

## **Jim Morley, M.A., LMHC, CDP**

### **Reflections Counseling**

License# LH60714838

Phone: 425-209-8216

#### **ABOUT OUR WORK TOGETHER**

When people enter into any kind of relationship in which services are exchanged, it is a good idea to be clear about each person's rights and responsibilities. My hope is to use this document as a way to introduce myself and explain about psychotherapy. This is an agreement of sorts; this agreement tells you what you can expect of me and what I can expect of you. Please read it carefully and be sure to ask me to explain anything you do not understand or that you have concerns about.

#### **My Background and Approach**

I am a licensed mental health counselor in Washington State (License # LH60714838). I received my Master's degree in Psychology at Antioch University in Seattle. I also have a Bachelor's degree in Psychology from the University of Washington. Since receiving my degree, I have received continuing education, case consultation, and supervision in several areas.

I have been practicing the art of counseling since 2008. My clients include individuals, couples, families, and adolescents ages 15 and over. I have been trained in and provide individual, couples, family, and group therapy. My experiences include several years in a community mental health agency, in addition to four years working in a private agency treating addictions through individual and group therapy.

As a therapist, I view each individual's problems in the context of their life and relationships. My approach to therapy is best described as eclectic, brief, relational, and client centered. I provide therapy services to individuals and couples whose interests are personal growth and development, relationship enhancement, and individual and career transitions to name a few. I may assign homework to be completed between sessions. When appropriate, I use assessment tools and questionnaires to gather information. I often combine cognitive behavioral therapy (CBT), emotion focused therapy (EFT), mindfulness-based practices, with family systems and psychodynamic theory in my work with clients.

I do not promise any particular outcome of treatment. However, I promise to use my best efforts and to perform all of my services for you in a professionally competent manner. The length of treatment varies from client to client and couple to couple. This hinges on such factors as the severity and duration of the problem as well as the motivation and cooperation of the individuals involved. You may want me to outline a proposed course of treatment. If this is important to you, let me know. In general, however, I find that it is not always helpful to try to figure out in advance where we are headed, since therapy in its very nature is a journey of discovery. If you have questions about my therapeutic approach, please ask me.

#### **Your Rights and Participation**

Clients always have the right to request a change in counseling approach, referral to another counselor, or termination of therapy at any time. Your engagement in this is entirely voluntary, and you may choose to participate or not. As a licensed therapist, I am accountable for my work with you. If you have any concerns about the course of treatment, please discuss them with me. If you determine that I cannot help you, you may seek out another therapist or you can ask me to help you find one. Should you feel that I have been unethical or unprofessional you may contact the Department of Health for information about the legality of healthcare practices. The Department of Health can be contacted at 360-236-4700 or [www.doh.wa.gov](http://www.doh.wa.gov).

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### **Appointments, Fees, and Cancellation Policies**

My fee is \$120.00 per clinical hour. As the client you are responsible for your account and are expected to pay for all services received via cash, check, or credit card. I will bill your insurance directly for those companies I am contracted with. If letters/reports need to be provided to an outside source such as a lawyer, the court system, etc., you will be charged for this service at an hourly rate of \$120.00 per hour. If there are unusual circumstances I am open to discussing this with you. In certain circumstances a sliding scale fee may be negotiated. Documentation can be provided for out-of-network insurance reimbursement; it is your responsibility to check benefits and eligibility prior to our first appointment.

Individual appointments are typically 50 and 55 minutes in length. It is important to be on time because your appointment will not be extended beyond the schedule time as a result of your late arrival. Your appointment is held exclusively for you. If you are unable to keep your appointment for any reason, you must give me at least 24 hours advance notice; otherwise you will be charged a \$60 fee for the time I have reserved for you. After two missed sessions in a row without cancellation we may review whether or not to continue therapy. Exceptions in the event of an emergency or unavoidable circumstances such as sudden illness or accident will be discussed. If this occurs, please call as soon as you can. My voice mail will take your calls any time. If you need assistance before I can be reached, you can call the Crisis Clinic at (206) 461-3222, which is open 24 hours.

### **Confidentiality**

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning I will not discuss you or our work with anyone else except in my own confidential professional consultation. I believe that in order for therapy to be the most beneficial we need to have clear, open, and honest communication. As my client it is you rather than me who determines whether information shared in our sessions can be released to others. You do this by signing a release of information form that I will provide if and when you wish me to discuss our work with another person (e.g. your physician, school counselor, previous therapist).

There are some exceptions to confidentiality. State law requires that professional counselors must respond protectively by notifying the appropriate authorities if informed of the physical or sexual abuse of a child, a disabled person, or an elderly adult. State law requires me to report knowledge of a client's serious threat or intent to harm self or others, or inability to care for oneself. I am also required by law to release my records of our sessions to the court and/or testify if court ordered. In instances where I am required to take such action, I strive to carry out this responsibility in a way that promotes the best therapy for my clients.

The rules of confidentiality can on rare occasions create dilemmas. For instance, say that perhaps during therapy you tell me you have a new friend, or romantic partner or boss, and it turns out that some years ago that person was a client of mine. Despite my desire to be open with you, I cannot tell you that I know him or her, because I would be breaking the confidentiality of my work with that person. If you have any questions about confidentiality, please discuss them with me.

### **Professional Consultation**

In order to provide the best service to my clients, I often seek professional consultation from Suzi Mohn, M.A., LMFT of New Beginnings Counseling. Additionally, I regularly consult with my colleague, Jenna Patterson, M.S., LMFT, CDP. These individuals are bound to the same standards of confidentiality that I am.

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Please sign below indicating you have read this statement. Thank you and I look forward to working with you.

I have read the office policy and disclosure statement and understand the above information:

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Client Signature

Date

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Jim Morley, MA, LMHC, CDP

Date