

Vicki Sween, MA, LMHC
206-300-2151
4510 Thackeray PL NE, Seattle, WA
Licensed Mental Health Counselor
License: LH 6172462 NPI:1487074217

The purpose of this statement is to provide information that will help you understand my approach to psychotherapy, and decide whether it is a good fit for you. After you read this, let me know about any questions you have. As we begin, I will be ask that you sign and date a copy of this statement for each of us to indicate you understand this information and agree to meet under the conditions described.

Disclosure of Information My approach is influenced by existential, person-centered, relational, mind-body, developmental, attachment and cognitive-behavioral oriented theories of psychology.

The length of therapy will depend on what you seek from it. Deep change can take time and be a difficult, uncomfortable, and even painful process. Acute problems may be resolved with a shorter course of sessions.

I consider each person to be the expert in their own life, though at times we may feel lost or disconnected from our true self. It is my role to help you find your way back. I may help identify problem areas, challenge self-limiting beliefs, observe patterns or self-defeating behaviors and examine options. We may explore metaphor, symbols, dreams, past and/or present relationships as means for deeper meaning, growth and connection.

Responsibilities

Therapist My role is to support you in your process. My responsibilities include confidentiality, honesty, knowledge, experience and ongoing clinical consultation and training. I may make observations, offer feedback and/or ask you to extend your commitment to your personal growth to include work outside of

our sessions. I will periodically check in about how you feel about the work we are doing. Should it become apparent that I am not able to meet your need in counseling, I will provide you with referrals to other therapists.

You Your responsibilities include honesty, openness, willingness, and commitment to your own change. It is important that you keep our appointments, come regularly and bring a collaborative attitude. The more honest you are, the more benefit you can realize from therapy. Being honest includes asking any questions and voicing any concerns you have about therapy so that we can discuss those and make any appropriate changes.

Confidentiality Ordinarily, you have the right to complete privacy in the counseling setting. What you disclose in therapy may not be shared without your written consent. If applicable, consent includes to whom the information will be given, the type of information to be released and inclusive dates for which the release is valid. You have the right to rescind a Release of Information at any time.

There are times, however, when the law requires that I report certain information. These include: threat of bodily harm or death to yourself or another person; suspected child or disabled-adult abuse; a subpoena to release records or appear in court. If any of these unusual situations arise, I will attempt to discuss them with you fully before taking action.

If I consult with other mental health professionals regarding your treatment, the same rules of confidentiality apply.

E-mail, texting, and similar digital communications are not confidential and are at higher risk of being easily breached. In the interest of your privacy I limit the use of these forms of communication to scheduling purposes only.

If it is necessary to communicate outside of our meetings, I urge you to use the telephone or voice mail. If you elect to send personal or confidential information to me via email or text, you do so at your own risk.

It is my policy to not accept social network invitations from clients.

Please let me know if you have concerns or questions about confidentiality so we may discuss them.

Education and Experience I earned a Masters of Existential Phenomenological Psychology from Seattle University, including a practicum at West Seattle Highline Mental Health working with children, adolescents and families. Post graduation I've completed advanced level trainings in Somatic Experiencing, Focussing and Life Span Integration. I have treated adults struggling with grief and loss, anxiety, depression, relationship problems, stress and transitions. Other related experience includes facilitation of grief & bereavement groups with Evergreen Hospice. I currently hold the Licensed Mental Health Counselor credential in Washington State.

Your rights I keep some records of the meetings we have and the services I provide to you, and you may ask to see them at any time. At least 5 (five) business days notice is needed to make copies of records available. Printing and copying costs may apply.

You have the right to refuse treatment and the right to choose a practitioner and treatment modality that best suit your needs. If you begin therapy, you have the right to stop at any time and ask for a referral to another therapist.

If you have any concerns about your experience, please do discuss them with me. The Washington State Department of Health, Health Systems Quality Assurance Division (www.doh.wa.gov/hsqa) oversees health professionals. If you feel I have been unethical or unprofessional, you may contact HSQA by mail at PO Box 47857,

Olympia, WA 98504-7857; by phone at 360-236-4700; or by e-mail at HSQAComplaintIntake@doh.wa.gov.

Fees and payment Sessions are typically 54-56 minutes in length. Please be on time as your appointment usually will not be extended beyond the scheduled time if you arrive late.

Cancellation: Forty-eight hours advance notice is requested if you must cancel; otherwise, you will be charged a late cancellation fee of: **\$105.00**. Insurance companies do not reimburse for missed/ cancelled sessions.

If you arrive more than 15 minutes past the scheduled start time, you may be billed a portion of the fee due to insurance restrictions.

My fee is \$150-220.00 per session. A sliding scale fee may be available depending on a client's financial situation. Please ask if you think this applies to you.

Agreement and Consent I have been provided a copy of this disclosure statement, have read and understand the information in it and agree to the policies described. My questions have been addressed, and I consent to therapy with Vicki Sween, MA, LMHC.

Client name : _____
(printed)

Client
signature: _____

Date: _____

Vicki Sween, MA, LMHC

Date: _____

Space below intentionally left blank unless initialed & dated by both signors.