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Office Policy and Consent to Treatment

Some Information About the Therapy Process

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in therapy, you have certain rights that are important for you to know about because this is your therapy whose goal is your well-being. There are also certain limitations to those rights of which you should be aware. Your therapist/I have corresponding responsibilities to you.

Your Therapist's Responsibilities

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else except possibly a peer consultation group made up of other therapists. Even if/when I disclose information in this setting, I will only share information necessary for adequate supervision (no identifying information).

I will not speak to another health care provider or a member of your family about you without your prior consent, **unless the situation is an emergency**. I will request the name and contact information of your designated emergency contact person(s); your consent to therapy includes your consent to having me/your therapist contact your designated emergency contact person should I be concerned for your safety.

I will always act so as to protect your privacy even if you do release that person in writing to share information about you to other parties. You may direct your therapist/me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you; if you wish to do so, please discuss this with me.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of the internet service provider. While under normal circumstances no one looks at these

logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email received from you, and any responses sent to you, will be printed out and kept in your treatment record. In addition, any phone calls to me may be transcribed to my email through Google Voice.

The following are legal exceptions to your right to confidentiality. You would be informed at any time when these exceptions will have to be put into effect.

1. If I have a good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have a good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give your therapist information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team.
4. If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of Washington, I am required by law to report that conduct to the Department of Health.

II. Record-keeping

I will keep written records of your sessions. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request correction of any errors of fact in your file. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location.

III. Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to do what I am doing and to look at alternatives that might work better. You can request a referral to someone else if you decide that I am not the right therapist for you. You are free to leave therapy at any time. You have the right to refuse anything that that I suggest. Therapists/I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist.

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you already have.

You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

If you do violence to, threaten, verbally or physically, or harass me/your therapist or the office or ask me/your therapist to engage in any illegal conduct, you will be unilaterally and immediately terminated from treatment. You may not bring any weapon whatsoever into the session; if you are found to have a weapon on your person we will consider that a threat. No referrals will be provided in that circumstance. Small pocketknives or pepper spray that you leave in your bag will not be considered a threat.

If you have a safety plan with me/your therapist for between-session contact, I will work with you to spell out my availability between sessions during a period of unsafety. If you are experiencing an emergency outside of regular office hours and can not reach me at (206) 853-0250, please call the Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance. Feel free to leave messages for me at 206-853-0250; calls will be returned as quickly as possible.

Your Therapist's Training and Experience

I will provide you with a separate handout on which I describe my training, experience, and approach to therapy.

Your Responsibilities as a Therapy Client

1. You are responsible for coming to your session on time and at the time scheduled. Sessions last for 50 minutes. If you are late, the session will end on time and not run over into the next person's session. Please try to give 24 hours notice of cancellation when possible so that someone else may have access to the time. If 24 hours notice is not given, you will be expected to pay for the session.

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will always take criticism seriously and with care and respect.

Client Consent to therapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to therapy with Deanna Seather-Brady. I have agreed to a fee of _____ per session-hour for therapy.

Signature of Client

Date

Printed Name of Client

Signature of Therapist

Printed Name of Therapist

Signature of Parents

Printed Name of Parents
