

Avery Fisher Therapy
1812 E Madison St #40
Seattle, WA 98122
(206) 852-9992
www.averyfishertherapy.com

Client Agreement

Client Name:

Phone Number(s):

E-mail:

Home address:

street	city	zip
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Emergency contact name/phone number/relation to you:

Birth date: _____

Names of primary care physician and/or other practitioners you see (e.g., acupuncturist, chiropractor, etc.)

Who referred you or how did you hear about me?

For the rest of the questions, write as much or as little as you like—you don't have to fill the space and there is room on the back if you need more.

What is bringing you in to see me right now?

Please share anything you would like me to know now about your challenges, strengths, symptoms, history, family, things that help, etc.

What do you want for yourself/your life? What do you want from our work together?

Informed Consent

This part of the form is to ensure that you have information about me and the work we will be doing together. It is both your right and responsibility to choose the mental health provider and modality that best fits your needs. I am happy to answer any questions you have about my training background and therapeutic approach before, or during, our work together.

Your rights as a client in counseling

As a client of a counselor licensed by the State of Washington, you have privileged communications under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The privilege is yours, not mine, and I will not waive it without your written consent. I will always act to maximize your privacy even if you waive your right to confidentiality.

I will disclose as required under mandatory reporting or as otherwise required or authorized by law. The following are exceptions to your right to confidentiality:

1. If I believe 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.
2. If I believe 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 or vulnerable adult, I am required by law to report this to Child Protective Services or Adult Protective Services.

3. If you are currently in litigation, or become involved in litigation during treatment or file a complaint for malpractice, I 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. If this applies to you, please inform me as soon as you know you are likely to be in such a legal situation.

In some cases it will be useful for me to discuss your situation with others such as your physician, your former therapist etc. In such cases, we will have a conversation about the pros and cons of doing so and I will seek your written permission before any exchange of information.

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

A special note about Ecotherapy: Some clients opt to do outdoor sessions. Therapy in a natural setting has many documented benefits, including greater ease in orienting to the outside world, grounding, and feelings of connection, all of which can positively influence healing. A drawback is that privacy may be compromised by people walking by in outdoor areas. As part of our planning for an Ecotherapy session, we will make every effort to find as private of a location as we can. You are also under no obligation to disclose private details of your life or traumatic events during sessions. Somatic Experiencing, the type of therapy I most often utilize, is designed to facilitate this as well. Please feel empowered to request a new location or modality if you feel that the location is not private enough for your needs.

Appointments and fees

Appointments are usually scheduled once per week or once every other week. Sessions last for 50 minutes, unless we arrange in advance to meet for a longer time. Longer sessions will incur an extra charge based upon the amount of time we take. The scheduled time for your session is set aside for you. If you miss a session without canceling, or if you cancel with less than 24 hours notice, I will bill you in full for that time.

My standard fee is \$120 per session. Payment is made at the end of each session unless we have agreed on another payment schedule. I accept cash, checks, and credit cards. There is a \$20 service charge for returned checks.

My training and approach to therapy

I am a Licensed Mental Health Counselor with the State of Washington. My LMHC credential number is LH 60579078.

I received my Master's Degree at Colorado State University in Human Development and Family Studies with a concentration in Marriage and Family Therapy in 2007. I completed my counseling internship at Lavender Corner Counseling, located at the LGBT Community Center in Fort Collins, CO, working with individuals, couples, and families.

I am also certified as a Somatic Experiencing Practitioner. I use Somatic Experiencing (SE), described below, either in a basic way to support stabilization or in a more in-depth way to work with trauma. I combine SE with Cognitive-Behavioral techniques and approaches, as well as Feminist Therapy and Ecotherapy.

SE is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in "immunity" to trauma that enables them to return to normal in the aftermath of highly "charged" life-threatening experiences.

- SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma.
- SE's guidance of the bodily "felt sense," allows the highly aroused survival energies to be safely experienced and gradually discharged.
- SE "titrates" experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism.

For more information about SE please note the following references:

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma : The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.

Levine, P. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. Berkeley, CA: North Atlantic Books.

For further references and information about SE go to www.traumahealing.com

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment, it may also have unintended negative side effects, such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the

course of our work together. It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you, such as EMDR, Sensorimotor Psychotherapy, or Biodynamics. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from. It is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions about SE or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at all times, or to refuse SE techniques, or any other intervention I may propose or employ.

Quality of service and ethical protection

As a consumer of mental health care you have basic rights as follows:

To receive appropriate care and treatment, employing the least restrictive alternatives available

To be treated with respect and dignity

To receive treatment that is non-discriminatory and sensitive to ethnicity, culture, language, gender identity & expression, age, national origin, disability, class, and sexual orientation

To confidentiality

To refuse proposed treatment

To be free from any sexual exploitation or harassment

To lodge a grievance if you feel your rights have been violated

Complaints about the work or ethical behavior of any counselor can be directed to:

Washington State Department of Health
Health Professionals Quality Assurance
P.O. Box 47865
Olympia, WA 98504-7865
(360) 236-4700

The Universal Disciplinary Code applies to our therapeutic relationship. You can access it at RCW.18.130.180

Emergencies

If you are in an emergency and cannot reach me, please call one of the following numbers for help: Crisis Clinic (206) 461-3222 or for a life threatening emergency 911.

Client consent to treatment

I consent to mental health services by Avery Fisher, a Licensed Mental Health Counselor. I have received and understand all policy information including my client rights, ethical protection, disclosure information, confidentiality, appointments, payment, and emergency policy.

Clients assume financial responsibility for any willful accident or accidental damage done to the property or premises and release Avery Fisher from liability for any physical injury sustained while on the premises.

I have read the above guidelines presented to me by Avery Fisher. I agree to and understand these terms. I acknowledge I am responsible for what has mutually been agreed upon in fees and I am further responsible for all necessary collections, attorney and legal fees incurred over and above the fees discussed.

Communication

I cannot ensure the confidentiality of email or text communication, as email or texts that are not fully encrypted may be discoverable and/or read by entities other than the intended recipient. I will not communicate with you by email or text regarding anything treatment-related, even scheduling, unless you consent.

If you consent to using email and text for communication, please initial here.

Please sign below to indicate that you consent to mental health treatment and have reviewed, understand, and are in agreement with the policies of this disclosure statement.

Signature _____ Date _____

Signature of therapist _____ Date _____

Avery Fisher, LMHC