

Jeffrey B. Serage, LMHC

Psychotherapy and Family Counseling

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Washington License Number 60159999 NPI Number 1730416785

OFFICE POLICIES AND CLIENT TREATMENT AGREEMENT

I. Introduction.

As my client, you have the right to know my qualifications, how I work, and what you can expect from me as your counselor. Please read the following information carefully, return a signed copy of the final page to me for my files, and keep a copy of this document for yourself. Therapists are required by law to provide this kind of information to their clients.

II. Credentials

Registration. I am a Licensed Mental Health Counselor in the State of Washington. My License Number the State of Washington is 60159999. The purpose of the counselor registration law is two-fold: 1) To provide for your health and safety, and; 2) To empower you by providing a complaint process if you feel that I have been unprofessional. This law requires that you be informed of the following:

Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of the public health and safety. Registration of the individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. (WAC 308-109-040)

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 that 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 your record, or get more information about it, at this office. (SHB 1828)

For your information I have included a list of the behaviors specifically identified by the state law (RCW 18.130. Section 180) as "unprofessional conduct."

False, fraudulent or misleading advertising.

The procuring, aiding or abetting in procuring a criminal abortion.

Violation of any Federal or State law or rules of any health agency.

Misrepresentation or fraud in any aspect of counseling.

Possession, use, prescription for use or distribution of controlled substances or legend drugs in any way except for legitimate therapeutic purposes.

Abiding or abetting unregistered or uncertified persons to engage in the practice of counseling, unless exempt by law.

Continuing to practice when a certification has been suspended, revoked or restricted by the Director of the Department of Licensing.

Incompetence, negligence or malpractice resulting in injury or unreasonable risk to the client.

Counseling involving contact with the public while suffering from a contagious or infectious disease involving serious risk to the public health.

The use of threats or harassment against clients or witnesses to prevent them from providing evidence in a disciplinary proceeding or legal action.

Conviction of any gross misdemeanor or felony relating to the practice of counseling.

The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of counseling.

The offering or undertaking or agreeing to cure by secret method, procedure or treatment.

Promotion for personal gain of any unnecessary or useless drug, device, treatment, procedure or service.

Violation of the rebating laws which includes payment for referral of clients.

The willful betrayal of a counselor–client privilege as recognized by law.

Habitual drunkenness or impairment from the use of alcohol.

Abuse of a client or sexual contact with a client.

Anyone having questions or wishing to file a complaint should write to:

Department of Licensing
Business and Professions Administration
Post Office Box 9012
Olympia WA 98504–8001
(206) 753–1761

III. Training / Work Experience

I have trained for approximately 10 years preparing to be a therapist. This training includes a Master Degree Psychology earned at Antioch University, Seattle. I have been in private practice for about 18 years. My training and work experience includes:

1. Master in Psychology, Antioch University, Seattle. My training at Antioch included an internship working as a therapist with adults and couples. I also trained as a group therapist during this internship.
2. I worked as a telephone volunteer for one year at the Seattle Crisis Clinic after completing the Crisis Clinic six week training course.
3. I have trained extensively in the treatment of trauma.

4. I trained and worked briefly at an inpatient ward for the evaluation and treatment of people in extreme states, psychosis, mania and depression.
5. I have trained for about 1380 hours in psychodrama, sociometry and group psychotherapy.
6. I have trained with a special focus on couple's counseling, both spoken and experiential training. Couple's therapy is a major part of my practice.
7. I have done many other trainings and workshops on a mixture of subjects during the last 18 years. I have trained extensively in methods to help people with ADHD.
8. I worked for 20 years prior to becoming a counselor as a business management consultant in the area of computer science and organizational psychology. I also have a Masters in Business Administration (Organizational Psychology). I have an undergraduate degree in Fine Art and was trained as a Mechanical Engineer.

IV. The Process of Counseling

You come to counseling because you want something to be different in your life. You may want to change a relationship, solve a particular problem, make a decision, or understand what is happening inside yourself. Because I believe that problems often originate earlier in life, I will probably encourage you to explore both your current situation and its origins in your past.

As a first step in counseling, you and I will explore your feelings and concerns and what changes you want. When we both understand your situation, I will help you devise various ways to get what you want, as far as that is possible. Depending on what we determine, I may recommend individual, family, relationship, or group therapy or some combination thereof.

For counseling to be most effective, you must make a commitment of time and energy and take an active part in the process. This may well involve activities you undertake between sessions, such as reading articles, practicing new skills, or other "homework" as recommended. Therapy, as I practice it, is not a passive process, like soaking in a hot tub to reduce tension. It is, rather, an active process, more like taking a bath, where you pay attention to what you want to clean-up and use specialized techniques to deal with certain areas: We wash our hair differently than we wash our hands. Or, again, if you have painful wounds, you might start with a sponge bath. Whatever the case, you must be mindful of your needs and communicate them to yourself and to me to the best of your ability. I will listen to the best of my ability.

Counseling involves the risk of remembering unpleasant events and can stir intense emotions of fear, anger, anxiety, frustration, loneliness, or helplessness. However, my focus in therapy is your personal spontaneity and creativity. In the course of our development, nature encourages us to standardize as much as we can. This leads to both constructive and destructive behaviors. Developing confidence in your capacity to respond adequately in new situations and pro-actively in old ones will increase your confidence and self esteem. It is quite possible to experience joy in the counseling process.

The benefits from counseling may be that you will be better able to handle or cope with your family or other social relationships, thus experiencing more satisfaction from those relationships. Another possible benefit may be a better understanding of your personal goals and values. This may lead to greater maturity and growth as a person, and to more personal satisfaction.

Finally, I believe that psychotherapy, as the root meanings of the word imply, is a healing of the soul. It is a spiritual (although not a religious) process. The late mythographer, Joseph Campbell, once wrote: "Religion is for people who want to avoid going to hell: Spirituality is for people who have been through it."

V: Your Rights as a Client

You have the right to understand my reasons for making suggestions or using a particular procedure. I will try to explain clearly, but if you have any questions, please ask them, another of your rights. You also have the right to refuse to do anything I suggest. You have the right to review your records in the files at any time. You should know that for your protection I keep very minimal records: billing information, correspondence, release forms (if any), and my copy of your signed client agreement assuring that you have read this document and been informed of the way I counsel, my competence, and your rights. I may include a very few notes, but I usually share my understanding of your concerns directly with you.

Finally, you have the right, at any time and for any reason, to decide that you do not wish to continue counseling. I encourage you to discuss your decision to end treatment as an important part of the therapy process. If you wish, I can provide you with names of other qualified professionals.

VI. Confidentiality

I will keep everything you tell me in strictest confidence unless I have your permission in writing to tell someone. The only exceptions are as follows:

1. I may consult with another professional about your concerns and how I might proceed in order to help you, but I will do so without using your last name. The other professional will be bound by rules of confidentiality as well.
2. If you tell me that you are going to harm yourself or someone else, I am required by law to do anything I reasonably can to prevent that, including informing the intended victim, appropriate law enforcement agencies, or other mental health professionals.
3. If you or someone else in your family appears to be abusing a child, I am required to report it to the Child Protective Services.
4. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in the subpoena.

5. If you are in therapy by order of a court of law, the results of the treatment must be revealed to the court. In this case you will receive a copy of the report.
6. Most insurance companies require a diagnosis and some require progress reports. If your insurance company covers my services, you may want to check out their requirements before billing them, as these reports represent a potential leak in your confidentiality.

VII. Group Rules

If you are in a therapy group, the following rules, unless specifically redefined by the particular group you belong to, apply:

1. **Initial Commitment.** Unless otherwise contracted, you are expected to make a minimum three month commitment upon entering group.
2. **Confidentiality.** You may share your thoughts, feelings, learnings, and aspirations freely outside of group. You may not share the names or other identifying data of your group mates or the nature or the process of their work.

Some groups have chosen to videotape group sessions. There are five tapes for a group and these tapes are rotated and re-used every five weeks. You may arrange to watch a tape at the office, or at home, provided the requirement for confidentiality is honored and the group has agreed. If, at any time, and for any reason, in your own work you want the tape turned off, you may do so. I will occasionally use the tapes by showing them to the therapist who is my group therapy trainer for the purposes of obtaining guidance in my ongoing training.

3. **Notice of Absence.** If you are going to be late or miss a group, call in at 932-6448 and leave a message.
4. **Termination.** When you are ready to terminate group, give a minimum of three weeks notice: one week to announce and two more sessions to deal with any issues your leaving generates for you or the group.
5. **No Harm.** You may not hurt yourself or anyone else.
6. **Outside Relationships Between Group Members.** Relationships among group members outside of group are permissible, but sexual intimacies between group members are strongly discouraged. Any such relationships must be acknowledged to the group. In general, information shared outside the group with group members is still group business.
7. **Group Rules.** As to how the group functions (beginnings, endings, allocation of time, and so forth), you and your group mates have power to effect changes in the group process. There are many group habits that develop consciously and unconsciously and they may be changed at any time.

VIII. Fees and Appointments

My standard fee is \$110 per 50 minute session, regardless of the number of people seen. **I generally begin sessions at 10 minutes after the hour.** The fee for group therapy is \$260 per month for a two-hour weekly group.

A sliding fee scale is available for those whose family income is less than \$6000 per month or whose financial obligations (for example, many dependents or high medical expenses) make these fees prohibitive. The sliding fee schedule is:

Should telephone consultations be required, I reserve the right to bill this time on a quarter hour prorated basis. I rarely bill for short telephone calls. I will tell you, in advance, if I am choosing to bill for a telephone consultation.

Payment for an individual session is due at the end of each session unless otherwise arranged. Payment for group is due on the last group session of the month.

Missed appointments or appointments that are canceled less than 24 hours in advance are subject to a charge for the time reserved for you. There is a \$20 service charge for checks that bounce. No proration of group fees is made when clients miss group sessions. Budgeted into group fees are 4 times per year when group does not meet. If there is more than 4 times in a year when group does not meet, fees will be prorated.

The number of sessions needed varies with each person and problem. After I fully understand your concerns, we will discuss the number of sessions you might need. I normally do long-term therapy.

My services and your travel costs are tax deductible as part of your medical deductions. Keep your canceled checks for receipts.

Please feel free to discuss fees or payment options with me at any time. Unpaid accounts will be discussed openly to explore issues involved in non-payment.

IX. Disclosure Statement Signature

I have read and understand this disclosure statement.

Client's Name

Date of Disclosure