



Disclosure of Information & Policies and Client Agreement – Online Therapy

In accordance with the Washington Administrative Code and the revised Code of Washington, the following Client Disclosure Information is provided for the client and must be signed by both the client(s) and counselor. The client's signature indicates that she/he has read and understands the information.

Introduction

I am a licensed mental health counselor (#LH60330781), and I am nationally certified as a sex therapist through the American Association of Sexuality Educators, Counselors and Therapists (AASECT). I earned my Masters of Arts in Psychology from LIOS Graduate College of Saybrook University. My practice includes work with couples, families and individuals of all ages.

I provide counseling services within the state of Washington. I provide sex and relationship coaching to clients residing outside of Washington state.

I use audio recording in my practice in order to improve my work as a therapist. I review recordings myself and very occasionally share a partial transcript (with all identifying information removed) in supervision about a case. I keep only 1-2 session recordings at a time all are kept in a password protected folder on my password protected computer.

Counseling Approach

My approach to psychotherapy is systemic; I view people and their behavior within the larger context of their families and cultures. I will consider the impact of your relationships, past and present, on the issues you face, and I will consider the well being of the others in your life as we work together.

What you can expect:

I will treat you with respect. I will hold you capable, believing that your strengths are up to the challenge of addressing your relationship problems. It would be a disservice to you for me to water down therapy to meet your limitations.

I will always seek to reach the best parts of you, and I will challenge those parts to come forward. I will expect you to grow in your ability to honestly look at your darker motivations and to confront yourself about them. Only the best part of us can talk about the worst parts; the worst parts will always pretend they are not there.

In couples counseling, the relationship itself is not my client. I will not do whatever it takes to keep you together. I work with two individuals, each of whose best interests are my concern. While I believe that most people will benefit from staying in their relationship and working through gridlock toward previously unimagined intimacy, I am not afraid to walk people right to the brink of separation. Often, this journey to the edge is transformative and is, in itself, the solution.

As a rule, I do not work individually with clients if they see me for couple therapy. This policy maintains the balanced relationship with both people. It also serves to prevent me from having any information that has not been shared with the absent partner. Please only come to a couple session alone if it has pre-authorized.

I will fiercely protect your privacy. Confidentiality is always important in therapy, and I take this obligation very seriously. The fact that you are a client and the details of your situation are completely confidential except for very specific exceptions outlined in my disclosure statement. To further protect your privacy, I will not acknowledge you unless you acknowledge me first if I see you in a public setting.

If you have needs beyond those which I can treat with my training and experience, I will let you know and will make an appropriate referral.

Emergencies

I do not provide after-hours availability. If you are in crisis, you should go the emergency room or call the crisis clinic at 206-461-3222.

My Training:

I graduated with a Master of Arts Degree in Psychology with an emphasis in Systems Counseling from LIOS Graduate College of Saybrook University, and I earned a Certificate in Sex Therapy from the University of Michigan. I completed an intensive externship in Emotionally Focused Couples Therapy (EFT) as well as 5 days of clinical workshop in the Crucible® Intimacy and Desire approach. I have training in and use a blend of a variety of models in my work with clients, including:

- Sex Therapy, a rigorous training that helps individuals and couples with issues of sexual dysfunction, sexual addiction and sexual abuse.
- Crucible® Couples Therapy, an approach that views emotional gridlock as inevitable in long term relationships. It then transforms this impasse into an opportunity for the growth of both individuals, increasing their capacity for a much stronger and more intimate partnership.
- EFT, a research backed approach that digs below the surface to find the underlying needs that are not being met and shift the negative patterns that keep people stuck.
- Bowenian Therapy, an approach that strengthens our own self in relation to our families and important others. It is an approach that builds our ability to self-soothe and self-confront, allowing for an increased ability to participate in fulfilling relationships.
- Solution Focused Therapy, an approach that focuses on what is already working in our lives and finding ways to create more of that. It is an approach that opens up our dreams for our lives and encourages us to reach for them.
- Strategic Therapy, an approach that seeks to un-stick our stuck patterns with others, allowing us to shift into new ways of interacting.

Fees and Payment

Fees for services are listed on the separate fee agreement form. I do maintain a limited number of appointments at a reduced “financial hardship” rate. Please see the hardship fee agreement for details.

I recommend an 80 minute session for work with couples and families.

I stop sessions on time even if we are in the middle of something. This allows me to keep on schedule for all of my clients.

Payment, via Paypal, must be completed prior to the beginning of the online therapy session. In addition, full session fees apply despite any technical difficulties that may arise.

Sessions include: telephone calls, consults, requested reports and consultations with other professionals. These will be charged on a prorated basis. Time spent in any way on legal proceedings is billed at two hundred fifty dollars (\$250) per hour.

Appointments and Cancellations

If you miss a scheduled session with less than **forty-eight hour notice** or if you arrive at a couple’s session without your partner without prior arrangement, you will be charged for that session unless we can schedule that appointment within the same week. This does not include weekends. Exceptions may be made, at my discretion, for emergencies.

Confidentiality

Conversation between you and me will not be disclosed without written permission.

The following situations are exceptions to your right of confidentiality:

If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.

If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.

If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services, a state agency.

If you are currently in litigation, or become involved in litigation during the treatment process or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution so as to protect your privacy.

If you are seeing me in couples or family therapy, and you, your partner or another family member should happen to see me in an individual session, information shared with me in that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together. Your signature on this document constitutes a release to this kind of disclosure.

If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (court, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together,

except as required by law. Your signature on this disclosure statement represents agreement to this requirement. If this concerns you, please bring it up the next time we meet together.

In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, your attorney, etc. In such cases, I will seek your written permission for this exchange of information.

I do consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues or with other professionals. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contracted with me for services and I will thank them for the referral. I will not discuss your situation with them unless I have your written permission.

Please review my *Notice of Privacy Practices* for the most current legal description of private healthcare information and exceptions and exclusions per HIPAA regulations. I request that you do not subpoena me, or my records, in any family court action.

Client Records

I keep record of the health care services I provide. You may ask to see and copy that record. You may ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it by request. There will be a fee for the copying of the clinical file.

I ascribe and adhere to the Code of Ethics of the American Psychological Association, the American Association of Sexuality Educators, Counselors and Therapists and the American Association for Marriage and Family Therapy.

Quality of Service

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you feel that this does not resolve the issue, you may contact the following agency:

The Department of Health
Examining Board of Psychology
P. O. Box 47869
Olympia, WA 98504-7869
360/236-4700

Client Consent to Treatment

I have read or have had satisfactorily explained to me Jessa Zimmerman's Disclosure of Information, Policies, and Client Agreement and understand it. I have asked any questions that I had about this statement, and about statements regarding fees and payment policies. (For clients under the age of 13, consent must be given and this form must be signed by a parent or legal guardian.) I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the terms described above with Jessa Zimmerman and understand that I have the right to terminate counseling at any time. My signature below indicates that I have received a copy of this agreement.

Client Signature Date Jessa Zimmerman, MA Date

Client Signature Date

___ Check here to indicate that you have received a copy of my *Notice of Privacy Practices*.