

Psychotherapy to Kindle the Soul
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PSYCHOTHERAPY DISCLOSURE STATEMENT

Psychotherapy can be a very special opportunity to understand more deeply the struggles you are experiencing and to make the changes that are important to you. It can be a rich and enlivening process. It can also be difficult at times. While there are no guarantees, your active participation will contribute greatly to this process.

This document is designed to inform you about my qualifications and professional approach so that you can make thoughtful decisions regarding your therapy. The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect.

Please don't hesitate to ask any questions that arise as you read this, or at any time in our work together. I look forward to working with you.

Education and Training

I am licensed by the Washington State Department of Health and by the California Board of Behavioral Sciences as a Marriage and Family Therapist. I hold a master's degree in Integral Counseling Psychology from California Institute of Integral Studies in San Francisco. I also hold a master's degree in Fine Arts from the San Francisco Art Institute. While creativity is not required or expected in our work together, creative tools are available to you during our sessions should you find them useful. I work with adults, children, teens, and couples. I am a trained Level Two PACT therapist. PACT (Psychobiological Approach to Couple's Counseling) is a highly effective approach that helps couples understand each other more deeply. I am also trained in Jungian Sandplay Therapy, a powerful tool to work with trauma in both adults and children. I have 17 years of experience with insight meditation and mindfulness, both of which inform my work intrinsically. I am a member of the American Association of Marriage and Family Therapists. I attend trainings throughout the year on varying topics to deepen my work and understanding as a therapist.

Theoretical Orientation and Approach to Therapy

I am trained to work in a client-centered way with an emphasis on depth psychotherapy. In simpler terms, this means that I honor your process and let it guide the skills and trainings that I draw from, while also bringing an awareness that problems are best addressed when tended at the roots. In Depth Psychotherapy, all parts of you are taken into consideration, past and present; conscious and unconscious; heart, body, and mind. My job is to help you gently integrate the conscious parts of your life with the less conscious parts so that you can feel empowered to make informed choices in your life. This can be done through talking, mindful inquiry, guided exercises, Sandplay therapy, or play, as is the case with children. Within a framework of acceptance, I help people learn to hold themselves and their struggles more kindly in their own hearts. When appropriate, I offer tools for my clients to use, but therapy is about much more than the tools learned. An essential element is the relationship we form together, where you will hopefully feel supported and encouraged. Since most of us are wounded in relationship, we heal most effectively in relationship. I utilize theories and approaches based in current research in mindfulness, compassion, attachment, neurobiology, cognitive behavioral and client-centered therapy.

Your Rights As a Client

Please feel free to ask any questions you may have about my work as a therapist, the approach we are taking together, or your progress. It is your responsibility to choose the therapist and therapeutic modality that best suits your needs. You always have the right to request a change in treatment or to refuse treatment. It is important that we work together to meet your needs. If you believe you are not being helped, please let me know so that we can work through the difficulty together. If we are unable to do so to your satisfaction, I can provide referrals for another therapist.

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Confidentiality

Our sessions are held in the strictest confidence and no information can be released about you without your written permission. State law requires the following exceptions:

- when a client poses a clear and present danger to self or others, or is unable to provide minimal life-sustaining self-care;
- When the therapist receives a court order to share information with a judge;
- When a client reveals contemplation of a major crime or harmful act;
- If the therapist has a reasonable suspicion that a person under the age of 18, or a dependent adult (aged, or developmentally delayed) is or has been physically abused, sexually abused or neglected.
- I regularly consult with other therapists with to gain a better understanding of how I can work with my clients more effectively. In these consultations, your identity will be protected, as will unique identifying information. The other professionals with whom I meet are bound to the same standards of confidentiality as me.

Licensing and records

It is required by WA law that this disclosure statement include the following two paragraphs:

- WAC 308-109-040: "Counselors practicing for a fee must be registered or licensed with the Department of Licensing 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 treatment."
- SHB 1828: "A record of the mental health care provided to you is kept by this office. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within your record is in error. A copy of your corrections to the office records will be placed within your record at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see you record or get more information about it at this

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking sites (facebook, twitter, linkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Your responsibilities as a client

Scheduling

Appointments are scheduled on a weekly or more frequent basis.

Cancellation Policy

When we agree to meet on a weekly or regular basis, your appointment is held for you week to week. It is important for the continuity and effectiveness of the therapy that you attend all sessions. If you have made an appointment and you need to cancel it, you must let me know 48 hours (two full days) in advance, or you will be charged for that session. You may elect to reschedule within a week if we can find a mutually acceptable time. Cancellation notice should be left on my voicemail or email.

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Session Length

Therapy sessions are fifty minutes (considered a clinical hour), unless we have negotiated a different length of time in advance. If you arrive late for a session, you will be seen for the remaining time, and will be charged the full fee.

Fees

My standard fee is \$140/hour payable by cash, check or credit card. Agreed upon payment is due at the beginning or end of the session. I have a sliding scale that starts at \$100/hour, with limited spaces. If you are paying on a sliding scale, I ask that you let me know if your financial situation improves so we may adjust your fee accordingly. Occasionally I find it necessary to increase my fee due to inflation. If this occurs during our work together, you will be given 30 days notice prior to the increase.

Insurance

I have a fee-for-service practice and I accept insurance as an out of network provider. Fees must be paid for by you, with the option of receiving reimbursement by your insurance. If you'd like to receive reimbursement by your insurance for fees paid out-of-pocket, I can provide a monthly statement (called a "superbill"), which you can submit directly to your insurance company. If you opt to use your insurance, please make sure that your insurance offers reimbursement for out-of-network therapy. Insurance companies often require that a DSM diagnosis be included on the invoice. If you have questions about this, we can discuss it together.

Contacting me

You may call my confidential voicemail at any time. If you would like to speak with me outside of sessions concerning scheduling, fees, or urgent matters that arise between sessions, please call my confidential voicemail. I will return your call as soon as possible (usually within 48 hours). You can also email me at jeannemft@kindlethesoul.com, though email is not always HIPAA protected.

In case of an emergency, please call:

- 911 or go to the nearest emergency room
- Crisis Hotlines (206) 461-3222 or (866) 427-4747

Treatment Termination

While the decision to terminate therapy is yours, it is usually best if termination is arrived at by mutual agreement. I believe that we should end our relationship in person rather than by phone, email or text. For this reason, I strongly suggest that you take from one to three sessions to complete your therapy. This will not only give you a chance to end things in a conscious manner, but it will also give me an opportunity to address your wish to end. However, you have the right, at any time in the therapeutic process, to ask for a change of direction or to discontinue. I also have the right to terminate therapy under the following conditions:

- When I believe therapy is no longer beneficial for you.
- When I believe another therapist/professional would better serve you.
- When you have not paid for sessions held, unless special arrangements have been made.
- If I determine during the first three sessions that I cannot help you, I will assist you in finding someone better suited for your situation.
- If you do not schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal or ethical reasons, I must consider the professional relationship discontinued.

I will not terminate therapy without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with names of qualified psychotherapists to work with you. You may also choose someone on your own or from another referral source.

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Litigation Limitation

This agreement is intended to protect the confidential nature of the therapeutic relationship. It is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Temporary Distress

Counseling can be difficult, and sometimes painful. At times, discussing therapeutic material may leave you feeling worse, or may make your symptoms stronger. While this is often normal and expected, please keep me informed of how you are feeling. I need to know what you are experiencing so that I may treat you effectively. If you need support between our sessions you can contact me or the King County Crisis Clinic at (866) 427-4747.

Electronic communication

Confidentiality is an important aspect of the therapy process. Part of the role of the therapist is to ensure your confidentiality. However, many of the methods commonly used for communication are not confidential.

I encourage you to consider privacy whenever communicating with me via text, email, or voicemail. Though my cell phone is password protected, information may be stored on servers through ATT, Google, or any other company involved in the transmission of data from you to me.

Conclusion

I look forward to working with you.

In the event you are not satisfied with my services for any reason, please let me know so I can work to resolve it with you. In Washington, the Department of Health issues and monitors the licensing of all health professionals. If you feel the need, you may contact them by one of the following methods:

Online: www.doh.wa.gov/LicensesPermitsandCertificates/FilecomplaintAboutProviderorFacility
Phone: 360-236-4700
Mail: Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
PO Box 47857
Olympia, WA 98504-7857

By signing below, I am agreeing that I have read, understood, and agree to the items in this document.

Client/Guardian Signature(s): 1) _____ Date _____

2) _____ Date _____

Therapist Signature: _____ Date _____