WELCOME! Selecting a therapist is a significant personal decision and I appreciate the trust you are placing in our meeting. I encourage your questions and active involvement in this collaborative process. **Thank you for your interest in working together.**

Why is this Document Important?

This document establishes our contract for counseling and psychotherapy services ("counseling"). It provides details about my professional background, approach to counseling, and services I offer. It also 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 that I provide it to you. **Please read it carefully and share any questions you have with me before signing it.**

About Me & My Approach to Counseling

I enjoy supporting people cultivate their connections and enliven their lives. I assist couples and adults of all orientations and genders explore concerns they face, including communication, commitment, trust, intimacy, relationships, anxiety, stress, depression, trauma, substance use, aging, illness, loss, and grief.

My therapeutic orientation is integrative, and tends to focus on process, experience, and emotion. I employ methods recognized as effective by the mental health community, including emotionally focused therapy for couples (EFT-C) and emotion focused therapy for individuals (EFT-I), Gottman Method couples therapy, existentialist, cognitive behavioral (CBT) and mindfulness-based therapy approaches.

I am a Licensed Mental Health Counselor Associate (LMHCA; Washington Reg. MC60602145)* and a clinical member of the American Association of Marriage and Family Therapists (AAMFT). 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 studies at several institutions. I have completed post-degree training in EFT through the Vancouver Couple & Family Institute and the Southern California Institute of Emotion Focused Therapy, and in Gottman Method through the Gottman Institute. I participate regularly in continuing professional education and consultation, and am a member of the International Centre for Excellence in Emotionally Focused Therapy, the Washington Association of Marriage and Family Therapists, the Seattle Counselors Association, and the Seattle Community for EFT.

What You Can Expect from Counseling

Counseling can be a fulfilling and life-changing process. For example, counseling can help you form deeper relationships, reduce feelings of concern and distress, lead to new ways of understanding yourself and others, assist you in making significant changes or decisions, increase your joy and happiness, and improve your general health and well-being. Psychotherapy can also involve risks, including the emergence or intensification of challenging feelings or thoughts. It is important for us to discuss any feelings or thoughts of this kind as they arise. It is not possible to offer any guarantees in advance about how your course of counseling with unfold. Still, regardless of the length of your therapy, you are most likely to benefit from consistent attendance. I encourage us to talk about your expectations and experiences on a continuing basis.

Your Rights to Make Choices about the Counseling You Receive

You have the right to: (a) choose your own counselor; (b) select or refuse any treatment offered to you in counseling; (c) decide how frequently and for how long you wish to participate in counseling; and (d) end

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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 and your plans for the future.

Fees, Insurance & Payment

Session Fees: **50-minute sessions for individuals are $100. 75-minutes sessions for couples are $150.** If we agree to a different session length we will prorate the fee. You will receive written notice of any changes to these fees at least 30 days before they come into effect. As part of my commitment to help ensure access to quality counseling services, I able to accept a limited number of clients under my *Reduced Fee Policy*. Please let me know if session fees pose a financial difficulty for you.

Fees for Other Services: You will not be charged for telephone calls or other services that require 15 minutes or less of my time per week. Fees for most other professional services are billed at $25 per 15 minutes (or portion thereof), including telephone calls, meetings or conversations with other professionals you have requested or authorized, and completing documentation at your request. I do not offer forensic services or services as an expert witness. If you request my participation in a legal proceeding or I am required to respond to a subpoena, fees for these services are billed at $400 per hour, including any preparation and travel time. I will provide you with a written invoice outlining fees billed for other services.

Insurance: If you would like to use your health insurance benefits, it is important to find out what out-of-network (OON) coverage you have. Using your insurance will require a formal diagnosis to determine your eligibility for benefits and may limit the ways we are able work together. For example, few plans cover couple counseling (you can ask if your plan reimburses for ICD-10 code Z63.0). I can assist you in getting reimbursed for covered services by providing receipts with the information required by your insurance company (sometimes called "super bills"), but **I do not bill insurance directly.** Paying for the services you receive remains your responsibility.

Payment: **Fees are due in full and are payable at each session. You can pay me by cash, check, HSA, debit or credit card**. On request, I will provide you with printed receipts on a monthly basis.

Contacting Me & Accessing Emergency Mental Health Care

Contacting me: E-mail, text messages, and social media are not secure forms of communication. To protect your privacy, I minimize digital correspondence except for scheduling appointments. I encourage you to **contact me by telephone at (206) 327 3351** and leave detailed information about where and when I can reach you if I do not answer. I am the only person who listens to messages left at this number and generally will return your call by the following business day. If I expect to be unavailable for an extended period I will arrange coverage with another professional and provide you with their contact information.

Accessing emergency mental health care: I am not equipped to provide emergency mental health care services as part of my private practice. If you are unable to reach me and need immediate assistance, please contact your primary care physician or visit the nearest emergency or urgent care service. You can also call the **Seattle Crisis Line at 206 461 3222** / 1 866 427 4747 (available 24/7) or **Emergency Services at 911**.

Scheduling & Scheduling Policies

Scheduling: We will usually meet at a recurring time and day. To change appointments, please call **(206) 327 3351** or send me an e-mail at Joel@EnlivenTherapy.com. If you have given me written permission to

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contact you by e-mail, I can send you courtesy reminders for your appointments. Regardless of whether you receive courtesy reminders, you are responsible for attending on the day and time we have scheduled.

Cancellation & Late Arrival Policy: When we schedule a session, I reserve that time for you. I understand that unavoidable events can occur. However, I do not offer extensions of your session time or a reduction in fees if you arrive late. **Please let me know at least 48 hours in advance if you want to cancel or reschedule an appointment**. If you provide less notice, or arrive more than 15 minutes late for a session, it will be considered a missed appointment and you will be billed the full session fee *unless* we both agree this was due to sudden illness or other emergency. I allow up to one exception to this policy per year.

Multiple Missed Appointments & Lack of Contact Policy: Clients who (a) cancel or miss two or more consecutive appointments (with or without payment) – or (b) do not attend a counseling session for thirty days or more – will forfeit their regular appointment time and will be considered to have ended their course of therapy. To resume services, clients will need to pay for any missed appointments and select an available appointment time. If no appointment times are available, clients will be offered the option of being added to a wait-list or referrals to other practitioners.

Your Rights to Privacy & Confidentiality

General**: You have every right to expect what you share in counseling to be kept private**. The law and my professional ethics generally require me to treat what we discuss in counseling as confidential and legally privileged. Your rights, my duties to uphold them, and potential limitations to both are discussed in greater detail in my *Privacy Policy*. **Please let me know if you have particular concerns or questions about your privacy and confidentiality.**

Digital communications: With your permission, I may communicate with you by e-mail or other digital means. However, you should be aware that these methods do not provide a secure mode of communication and I 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. I recommend keeping digital communications brief and avoiding discussion of sensitive personal matters.

Professional Supervision & Consultation: Part of providing you with the highest quality of care and enhancing my work as a therapist involves regular participation in professional supervision and consultation. As part of this process, I may discuss our work with my supervisor, Roy Hodgson, MA, LMFT, LMHC,* and consult with other mental health professionals while being careful not to disclose your identity. These professionals share a legal and ethical responsibility to protect your privacy and confidentiality.

Exceptions to confidentiality: There are limited exceptions to the confidentiality I am able to offer you. All mental health professionals are designated "mandatory reporters" by the State of Washington. I have a legal obligation to disclose information about you in certain circumstances, including if:

- you share 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.

Scenarios involving these exceptions are rare. However, should any arise in our work together, I will make reasonable efforts to discuss options with you before acting.

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Permission to record sessions: **I will not create any audio- or video-recordings without your specific, written permission.** Allowing me to record our sessions can offer you several advantages. Research indicates this type of review can lead to increased positive outcomes for you. Recordings provide me an unparalleled way to review and reflect on our progress toward your therapeutic goals. Recordings also facilitate consultations with other mental health professionals, so you may benefit from additional professional expertise regarding your situation. Additionally, recordings assist me in my continuing professional supervision, education, research, and development as a therapist.

Recordings are not part of your client file. They are kept in separate locked storage and used only for approved clinical, professional development, and research purposes. I reserve the right to delete any recordings I have created at my discretion.

Of course, you are under no obligation to allow me to record the work we are doing together and your choice will not affect your ability to receive, or continue receiving, counseling services from me. You may also decide to withdraw any permission previously given at any time by letting me know in writing.

Social Media Policy

I maintain a website and social media presence for the purposes of sharing information and updates about my counseling practice with others. You are welcome to view these sites and read or share articles posted there but **I do not recommend "liking" or commenting on them.** Doing so may compromise your confidentiality and, should you decide to do so, you understand and accept this risk.

I do not knowingly view clients' social media accounts (e.g., Facebook, Instagram, LinkedIn, etc.) or accept friend or contact requests from current or former clients. I believe interacting on these sites can compromise our respective privacy and blur the boundaries of our professional relationship.

Referrals, Concerns & Complaints

I am a sole practitioner, meaning I do not operate my practice in partnership with any other person or mental health practice, and I conduct my counseling practice under the guidance of the AAMFT's *Code of Ethics* (2015).[†]

If you have concerns about the work we are doing together it is best if we can discuss them as they arise. In particular, if it seems we are on the wrong track or if something I say or do bothers you, it can be therapeutically productive for us to explore your concerns in counseling.

In some situations, you or I may think it is in your best interests to end our work together. Should this occur, I will explore options with you and offer you referrals to other mental health professionals.

State law also requires me to let you know (a) that you have legal protection against unprofessional conduct by me or any other licensed healthcare professional in Washington State; (b) that you can file a complaint regarding my services or professional conduct with the Department of Health; and (c) the contact information to use for doing so.[†¤] You may, of course, utilize your rights without fear of reprisal from me.

Your Professional Records

General: In keeping with state and federal law, 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. These procedures and policies are explained in greater detail in my *Privacy Policy*.

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Your rights to examine, receive copies, and request corrections to your records: On request, 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 for corrections or amendments to your records by explaining in writing why and how you think your records should be changed. I undertake to discuss any requests with you and, while I have the right to deny them, generally will try to accommodate you.

✧ ✧ ✧

Thank you for taking the time to read this document!

Once we have discussed questions you may have, **please complete, sign and date TWO copies of the attached acknowledgement form** (one for you, one for me).

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 ROY C. HODGSON, MA, LMHC, LMFT (WA Regs. 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. Phone: (360) 236-5700. E-mail: HSQAComplaintIntake@doh.wa.gov; Web: http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/ComplaintForms

†You may view copies of the AAMFT *Code* and Washington State regulations at my office. You can also access them at https://www.aamft.org/imis15/Content/Legal_Ethics/Code_of_Ethics.aspx and http://apps.leg.wa.gov/rcw/default.aspx?cite=18.130.180.

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A. Acknowledgement of Receipt of *Notice of Privacy Policy* & *Professional Disclosure Statement* (Consent to Treatment & Fees Agreement)

By signing below, I acknowledge I have received a copy of the *Professional Disclosure Statement*, read it, and had an opportunity to ask questions. I have also been offered a *Notice of Privacy Policy*.

I, _____ (Printed Name),

(1) accept the terms of this *Professional Disclosure Statement*;

(2) authorize Joel Freedman to provide me with counseling and psychotherapy services; and

(3) know the session fees are **(select one)** ☐ **50 minutes is $100** OR ☐ **75 minutes is $150** and agree to pay this fee.

Client Signature: _____ Date: _____

Acknowledgement of receipt returned by Client:

_____ _____
Joel Freedman, MA, LMHCA Date

If acknowledgement of receipt has not been obtained:

I, Joel Freedman, hereby state that I made a good-faith effort to obtain the client's acknowledgement of receipt of the *Notice of Privacy Policy* and *Professional Disclosure Form*. I also indicate the reason why such an acknowledgement was not obtained:

__ client refusal __ other reason: _____ _____ _____
Joel Freedman, MA, LMHCA Date

OPTIONAL B. Consent to Communication by E-Mail & Cellular Telephone OPTIONAL

By choosing to provide my e-mail address AND/OR cellular telephone number below, I:

(1) acknowledge that it is not possible to guarantee the security or confidentiality of information sent to and from these means of communication; and (2) accept and consent to all associated risks.

E-Mail: _____ Cellular Telephone: _____

Client Signature: _____ Date: _____

OPTIONAL C. Permission to Record Counseling Sessions OPTIONAL

By choosing to sign this form below, I grant Joel Freedman permission to create:

(1) audio recordings AND/OR **(2) video recordings** (*please* CROSS OUT *options that do not apply*) **of our counseling sessions.**

I am aware of the presence of recording equipment. I permit Joel Freedman to use of all or part of these recordings for purposes of (*please* CROSS OUT *purposes that do not apply*):

i) assisting my counseling through review, professional consultation and/or supervision;

ii) counselor's professional education, research and/or certification.

I understand that my refusal to grant permission will not affect my access to counseling services, and that I may withdraw my permission at any time without affecting my ability to continue receiving services.

Client Signature: _____ Date: _____

Client Copy – Please keep for your records.

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Office Copy – Please detach and return.

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