes or \$165 per 80 minutes. The rate is the same for individual, couple, and family counseling. Payment is due at the time of service. An additional "peak hour fee" of \$10 is applied to sessions held on Saturdays. If you have difficulty paying at any point, please discuss this with me as soon as possible so we can arrive at a solution. Checks returned without sufficient funds will be charged a \$25 bank fee. Fees may increase by a reasonable amount on an annual basis, and you will be given one month of notice when this occurs.

## **Reduced Fee and Pro Bono Services**

As a service to the community in which I practice, I have a certain percentage of space reserved for clients who cannot afford to pay the full fee. If you cannot afford the full fee, let me know and we can discuss what options are available.

## **Insurance**

If your insurance covers therapy, I would most likely be considered an "out of network provider." Please note that **you are responsible for the full payment of services rendered as agreed upon in this document regardless of insurance coverage.** I will be glad to provide you with a monthly statement of professional fees and services, or any additional information your insurance company requires. Many insurance companies offer only limited number of sessions, utilize deductibles, copays, and/or reimburse only a percentage of fees. It is your responsibility to contact a company representative to determine the specifics of your policy. Please note that some health companies will reimburse clients for couples/marital counseling services and most will not. Health insurance companies usually require that treatment be "medically necessary", requiring that I provide a diagnosis and indicate that you have an "illness" before they will agree to reimburse you. Any diagnosis made will become a part of your permanent insurance records. Once your personal information leaves my office, I have no control over what is done with that information.

## **Emergencies**

If you have an emergency and are unable to reach me by phone, please call the Crisis Clinic (206.461.3222) for assistance. The Crisis Clinic is available 24 hours a day, 7 days a week.

**Statement of Principles and Complaint Procedures**

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. I will make every effort to hear any complaints you have and to seek solutions to them.

**Your responsibilities**

Ultimately, you are responsible for the success of your own therapy. The benefits of therapy depend upon your willingness to participate in the therapeutic process. You also have the right and the responsibility to choose a therapist you like and whom you feel can help you. You have the responsibility to come to appointments on time, to treat the work you are doing seriously, and to put your own effort into it. You have the responsibility to ask if you don't understand something or have any questions about what we are doing. Therapy is work that we do together, but the responsibility for change lies with you.

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I have read and understood this Information/Disclosure Statement, agree with its terms, and have been given a copy for myself. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective. If I have any questions at any time, I understand that I should feel free to ask them.

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Client's name (printed) \_\_\_\_\_

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Connie Thorson, MA, LMHC

Date \_\_\_\_\_