



Disclosure of Information, Policies and Client Consent for Treatment:

This document provides you with important information regarding my professional psychotherapy services, education and training, office policies, and your rights as a client. After you read the statement you will be asked to sign it indicating that you have read it and agree to its terms. Please feel free to ask any questions or raise any concerns you may have regarding it prior to signing and at anytime during our work together.

Therapeutic Approach, Education, Training and Experience:

It is my belief that the therapeutic relationship affords us a unique opportunity to see ourselves in a new light, bringing into our attention and awareness aspects of our relationship to self, others, the world around us, and how we are living that have been previously unconscious. This I believe is crucial to transformation and growth. As we uncover more information about what is driving us across all areas of our lives, we become more empowered and more able to make conscious choices about who we are, what we value, how we act, and the types of relationships we have. For me, psychotherapy at its best is a process of waking up to and reclaiming our deepest self and then choosing how we live from there.

I strive to create a safe environment in which my clients determine the work that they do as I listen, attune, support and sometimes guide in a collaborative effort to facilitate positive change. Therapy is not always easy and it does not always feel good. Sometimes it requires facing places inside ourselves or in our past that we would otherwise rather avoid. Avoidance, distraction, and running away can be instinctual reactions in the face of fear, pain, or discomfort, but they are coping mechanisms that only work for so long as we avoid, distract or run away. In therapy we choose to stop running and instead, face and lean into the scary, painful or uncomfortable, and while it may be hard it frees us to new possibilities and ways of living.

I work with individual adults utilizing an eclectic therapeutic approach based on each individual's needs and what emerges in a given session including but not limited to: Hakomi, Internal Family Systems therapy, Gestalt and existential psychotherapy, psychodynamic, relational and humanistic approaches. I work with a wide array of issues including but not limited to: depression, anxiety, trauma, sexual and gender identity, relationship problems, spiritual crises, grief and loss, and addiction. While I cannot guarantee a particular outcome, I will work with you in a respectful, professional, and collaborative manner to determine a treatment plan, frequency and duration, and therapeutic approach that is right for you.

I am a Licensed Mental Health Counselor in the state of Washington. I am a member of the Washington Mental Health Counselors Association. I graduated with a Master of Arts in Integral Counseling Psychology from the California Institute of Integral Studies in 2012. Since then, I have worked with children, adolescents, and adults in community mental health agencies prior to starting a private practice. I have completed post-graduate trainings in a number of modalities including Internal Family Systems, Gestalt, Acceptance & Commitment Therapy, Trans and Gender-Non Conforming Affirmative Care, and working with suicidal persons. I am a Certified Hakomi Therapist.

Appointments and Fees:

All fees are due at the time of service, including insurance co-pays and co-insurance fees. I accept cash, checks and credit cards. Sessions are 55 minutes. Sessions are billed at a rate of \$140 per session for individual counseling. I accept some insurance plans and will submit needed paperwork, however **clients are responsible for any expenses not covered by insurance plans.** If, for any reason, insurance does not pay all or a portion of your bill, you are ultimately responsible for the bill and will need to make arrangements for prompt payment. It is your responsibility to manage your health insurance benefit, including any deductibles, copayments, prior authorizations, etc. **I do not directly bill secondary insurances.** If I am an in-network provider with your secondary insurance you will be asked to sign a Secondary Insurance Waiver, agreeing not to submit receipts to or attempt to obtain reimbursement from your secondary insurer. In some circumstances I offer a sliding fee scale. Please speak with me about this as needed.

Please provide at least 24 hours notice if you need to cancel or reschedule an appointment. Except in an emergency, clients will be charged \$140 for missed appointments if less than 24 hours notice is given. If your balance for co-pays or deductibles exceeds \$200, you will need to make payment arrangements with me prior to scheduling another appointment.

It is important that you know I will not provide letters of fitness or make evaluative statements concerning child custody situations or issues relating to divorce or separation, nor will I provide “expert testimony” in these situations.

Confidentiality and Professional Records:

Information disclosed within sessions, even your name and the fact that you are seeing me, is kept strictly confidential and not released without your written consent, with the following exceptions:

- 1) As required by law (RCW 70.02.050):
 - a) When there is a reasonable suspicion of child, elder, or dependent adult abuse or neglect
 - b) When there is a reasonable suspicion that the client presents a danger of violence to others or when the client is likely to harm himself or herself
 - c) When I receive a subpoena from a judge or court
- 2) Professional consultation: I regularly consult with colleagues and receive supervision regarding my work with clients. This is customary and standard practice. During these consultations, your last name will not be used nor will any unique identifying information.
- 3) Insurance and billing: If you are using insurance, be advised that your insurance company requires me to disclose confidential information for the sake of processing claims and may request access to your record.

According to the standards of my profession, I keep records of the mental health services I provide you. I do not disclose any records to others without your written consent or unless I am mandated to do so by law.

I welcome feedback from clients during our work together. Please feel free to bring any concerns or questions you may have to my attention. If you feel unsatisfied with our resolution, or otherwise find it necessary to file a complaint, you may do so with the Washington State Department of Health at (360) 236-4901.

Ethics and Standards:

I ascribe and adhere to the Code of Ethics of the American Counseling Association (ACA). I must also answer to ethical and professional standards of the Washington State Omnibus Credentialing Act for Counselors and the Uniform Disciplinary Act for the Regulation of Health Professionals.

Emergency Procedures:

I do not provide direct emergency service or crisis intervention services. If you are experiencing a life-threatening emergency please call 911 or go to your nearest emergency room. For emergencies that are not life threatening please call the Thurston and Mason County Crisis line at (360) 586-2800. I do not provide 24-hour emergency on call coverage. If you are experiencing an acute mental health crisis such as being suicidal, in a manic episode, or experiencing psychosis, you should access the appropriate higher level of care to help you stabilize. I cannot and do not provide primary services to people in an acute mental health crisis. When stabilized, please call my office and leave me a voicemail message with your contact number. I will contact you as soon as I am able. If you have any questions or concerns about this emergency policy, please address them with me prior to signing below.

Email and Text:

I prefer using email and text only to initiate services or to deal with appointment scheduling. Please do not email me or text me content related to your therapy sessions as email and text are not secure or confidential.

Social Networking:

I do not accept friend requests from current or former clients on social networking sites as this can compromise clients' confidentiality and privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites.

Consent to Treatment:

I have read or have had satisfactorily explained to me Stacey Plate's Disclosure of Information, Policies and Client Consent for Treatment and have asked any questions I may have regarding it. I understand and agree to the policies stated herein. I also understand that I have the right to terminate counseling at any time.

_____/_____
Client signature date

_____/_____
Stacey Plate, MA, LMHC date