

Disclosure of Information, Policies and Client Agreement

Providing you with the following information and your written acknowledgement of receipt are required by Washington State Law. This document provides you with some information you may need to make decisions about your counseling. I provide mental health counseling and psychotherapy for individuals, couples, families, and groups.

Counseling Approach:

My principal area of expertise and experience is psychotherapy with adults, couples, families, and groups. My goal in counseling is to support clients in overcoming challenges and expanding and growing in new ways. My role as your counselor is to provide a safe and supported place for you to pause, reflect, and gain perspective. From this safe place, you have the opportunity to challenge yourself and to be challenged. I believe people can become stuck in automatic and often-unconscious patterns of thinking, feeling, acting, and interacting. Typically, those patterns are rooted in early family relationships. Within the counseling relationship, you can explore those early patterns and then experiment with new ways of thinking, feeling, acting, and interacting. I also believe people come to therapy already possessing their own unique strengths, which are often not fully within their awareness. By shining a light on your strengths in therapy, you can become practiced in recognizing, drawing on, and developing your own unique talents and abilities.

Training and Background

I am a Licensed Mental Health Counselor Associate (MC60144473) in the State of Washington. I became a mental health counselor after a successful career in business. I received my Master's Degree in counseling from Seattle University. As part of my clinical training, I completed a one-year counseling internship at Sound Mental Health, providing counseling to adults, teens, and children. I am currently employed at Sound Mental Health as a therapist, where I work with teens and adults individually, as families, in couples, and in groups. I am a member of the American Counseling Association (ACA) and follow the ethics and professional standards defined by the ACA Code of Ethics. I have additional training in couples therapy, narrative therapy, art therapy, trauma-focused cognitive behavioral therapy, and mindfulness-based therapy. Prior to becoming a counselor, I worked as a project manager for two local Seattle web design and development firms. I was also employed at Microsoft, working as managing editor for one of their websites. For 11 years I worked at Russell Investments, holding a variety of marketing communications positions. I graduated from Occidental College in Los Angeles with a bachelor's degree in English Literature.

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Fees and Appointments

The fee for counseling is \$85 for a 50-minute session. ***Payment is due at the time of the session.*** If we agree on a session length other than 50 minutes, the fee will be prorated accordingly. (For example, the cost for a 75-minute session is \$130; for a 100-minute session, the cost is \$170.) I accept cash or check; you may find it helpful to have your check made out in advance. My fees may increase periodically, and I will give you four weeks notification of any fee increase. Please feel free to discuss fees and payments with me at any time.

When we make an appointment, I am committing to hold that time for you. If you need to cancel your appointment, please contact me as soon as possible and at least 24 hours in advance. For cancellations of less than 24 hours or missed appointments, you will be charged the full session fee. If you arrive late for the start of the session, we will still end at the scheduled time.

I am not an in-network provider for any insurance companies. If you will be seeking reimbursement from your insurance plan using your out-of-network mental health benefits, then you will need to obtain and submit the appropriate paperwork to your insurance company. I will be happy to provide you with an itemized receipt required by the insurance to document the treatment you receive.

Confidentiality:

There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

As stipulated by Washington State law, there are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others (from RCW 18.19.180):

- (1) With your written consent to share confidential information (or in the case of death or disability, the written consent of your representative);
- (2) If you make statements that a child, elderly or disabled person has been abused or neglected, I am required by law to report that information to the appropriate authorities;
- (3) If you make statements that indicate you intend to harm yourself or others, I may report that information to the appropriate authorities;
- (4) If you waive this privilege by bringing charges against me; or
- (5) In response to a subpoena from a court of law.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

Consultations:

I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

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Professional Standards:

- (1) I am accountable for my work with you. If you have any concerns about my work or the therapeutic process, I encourage you to discuss them with me.
- (2) I receive clinical supervision from Yvonne J. Owen, PhD, Washington Clinical Psychologist (License #810). If you have concerns regarding your therapy that you do not feel are satisfied after discussing them with me, you may contact Dr. Owen at (206) 323-0905.
- (3) Counselors practicing counseling for a fee must be registered or certified with the Washington State Department of Health 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 implies the effectiveness of any treatment.
- (4) The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. For further information or to report suspected unprofessional conduct, please contact the Washington State Department of Health Customer Service Center, 310 Israel Road SE, Tumwater, WA 98501; (360) 236-4700, hpqacsc@doh.wa.gov

Your Rights as a Client

You have the right to choose a counselor who best suits your needs and purposes. You have the right to:

- (1) Decide whether or not to receive therapeutic counseling from me. If you wish, I can provide you with names of other qualified professionals
- (2) Know the course of treatment and my preferred treatment methods. Please ask if you have any questions.
- (3) End therapy at any time for any reason. If you wish to end our therapeutic relationship, please let me know, preferably in person rather than by phone or by letter.
- (4) Review your records, or request in writing that no records be kept except the minimal identification information.

Contacting Me and Emergencies:

You may leave me a message at (425) 241-4527. I check these messages on a daily basis, but cannot always be reached immediately. If you are in an emergency or crisis and cannot reach me, please call the King County Crisis Clinic at (206) 461-3222 or call 9-1-1.

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Client Agreement and Consent to Treatment

I have read and understand this Disclosure of Information, Policies, and Client Agreement. I have asked any questions I have about this statement, including fees and payment and cancellation policies. I understand and agree to the description of confidentiality and the stated exceptions. I consent to counseling with Karlene Johnson, MA, LMHCA, under the terms described and understand that I have the right to terminate counseling at any time I desire.

Client Signature

Date

Client Signature

Date

HIPAA Acknowledgment:

I hereby acknowledge receiving the HIPAA Notice of Privacy Practices for Karlene Johnson, MA, LMHCA, a separate document.

Client Signature

Date

Client Signature

Date