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I am honored to be part of your therapeutic process. The following information is provided to further your awareness and understanding of our relationship. This document is not all-inclusive and I invite any questions you may have.

Education: I received a Master of Science Degree in Marriage and Family Therapy from Seattle Pacific University in 2005, and I am a Licensed Marriage and Family Therapist in the state of Washington - #LF00002667. I am a clinical member of the American Association of Marriage and Family Therapy.

I provide adult, child, couple, and family therapy. I have experience working with children of all ages, and with families experiencing many different life transitions.

I am an independent private practice therapist who shares office space and collaborates with Michelle Naden, Ph.D., Kurt Johns, Ph.D., and Sally McIntosh Stoehr, M.A. as part of Collaborative Family Therapy on Bainbridge Island. I share office space with Jeanette Chen, Ph.D., H. Berryman Edwards, M.D., Jennifer Lee, M.SW, and Gerald Fleischer, Ph.D. in Bellevue. We are each sole practitioners with regard to professional and financial matters.

Therapist Commitment: I agree to work with you and your family in a collaborative effort to provide you with the best possible service. We are partnered in this experience, and your honesty and willful participation is important to the effectiveness of the therapy process. You have the choice to stop participation at any time, and/or to ask for a referral to another qualified psychotherapist. You have the choice to ask about my therapeutic methods, and questions are encouraged. It is my commitment to abide by the American Association of Marriage and Family Therapy (AAMFT) Code of Ethics, which include a policy of not performing forensic evaluations for custody, residence, or visitation of minors who are engaged in therapy with me.

Therapeutic Orientation: The foundation of my training is in family systems and narrative theories, with influence from a variety of other paradigms. I utilize a narrative perspective that views problems as issues that you are working with, not defined by. I will ask questions, and we will explore your life experiences to find the strengths and skills that you can utilize to help you through your struggles and transitions. I will offer insight throughout our conversations to help identify old patterns and meanings that are affecting your current sense of identity.

Fees: Sessions are 50 minutes in length for a fee of \$110.00. Phone, computer, and collateral contact time are prorated per hour. Your appointment time has been reserved especially for you and I ask that you please call 24 hours in advance if you cannot make a scheduled session. ***Cancellations with less than 24 hours notice will be billed at full fee.*** Payment by check or cash is expected at the time services are rendered, unless other financial arrangements have been agreed upon. I can provide you with a statement that has the necessary information for reimbursement from your insurance provider when appropriate.

In the event that you become a participant in a legal action either while in treatment with me or after treatment concludes; and that legal action results in my being subpoenaed and/or having your records subpoenaed, I must charge you \$110.00 per hour for all of my time devoted to responding to that subpoena, and/or preparing for and participating in any depositions and/or court appearances – regardless of whether the subpoena is later quashed or excused.

Confidentiality: It is my legal and ethical duty in the State of Washington to preserve private and confidential information regarding our sessions. When working with couples or families, I reserve the right not to keep secrets between individuals within the therapy process due to my belief that open communication is important to growth in relationships. It is my intention to stay in continued conversation regarding our contract, the relationships involved, and confidentiality. Please note that in the state of Washington, children ages 13 and older have the right to full confidentiality regarding their psychotherapy process if they so choose.

I keep written notes of our sessions, and you may review these notes and attain copies at any point in time. Any written communication, including collateral contacts, will be included in your file. Email communication addressing issues other than appointment scheduling and billing will be addressed at the next session and/or by phone and deleted. I reserve the right to respond to emails that pertain to scheduling and billing, and will delete them after doing so. Please be aware that cellular phone and email contact have limited confidentiality.

There are special circumstances when I am legally required to release information *without* your consent:

- 1. You give strong indications that you are likely to harm yourself or someone else.*
- 2. I have reason to believe that a child, adolescent, elder, or dependent adult is experiencing abuse or neglect.*
- 3. An involuntary commitment for mental health assessment appears necessary.*
- 4. You bring charges against me as a legally registered counselor.*
- 5. I receive a court order to share information with a judge or attorney.*

Emergency: Should you need to contact me in case of an emergency, please call my phone at 425-890-2352. If I cannot be reached, please call 911 or the crisis clinic at 206-461-3222.

DOH Statement: The Department of Health requires the following statement to appear: Counselors practicing counseling for a fee must be licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily implies effectiveness of any treatment.

Signatures: Your signature below indicates your understanding of and acceptance of the information described in this document. My signature indicates accuracy of the information and my responsibility to uphold the terms of this agreement.

Client's Signature

Date

Client's Signature

Date

Therapist's Signature

Date