

Welcome! Selecting a therapist is a significant personal decision. I appreciate and honor the trust you are placing in me. I view counseling and psychotherapy (“counseling”) as collaborative undertakings, and encourage your questions and active involvement. I look forward to working with you in this important endeavor.

Why is this Document Important?

This document provides information about my professional background, my approach to counseling, and the types of services I offer. It is intended to help you understand the basis for our therapeutic working relationship. It explains your rights as a client and what you can expect of me, including my policies for appointments and fees. I believe it is essential information for you to have. It is also a legal requirement in Washington that I provide it to you.

Signing the last page of this document will establish our contract for professional services, so it is important that you understand what it says. **Please read it carefully and let me know about any questions you may have.**

About Me & My Approach to Counseling

I work with adults and couples of all orientations and genders to explore concerns they face, including: anxiety, stress, depression, trauma, communication, intimacy and relationship issues, life transitions and career changes, cultural adjustment, grief, trauma, aging, and long-term illness. My therapeutic orientation is integrative, and I employ a range of methods recognized as effective by the mental health community, including emotionally focused therapy (EFT) for couples, mindfulness-based stress reduction, existentialist, cognitive behavioral (CBT), solution-focused (SFT), and narrative therapy approaches.

I am a Licensed Mental Health Counselor Associate (LMHCA, WA Reg. MC60602145)* in Washington State, and a clinical member of the American Counseling Association (ACA). I earned a BA in History and Political Science from the University of Victoria, an MA in Clinical Mental Health Counseling from City University of Seattle, and have undertaken graduate-level studies at several institutions. I have completed advanced specialized training in EFT through the Vancouver Couple & Family Institute, and am a member of the International Centre for Excellence in Emotionally Focused Therapy, the Washington Mental Health Counselors’ Association, the Seattle Counselors Association, and the Seattle Community for EFT.

I am a sole practitioner, which meaning I do not operate my practice in partnership with any other person or mental health practice. I conduct my counseling practice under the guidance of the ACA’s *Code of Ethics* (2014). You have legal protections against unprofessional conduct by me or any other licensed healthcare professional in Washington State.^{†‡}

What You Can Expect from Counseling

Counseling can be a challenging and fulfilling process. It also involves prospective benefits and risks. For example, counseling may lead you to make significant changes in your life, reduce feelings of anxiety and distress, arrive at solutions to specific problems, form deeper

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relationships, and improve your general sense of well-being. However, as part of the process, you may also recall unpleasant memories, experience uncomfortable emotions, or have unsettling realizations about yourself or others. Making changes in your life may initially lead you to experience an intensification of feelings or concerns you already have. These are all normal events and there are no guarantees about how your individual course of counseling will unfold. The more effort you are able to devote, the more you are likely to benefit.

Our first few sessions likely will be spent evaluating your situation, needs, and goals. I will then be able to offer you an outline of what our work together would look like. This information can help you make a decision about how you would like to proceed.

Your Rights to Choose a Counselor, Select Treatment & Terminate Counseling

You have the right to:

- choose your own counselor;
- select or refuse any treatment offered to you in counseling;
- decide how frequently and for how long you wish to participate in counseling; and
- end counseling at any time, with or without notice to me.

When you would like to end therapy I recommend scheduling a final session to review your therapeutic progress along with your plans for the future.

Fees, Payment & Insurance

My fees for appointments are \$80 per 50-minute session for individuals, and \$120 per 80-minute session for couples. If we agree to a different session length, my fees will be prorated accordingly. I also accept a limited number of clients on a reduced-fee basis. If my fees pose a hardship for you, please let me know.

Payments for appointments are due in full at each session unless we have both agreed in advance to an alternate arrangement. You can pay me by cash, check, or credit card, and I can provide you with a receipt on a monthly basis.

In addition to scheduled appointments, my fees are \$100 per hour for other professional services related to our work together. These may include telephone conversations of more than 10 minutes, report writing, meeting with other professionals you have requested or authorized, and time spent on any other service you request of me. I will bill only for the time I actually spend, and will provide you with an invoice outlining these charges.

If you have a health insurance policy, it is important that you find out what your policy covers. You should also be aware that insurance policies require a formal diagnosis to determine your eligibility for benefits and that few offer coverage for couple therapy. Paying my fees remains your responsibility. **I do not bill insurance directly** but can provide receipts (sometimes called a “super bill”) if you wish to seek reimbursement.

Scheduling & Canceling Appointments, Contacting Me & Social Media

Scheduling: I usually schedule our next appointment at the end of each session. If you want to schedule or change an appointment, please call (206) 327 3351 or send me an e-mail at Joel@EnlivenTherapy.com.

Cancellation policy: I ask that you provide me at **least 48 hours advance notice** if you need to cancel or reschedule an appointment we have made. If you provide less than 48 hours notice, I will expect you to pay for that session unless we both agree that you were unable to attend due to illness or other circumstances beyond your control.

Contacting me: To protect your privacy, I minimize digital correspondence with clients except for scheduling appointments. Please call me to contact me for any other reason and leave a message if I am not able to answer immediately. I am the only person who listens to messages on my telephone, and will make every effort to return your call by the following work-day.

If I am not available and you are not able to wait for me to return your call, please contact your primary care physician or visit the nearest hospital emergency room. If you have a **mental health emergency**, you can call the 24-hour Crisis Clinic at 206-461-3222 / 1-866-427-4747 or Emergency Services at 911. If I expect to be out-of-town or otherwise unavailable for an extended period of time, I will arrange coverage with another professional and provide you with contact details.

Social Media policy: I maintain Facebook and LinkedIn pages for my professional practice to allow people to share my blog posts and practice updates with other users. The information shared on these sites is accessible via my website. You are welcome to view these pages and read or share articles posted there but I do not recommend “liking” or commenting on my pages. I believe doing so creates a significant risk of compromising your confidentiality and, should you decide to do so, you understand and accept this risk.

I do not knowingly accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). I believe that adding clients on these sites can compromise our respective privacy and may also blur the boundaries of our therapeutic relationship.

If you have questions about any of these policies, please ask.

Your Rights to Privacy & Confidentiality

General

You have every right to expect what you share in counseling to be kept private. Generally speaking, the law and my professional ethics require me to treat anything we discuss in the course of counseling as confidential and legally privileged. Your rights, my duties to uphold them, and potential limits to both are discussed in greater detail in my *Privacy Policy*. Please let me know if you have particular concerns or questions.

Supervision & Training

I engage in supervision and professional consultation for the purposes of training, accountability, and providing the best services possible to my clients. I may discuss your situation with my supervisors and consult with other mental health professionals while being careful not to disclose your identity. These professionals also have a legal and ethical responsibility to protect your confidentiality. Please speak with me if you have concerns regarding this practice.

Electronic communications

With your permission, I may communicate with you by e-mail or other electronic means. However, you should be aware that e-mail and other electronic means may not provide a secure mode of communication. I will take reasonable precautions to protect your records, but cannot guarantee the confidentiality of content communicated by e-mail or cellular telephone, including text or voice messages directed to or from telephone numbers you provide me.

Exceptions to Confidentiality

There are limited exceptions to the confidentiality I am able to offer you. In particular, I have a legal obligation to disclose information about you in certain circumstances, including if:

- you reveal information relating to the abuse or neglect of a minor, dependent or vulnerable adult;
- you plan or threaten to harm yourself or other identifiable people, or I have reason to believe you pose an imminent risk of harm to yourself or others; or
- a court, judicial officer, or other legally-entitled person orders the release of your records.

Additionally, there are circumstances where I may need to use my best judgment about whether to release information about you. These may include, but are not limited to, cases of medical emergency where the information appears necessary for your treatment. You also may waive your rights to confidentiality and/or privilege in specific situations, including if you file a professional complaint or legal claim against me; you disclose that you are contemplating committing or have committed a crime; or you reveal information indicating that a minor has been the victim of a crime.

Rest assured, however, that the scenarios discussed above have rarely, if ever, occurred in my practice. If such a situation should arise in your case, I will make reasonable efforts to discuss it with you before taking other action.

Referrals, Concerns & Complaints

If you have questions about the work we are doing it is best if we can discuss them as they arise. In certain situations, you or I may believe it is in your best interests that we discontinue our work together. Should this occur, I will explore your options with you and offer you referrals to other mental health professionals.

Please let me know if you are dissatisfied with my services at any time. Washington State law also requires me to advise you of your ability to file a complaint regarding my services or

professional conduct with the Department of Health and provide you with the information for doing so.[‡] You may, of course, utilize this right without fear of reprisal from me.

Your Professional Records

In keeping with the *Health Insurance Portability and Accountability Act* (HIPAA) and the laws of Washington State, I will create and maintain records related to our work together. Unless you request otherwise and I agree, I may maintain records about you in paper and/or digital form at my discretion. Most of these records are considered *Protected Health Information* (PHI) under HIPAA.

On request, and except in exceptional circumstances, you have a right to examine and/or receive copies of the records I keep about you and our work. You may also ask that I correct or amend your records by making a written request explaining why you think information in your records should be changed. I will discuss any requests with you. I have the right to deny your request under certain circumstances but will do my best to accommodate your requests whenever possible. These procedures and exceptions are explained in greater detail in my *Privacy Policy*.

Thank you for taking the time to read this document. I look forward to working with you!

- Joel Freedman, MA, LMHCA

Notes

*An associate is a pre-licensure candidate who has a graduate degree in a mental health field under RCW 18.225.090 and is gaining the supervision and supervised experience necessary to become a licensed mental health counselor. I operate under the supervision of SANDRA ROSCOE, PH.D., LMFT (WA Reg. #LF00002574) and ROY C. HODGSON, MA, LMHC, LMFT (WA Reg. # LH00011231 & LF00002573).

[‡]Counselors practicing counseling and/or psychotherapy for a fee in Washington must be registered or certified 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. Should a client have a complaint, they are to first directly contact the counselor to attempt to resolve the matter. If the matter cannot be resolved through such avenues, then clients are to contact the HEALTH SYSTEMS QUALITY ASSURANCE (HSQA) COMPLAINT INTAKE, PO Box 47857, Olympia, WA 98504-7857. Telephone: (360) 236-5700. E-mail: HSQAComplaintIntake@doh.wa.gov; Web: <http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/ComplaintForms>

[†]You may view copies of the ACA Code and Washington State regulations at my office. You can also access them at <https://www.counseling.org/resources/aca-code-of-ethics.pdf> and <http://apps.leg.wa.gov/rcw/default.aspx?cite=18.130.180>.

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