NEW STEP COUNSELING

Ed Fitzpatrick, MSW, LICSW 329 South Sequim Ave., Ste. B Sequim, WA 98382 360.808.4000

Therapy Information And Disclosure Form

Welcome New Step Counseling welcomes you as a potential client. We believe it is important for you to be informed about the nature of counseling or psychotherapy, the policies and procedures governing the help you will receive here, the fees charged for our services, and your rights as a client. At the end of this statement there is a place for you to sign, signifying your general consent to therapy.

Counseling and Psychotherapy In This Center The words counseling and psychotherapy (referred to below as "therapy") are often used interchangeably to indicate forms of psychological help that address various kinds of personal and family distress such as depression, anxiety, adjustment difficulties at work and with other people, and marital and family conflicts. The goals of therapy range from the relief of symptoms to significant life change based on acquiring a better understanding of one's personal, interpersonal, and social circumstances.

New Step Counseling's methods of treatment are based on standard practices common to the training and experience of psychotherapists, marriage and family therapists, psychologists, social workers, and pastoral counselors. New Step Counseling works within the standards and ethical guidelines of state licensing laws and of professional associations. (A statement of Professional and Clinical Standards is available on request.) In addition, New Step Counseling will also respond to the spiritual and theological needs of clients who recognize that values, beliefs, and religious affiliations make a difference in the process of changing and growing, and who want these factors to be considered in their therapy.

Therapy Process Therapy begins with an intake process designed to evaluate your needs and difficulties and to help you and the therapist make a decision about engaging in therapy. This may take one interview or a series of interviews. If becoming a client here does not seem feasible, you will be helped to select a more appropriate place for the help you need. The therapy process itself may take many forms, depending on the issues that need to be addressed and how far you wish to go in dealing with them. Treatment is guided by a treatment plan that you and your therapist both agree to pursue. Therapy ends when the work is done, or at the point you decide to end it.

Clients are entitled to receive information from New Step Counseling/Ed Fitzpatrick, about credentials, education, methods of therapy, the possible duration of therapy, and fees. This information will be disclosed to you during initial interview/s.

Therapy Policies and Procedures

Your Rights as a Client. You have all of the rights established by the state of Washington governing clinical practices. These include the rights of consent to treatment, of seeking disclosure from your therapist about his or her qualifications, of requesting a different therapist, of ending treatment at any time, of accessing the client grievance procedures, and of having the records of your treatment kept in confidence (see confidentiality statement below).

Confidentiality. What you tell your therapist will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, and as part of the professional practices of New Step Counseling. By law, there are circumstances when the therapist must report information to the appropriate persons or agencies, for example: a) if you threaten grave bodily harm or death to yourself or someone else; b) if you reveal information about child or parental abuse; and c) if ordered by a court of law. If your therapy is court ordered, the results of treatment or tests must be revealed to the court. Also, in keeping with standard professional practice, your case records may, with professional discretion, be viewed by New

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Step Counseling staff and/or consultants, for purposes of diagnosis, treatment, and quality control. In all other instances, your written permission is required before your therapist can reveal information about your treatment.

<u>Fees and Payment.</u> Therapy Fee Agreement that you will complete in the intake interview will state your fee and payment requirements. We request payment at the time of your therapy appointment. You may pay by cash or check (or credit card). Each check returned because of insufficient funds will result in a charge to you of (\$35) plus bank charges. [Option: If your account is more than [60] days overdue, we reserve the right to turn your account over to a collection agency. You specifically waive any right to confidentiality regarding financial information given by New Step Counseling to a collection agency.

Appointments and Cancellations. All appointments are made between you and your therapist. If you are unable to keep a scheduled appointment, please notify your therapist, or leave a message with New Step Counseling's voice messaging system 24 hours in advance. Failure to give a 24 hour notice of cancellation to the therapist, with the exception of family emergency or illness, will result in a late fee covering the full cost of the session. This charge is not covered by insurance.

Insurance and Other Third-Party Payments. If you have insurance or some other third-party coverage (e.g., a managed care organization or employee assistance program) that pays for therapy, you are responsible for giving New Step Counseling this information on the Insurance Information Form. We will then file your claims if the information you give us is accurate and complete. New Step Counseling does not guarantee that your insurance or other coverage will pay your claim. You are responsible for the account balance and for deductibles and copayments required by the insurance or third-party company.

<u>Ending Therapy.</u> Although you may end therapy at any time, it is preferred that you have at least on face-to-face concluding appointment with your therapist rather that terminating by telephone, mail, or by not showing up. New Step Counseling welcomes any feedback given with regard to the therapy process, as it is valuable information to increase awareness of the strengths and weaknesses of our services.

General Consent to Therapy

Date:	Date:
Client Signature/s	Parent or Legal Guardian
Therapy expenses as prescribed in the Fee Agre	ement.
[] I consent to treatment as described in the Therap	y Information and Disclosure Form, and will pay for my
[] I have seen and read the information contained	in this Therapy Information and Disclosure Form
You will be asked to sign this consent when you meet with y	our therapist.