**Informed Consent and Disclosure Form**

Welcome to Shellee Potocki Counseling, LLC. You can visit my website at www.shelleecares.com. Before we begin our therapy sessions together, there is some information that you need to know. Legally, it is called an “Informed Consent.” This informed consent will help you understand better what you can expect from me, and what I expect from my clients. This document will also explain some limitations to what you and I will be doing. It is very important for you to read this thoroughly as it is our working agreement and may be referred to over the course of your treatment with me. Please do not sign until we have met and discussed this information together. I want to give you an opportunity to have your questions answered.

**What You Can Expect**

I work to provide a safe environment for you to explore and evaluate your inner thoughts, feelings, and attitudes. At the beginning of treatment we will create treatment plan which includes what you would like to change, and what you and I will do to change it. This helps us know if what we are doing is working for you. Occasionally, I may need to refer you to another therapist if I believe your problems require specific knowledge I do not have. Please understand that our initial session is an assessment for of us to determine whether we want to work together; it is not an indication that I have accepted you as a client.

**Potential Benefits and Risks of Therapy**

Therapy is generally not easy work. It may include discussing deep personal information. This may involve analyzing yourself within the context of relationships in love and work, as well as how you think, feel and organize your internal and external worlds. Therapy consist of helping you identify and transform attachments, unexpressed emotions or emotional triggers, unresolved issues, and self-defeating thought patterns which are causing you emotional pain. At times this process may be painful. It may take a while for you to begin to feel better. I can’t offer any promise about the results you will experience. Your outcome will depend upon a variety of factors.

 I do come to care deeply about my clients: however, I do not have social relationships with clients, even when we have completed our work together. Standard ethical practice says, “Once a client, always a client.” This means that ethically I am required to keep the therapeutic relationship intact so that you have the option of returning to counseling with me at any point in the future. I am, however, under no obligation to reengage in therapy with you.

Initial here if this has been read and understood\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality and Exceptions**

Under Washington State law and ethics, I am required to follow the professional code of ethical guidelines regarding confidentiality. Information shared in each session is **confidential** and can only be released with your written consent or as required by law. This confidentiality has the following **exceptions** as provided by law:

* If I believe there is a risk that you might harm yourself or someone else, I may be required to contact the authorities or the other person to give them the opportunity to protect you or the other person.
* If you- or anyone else you tell me about- are abusing or have abused children or vulnerable adults, I am required by law to notify the authorities so they can protect others from harm.
* If you become involved in any lawsuit in which your mental health is an issue-such as a child custody dispute or an injury lawsuit in which you claim compensation for emotional pain and suffering-and/or I receive a properly submitted subpoena or court order, I may have to release your information.
* If you file a complaint against me to the state licensing board, you lose the protection of confidentiality.
* When you sign a Release of Information form, giving me permission to share confidential information, then it is no longer considered “confidential” information between us.
* Insurance companies (when applicable) and other third-party payers are given information they request regarding services to clients.

I will keep clinical records of your sessions with me, as required by state law, for seven years beyond the end of therapy, at which time, it will be destroyed. You may ask to see this record and make requests to have corrections or additions made to that record. You will be charged my usual fee in 15 minutes increments for the time involved. If copies of your records are requested, you will be charged 50 cents per page in addition to my time. If you are a minor under the age of 18, I may discuss with your parents or guardians some of the information from counseling. Whenever possible, I will obtain your permission prior to doing so.

**Couples/Families**

Confidentiality can become complicated when working with couples or families. I believe in honest, open communication. It is very important that you understand I will not be a keeper of secrets between couples or family members who are my clients. To me, the couple or family is my client. This means it is up to my own discretion to share with the spouse/partner, family, or a family member something another family member or spouse/partner has said to me in private. If, however, I am seeing you as an individual client, I will keep as confidential the information you share with me-not disclosing to family members except in the case of emergency, where permitted by law.

Initial here if this has been read and understood\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appointments/Fees**

Appointments will be reserved exclusively for our 50 minute sessions together. Mutual protection of this time is important in order to preserve the integrity of our ongoing work. I understand schedules change, therefore, if you need to cancel your appointment, please provide a **24 hour** cancellation notice, otherwise you will be charged for your missed appointment. My fee is $125.00 per individual session. Couples sessions are $140.00 for a one hour session. Occasionally, clients need Lifespan Integration (LI) therapy which may take 90 minutes. Cost for a 90 minute LI sessions is $155. If you are unable to meet this financial obligation, please discuss this with me. I do provide a sliding scale based on your income to a portion of my clients. Payment is due at the beginning of each session. I accept cash, check, or debit card. There is a $35 NSF fee charge for returned checks and cash only is expected from that point on. *If paying by cash, please note that I do not have cash on hand, and will not be able to make change.*

**Legal Proceedings**

If you become involved in legal proceedings that require my participation, even if I am called to testify by another party, you will be expected to pay for all of my related time, including preparations, transportation and time in court (both waiting and testifying). Due to the difficulty of legal involvement and my need to obtain my own legal counsel when involved, I charge $250 per hour for preparation and attendance at any legal proceeding.

**Medical Concerns**

I am not a medical doctor and therefore, cannot recognize or diagnose medical conditions. It is essential that you obtain a medical examination to determine if there is any medical origin of your psychological problems (e.g. neurological disorders, diabetes, medication side effects, etc.)

**Emergency**

If you need to reach me, my business cell number is 425-407-2258. I check my messages regularly throughout the day and will try to return calls within 24-48 hours. If I do not return your call, please call again as your message may have been lost. I do not routinely check messages in the evenings or weekends. If you cannot reach me, please call the Crisis Line at 425-258-4357 or 911.

Each person entering therapy, the individual, each person in the couple, or each family member needs to sign below. ***Your signature(s) below indicates your understanding of and acceptance of the general conditions described in this document, and that you authorize me, Shellee Potocki, to render counseling for you. This authorization constitutes informed consent without exception and agreement to pay all applicable fees.*** By signing this document, you are stating that you have also read and understood this agreement and received a copy for yourself. My signature indicates accuracy of the information and my declaration to uphold these conditions.

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Client’s Name, printed Client’s signature Date

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Client’s Name, printed Client’s signature Date

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Shellee Potocki, MA, LMHC Date