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# Disclosure Statement and Consent for Treatment

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 believe the counseling process is one of healing. Counseling provides an opportunity to feel heard and understood in a way that helps us get to know ourselves deeply and find acceptance for the whole of who we are. This self-awareness helps us explore the challenges in our lives with more curiosity and greater hopefulness for new choices and changes.

The counseling process is also one of actively working together. I’ll encourage you to ask questions, voice concerns and honestly share your thoughts and feelings; and you can count on me to do the same. I don’t assume that I know your experience, so I ask questions for clarification. I offer observations and feedback, and sometimes give homework. It’s important to me that you feel heard and understood, thus my style is interactive. We will work together to clarify your goals and define a roadmap of steps to improve your relationships and overcome your challenges.

Together we’ll look at the many contributing factors that are affecting your current state of wellness. These factors include your relationship with yourself as well as the one you have with others. We’ll look at a variety of factors such as communication style, problem solving skills, work/life balance, family and social support or challenges, your physical health, early attachment experiences, belief systems created in childhood, trauma history, personal values, etc.

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

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.

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## 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 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.

## Client Rights and Confidentiality

The information shared in a therapeutic session is confidential and protected by law (RCW 18.225.105), 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 believe you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
* If I believe you may be physically or sexually abusing or neglecting a minor child (under 18 years of age) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking), or if you report information to me about the possible abuse or neglect of a minor child or vulnerable adult I am required by law to report this to Child Protective Services or Adult Protective Services.
* If you submit claims to your insurance company, they may require information from me about your treatment.
* If a court of law issues a legitimate court order, I am required to provide the information specifically described in that order.
* If you commit a crime on my premises or against me or if I need to defend claims against me, I am allowed by law to disclose your healthcare information.

 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 and with your partner. Individual sessions are completely confidential. I will not share information you disclose with your partner, nor will I share information your partner discloses with you.

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.

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## 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.

## Appointments, Fees and Payment

Fees are billed at an hourly rate. My fee is $140 per 50 minutes or $200 per 80 minutes. **Full payment must be made by cash, check, or credit/debit card at the time of service.** An additional “peak hour fee” of $20 is applied to sessions held on Saturdays or Sundays. 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.

Any casework, research or professional consultations done as part of any legal proceedings will be billed at a rate of $200 per hour. I will endeavor to obtain agreement from you for any billable hours outside our session before I do the work.

## Cancellation Policy

If you need to cancel an appointment please let me know as soon as possible but no later than 24 hours in advance in order to avoid payment for the session. If you cancel by email and don’t receive an email confirmation back from me, please follow up with a voicemail. **Missed sessions without 24 hours notice will be considered payable prior to our next 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. Email is not confidential because it is transmitted without security over the internet and for this reason I discourage long email sharing. Please use the phone or leave a voicemail instead.

**Insurance**

I am an out of network provider and I do not bill insurance directly. Please note that you are responsible for the full payment of services rendered as agreed upon in this document regardless of insurance coverage.Upon request, I will provide you with a monthly statement of professional fees and services, or any additional information your insurance company requires**.** It is your responsibility to contact a company representative to determine the specifics of your policy.

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## Emergencies

If you have an emergency, call me at 425-681-2268. If I am unavailable at the time of your call, I am usually able to respond within 24 hours. **If you need help sooner, call the Seattle Crisis Clinic (available 24 hours a day, 7 days a week). at 206-461-3222, call 911, or go to the nearest hospital emergency room.** When I am out of town and unavailable I will arrange for a colleague to cover any emergencies.

## Records

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release. If I must discontinue our relationship because of illness, disability, death or other presently unforeseen circumstances, I will transfer your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

## 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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Client’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

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