



LISA FRASER COUNSELING

Lisa Fraser, MA, LMHCA, MHP, CDPT

License # MC60528363

33507 9th Ave S • Bldg H, Suite 2

Federal Way, WA 98003

lisa@lisafrasercounseling.com

253.315.2595

DISCLOSURE STATEMENT

My Training and Approach to Therapy

I am a psychotherapist who has been trained in Clinical Mental Health Counseling (Master's degree from Antioch University Seattle), in Dreamwork (Jungian, Active Dreaming), and in Energy Psychology (Reiki Master Therapist, Johrei). I work with clients dealing with cancer, chronic illness, childhood emotional/physical/sexual abuse, religious oppression/abuse, childhood alcoholic and/or mentally ill parents, and other forms of trauma and wounding. I have mentored and coached individuals, assisting with life transitions, spiritual exploration, and relationship healing. Grounded in the science of psychology and the art of metaphysics, I bring a fluid, inclusive perspective and the ability to meet people where they are with openness and respect.

Using gentle, therapeutic conversation; journaling, dreamwork, energy psychology, and Lifespan Integration; as well as established psychological tools such as Client-Centered and Humanistic therapies, and Cognitive Behavioral Therapy (CBT), together we can explore your unique emotional landscape and choose the right healing modality at the right moment for you. I will encourage the examination of what has led you to counseling and foster your power to find your way to authentic happiness.

As a therapist, my work is to support you in healing what is coming up to be healed by identifying fundamental emotions and using them to create not only coping strategies for the present moment, but longer-term maps that lead to your highest levels of wellbeing and purpose. I have discovered that navigating difficult problems and making challenging transitions are easier when someone who's familiar with the terrain goes with you.

As a client, I ask that you would be actively engaged in the therapeutic process, just as I commit to you in this way. This includes regularly attending sessions and being honest with me about your thoughts and feelings throughout the therapeutic process. I will commit to serving you with openness, respect, curiosity and acceptance. You have the freedom to stop therapy at any point, refuse to do a particular activity, or request a referral to another therapist. I understand and value my responsibility as a therapist, and encourage you to acknowledge your responsibility for personal growth as a client. I invite you to talk with me about any barriers that may arise.

Emergencies

If you have an immediate crisis, contact the Crisis Line (Crisis Clinic of Seattle) on a 24-hour basis at (866) 4-CRISIS.

My Responsibilities to You as Your Therapist

I. Confidentiality

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA); form attached. I will be glad to discuss these provisions with you at any time or to direct you to a Web site or expert in this area.

Exception: *Legal*

I understand that what we discuss in therapy sessions, as well as your identifying information (name, address, social security number, etc.), is personal and I will do my best to protect it. There may be circumstances, however, which require me to provide your information to others. I will make every attempt to discuss this with you before doing so, should any of the following situations arise:

- State law RCW 26.44.030 requires me to report any instance of suspected physical or sexual abuse of children. This means that if you are under 18 and I suspect you are being abused, or if you are an adult and I suspect you are abusing a child under the age of 18, I must report my concerns to Child Protective Services or law enforcement.
- I will report to law enforcement any suspected abuse involving a vulnerable adult, which is any person over the age of 18 who has a substantial mental or functional impairment.
- If I suspect that you have plans to harm yourself or others, I must report my concerns to law enforcement.
- Should you sign a release giving another person or agency access to all or part of your records, I will provide them as specified.
- If I am required by the courts to provide information from your records. I will discuss with you any information that I may provide and the reason it has been requested.
- At times, I may request your permission to tape record our sessions for use in my personal supervision or consultation sessions. These recordings will be used to assist me in improving my counseling skills only and will not be shared beyond that. You may request a copy of any recording I make and you may revoke your permission to record at any time.
- The records I create belong to my practice. However, the information in them is yours. You may at any time:
 - ask questions about or request a copy of your file
 - grant or revoke permission for others to access any information referring to or contained within your records
 - ask questions about my privacy practices or record-keeping
- HIPAA ensures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically, it will be done with special safeguards to ensure confidentiality. Please be aware, however, that no method of communication is completely confidential. All emails, transcripts of voicemails, and notes about conversations (in person or by phone) will become part of your file. The only exception will be communications about scheduling issues.

Minimal Record Keeping

I do not believe that keeping detailed records of what happens in each session is either clinically or practically useful; therefore, I prefer only to keep written records of session content when it is legally or ethically appropriate.

Such circumstances include documentation of at-risk behaviors (either to self or others); documentation of information related to suspected child/vulnerable adult abuse or neglect; when required by legal authorities due to the client being in court mandated treatment (under state or federal laws); or if documentation of certain issues or events is deemed clinically useful as a way to track crucial details of the therapeutic process (as in for use in consultation/supervision in order to provide the best service to the client).

I will abide by all other state regulations (WAC 246-810-035), which require me to keep records of the client name, fee arrangements, record of payments, dates of service, and any signed agreements, including this informed consent and disclosure document.

Please initial here to indicate your understanding and choice:

_____ I agree to minimum record keeping.

_____ I decline minimum record keeping.

I have read the items in this agreement regarding Confidentiality and understand them.

Name: _____ Date: _____

Signature: _____

Communication

Please indicate your preferences by checking the appropriate choices below. You may check as many as apply.

- My therapist may call me at home. My home phone number is: _____
- My therapist may call me at work. My work phone number is: _____
- My therapist may call me on my cell phone. That number is: _____
- My therapist may text me at: _____
- My therapist may text me via *Signal* at: _____
- My therapist may email me at: _____
- My therapist may send mail to me at my home address, which is: _____

Contacting Me

I will make myself as available as I can for ongoing telephone communications with clients. Often, I am not available immediately by phone, so messages may be left for me at the phone number on the first page of this form. I routinely check my voice mailbox for messages during regular business hours and usually all calls are returned by the next business day. When you leave a message, please let me know some times when you will be available and the best number(s) to reach you at during those times. Telephone communications requiring more than 15 minutes will be pro-rated at my hourly rate for standard sessions.

If I will be unavailable for an extended time, I will indicate the length of my absence and inform you in advance. If you experience a life-threatening emergency, call 911 or go to the nearest hospital emergency room and request to be seen by a mental health professional.

E-mail can be a good way to cancel or change an appointment time. However, as I am often with clients and potentially not checking email, ***should you need to make a change 48 hours or less before your scheduled time, please text or call.***

Limits of Communication

1. Every effort will be made to assist you, especially during crisis. However, there may be times when contacting you won't be possible. Therefore, you must agree to ***first*** call 911 or go to the nearest hospital Emergency Room for assistance anytime you suspect you are in crisis.
2. As a standard business practice, each appointment ends 50 minutes from the scheduled start of the appointment, regardless of your arrival time. I am not able to extend sessions since appointments begin on the hour.

3. I retrieve messages from my voicemail several times during the day (Tuesday – Saturday) at random intervals. Calls made after 5:00 p.m. and on Sunday/Monday will be returned the next business day.
4. Electronic Communications: As I cannot personally ensure the confidentiality of any form of communication through electronic media, they are therefore not used without your signed consent. To protect your privacy, I will not discuss clinical material via email. Should you wish to communicate via text on topics other than scheduling, please install *Signal*, an encrypted texting app available for Apple and Android phones, and sign the appropriate consent. Please do not use *any* of these methods of communication to request assistance for emergencies.
5. Friending: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). 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, which can be detrimental to our work together. If you have questions about this, please bring them up when we meet and we can talk more about it.
6. Scheduling/Cancellations: If you have signed the consent to communicate via email or text messaging for issues regarding scheduling or cancellations, I will be glad to do so. While I try to return messages in a timely manner, I cannot guarantee immediate response; therefore, cancellations must be communicated by phone or text *only*.
7. I am ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply.

Billing and Payments

Fees

For an individual session, my fee is \$90 per 50 minutes. Couples' or family sessions are \$125 per 50 minutes. Extended sessions are available and are charged on a prorated basis. You will be expected to pay for each session at the time it is held, unless you and I agree otherwise. I also offer sliding scale rates for up to three clients on my case load. Sliding scale rates range from \$60 to \$90 per individual session, and from \$80 to \$125 per couple or family session. These reduced rates are available upon request. The client sets their own rate within the ranges mentioned above, based on their assessment of their ability to pay. Any sliding scale agreement will be documented in an additional form.

You may pay in cash, by check, or by credit card. At your request, I will be glad to provide you with a monthly statement of fees paid so that you can seek reimbursement for “out of network” care. It is your responsibility to contact your insurance company to make sure you understand their policies and procedures about what is and is not covered.

No-Show and Cancellation Policy

Unless there is an unavoidable emergency (e.g., car accident, hospitalization, house fire), if you fail to show for a scheduled appointment or cancel with less than 24 hours' notice, you will be charged the full fee for the session, including first appointments. As I am often with clients, email is not a timely way to notify me of a schedule change; therefore, canceling or rescheduling should be done only by phone call or text.

Complaints

If you are unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I take your thoughts, feelings, and opinions seriously. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Department

of Health, Olympia, WA 98504. If you want more information about the law regulating counselors or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington, 98504 or call (360) 236-4700.

Client Consent to Therapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake psychotherapy with Lisa Fraser, MA, LMHCA, MHP, CDPT. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Ms. Fraser. I am over the age of eighteen.

Name (print): _____ Date: _____

Signature: _____