

**Carolyn Rodenberg, MA, LMFT, CCH
Caring Presence Psychotherapy, PLLC
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(206) 367-3058 WA State License #LF00000863**

Disclosure Statement and Consent to Services

Welcome to psychotherapy. The therapy process begins with your desire for change and your courage in reaching out for help. I am glad that you choose to work with me. I will serve as a guide and Caring Presence for you in your own process of healing by bringing compassion, sensitivity, respect, humor and vision to help you resolve issues and grow as a person.

This form is to let you know what to expect from counseling so that you can receive the best possible outcome. Please ask questions, so that you may have a clear understanding. As therapy proceeds, your communicating with me about how the process is impacting you helps me to shift and deepen my work with you.

Professional Background: I am a Washington State licensed Marriage and Family Therapist. My education includes a Master's Degree in Marriage and Family Therapy from Pacific Lutheran University, 1987, and a Bachelor's Degree in Psychology, University of Washington, 1978. I also hold Certification in Clinical Hypnosis through the American Society of Clinical Hypnosis (ASCH).

I have postgraduate training in Hypnosis, Collaborative Healthcare, Trauma Recovery, Pain Management, Spirituality and Healing, and Dreams.

My professional associations include: The American Association for Marriage and Family Therapy (AAMFT), ASCH, The Collaborative Family Healthcare Association (CFHA), The Seattle Counselor's Association (SCA), The United States Association for Body Psychotherapy (USABP) and The Washington Association for Pain Management (WAPM).

In addition to practicing psychotherapy, I lead nature workshops and retreats, and consult and teach on healthcare collaboration.

Therapeutic Focus, Process and Orientation: I work with adult clients in individual, couple and family therapy. I help people to relieve trauma, stress and pain, ease anxiety and depression, resolve conflict, improve communication and self-esteem, and resolve relationship and family issues. ***Having extensive experience in medical settings, I specialize in working with health issues such as: illness, chronic pain, injury, surgery preparation and recovery, dental procedures, sleep, smoking cessation, weight loss, grief and transition. With your permission, I will collaborate with your physician to provide enhanced care for medical conditions.***

Therapy often leads to greater health, happiness and maturity as you come to know yourself more fully. The process may be difficult or tiring, as you are asked to think, feel or behave in new ways. Facing unpleasant events can arouse feelings of fear, sadness, pain, anger or frustration. Seeking to resolve issues between family members, partners or others may lead to discomfort as well as to unexpected changes in relationships. Working through these feelings and issues often leads to growth. Since each person and situation is unique, I cannot guarantee that specific changes will occur as a result of this process. When you are ready to take the significant step of completing therapy, it is important to talk about how we end our time together.

Revised 1/11/16

My therapeutic orientation includes mind, heart, body and spirit through the following:

Family Systems which assumes that how people think, feel and behave is based upon their role in the family structure. Change occurs by recognizing these habitual patterns and discovering more thoughtful ways of relating. **Body-oriented Psychotherapy** recognizes that a person's body, mind and social setting are continually influencing each other. Change occurs through fostering adjustments in these interactions. **Psychodynamic theory** suggests that each person carries within him or her, the family in which they were raised. Change can occur in a safe and trusting therapeutic environment that nurtures consciousness, care and insight.

Confidentiality: That you are my client is confidential, as is everything that you share with me during a counseling session. I will not disclose any personally identifying information about you without your written consent, except as noted below. In couples or family counseling, if you share something with me in private that seems important for me to share with the others, I will first obtain your written release. To provide the best service, I may consult with other therapists on a confidential basis.

Exceptions to Confidentiality and HIPAA Guidelines: 1. There are some situations in which the law requires that I reveal information to outside authorities. Although I am not required to inform you of such actions, I most often choose to do so as part of the therapy process. The following situations require me to make a report: potential suicide behavior; threatened harm to another person; suspected abuse of a child, dependent adult or developmentally disabled person; or a court subpoena. ***If you are involved or expect to be involved in legal action, please inform me so that I may use caution in protecting your privacy.***

2. ***If you use your insurance benefits, you are giving me permission to release your records to the insurance company.*** Processing your claim usually requires only basic demographic and diagnostic information. Occasionally, it requires a brief report when a certain number of sessions are reached; infrequently, extensive clinical summaries or case notes are required. Rarely does an audit occur, but if it does, I will attempt to inform you.

3. I use a billing service to process insurance claims and collections and I will disclose only the demographic, diagnostic and financial information necessary to do so. This service, as a "business associate", also must follow HIPAA privacy guidelines.

4. **I prefer not to communicate with clients about therapeutic issues via email, as it is not a confidential form of communication.** You may contact me via email, but my response will be brief and will be limited only to scheduling issues.

5. If you were referred to me by a person, I may as a good business practice acknowledge that you have contacted me and thank him or her for the referral, unless you request otherwise.

6. I am allowed by law to defend myself if you bring charges against me. Confidentiality would then be waived so that I could make disclosures to the extent necessary to defend myself.

Appointments, Fees and Policies: Appointments of 45 to 50 minutes are scheduled in advance, usually on a weekly basis. Longer sessions than these also may be arranged, depending on your insurance coverage. Your appointment time is set aside for you. ***If you are unable to attend a session, please give me 48 hours phone notice, or you will be charged in full for your scheduled time; this fee is waived in emergency or snow conditions.*** Likewise, if you are more than 15 minutes late, you incur the full charge. ***Insurance does not cover you under these circumstances.*** Initial ____.

My standard fee is \$120 per 45 minute session; or \$150 per 60 minute session. When you pay in full at the time of service, without requiring paperwork, my fee is \$100 and \$125 respectively. **If you plan to use your insurance, it is your responsibility to determine your benefits prior to your first session. Payment is due at the end of each session in cash, or by check**, payable to Caring Presence (as an abbreviation for Caring Presence Psychotherapy, PLLC). **You are responsible for payment, whether or not you are using insurance.** Returned checks incur a \$30 fee. Initial ____.

Time over 10 minutes per week spent outside of scheduled sessions is charged on a pro-rated basis: \$40 for each 15 minutes. This includes talking with you by phone, reading your emails, talking with other professionals regarding your care (beyond regular case consultation), case review for reports, writing reports, and court testimony. Travel time is charged at half the above rates. Initial ____.

My 24 hour voice mail is 206-367-3058; I check it throughout the work day, Monday through Friday. I will return your call as soon as possible, no later than the end of the next business day. If you are in crisis, we can arrange for contact outside of regular business hours. If you are unable to reach me, and you feel that you urgently need help, you may call the Crisis Line at 206-461-3222, or 911, or go to the nearest hospital emergency room. A record of your therapy is kept by my office. You may ask to see and copy it, and for me to correct it if you believe there are errors.

Ethics: I am accountable for my work with you and I am guided by the ethical codes of AAMFT, ASCH, USABP, Washington State laws and Federal HIPAA rules. If you feel that I am not helping you, please inform me, so that we can work together in addressing your concerns. Or if you prefer, I can refer you to another therapist.

To obtain a copy of your rights as a psychotherapy client in Washington State, you may contact The Department of Health – Counselor Programs, PO Box 47869, Olympia, WA 98504. 360-236-4700.

Client Consent to Psychotherapy Treatment: My signature below shows that I have read, understand and agree to all of the terms in this document, and therefore consent to psychotherapy with Carolyn Rodenberg, MA, LMFT, CCH.

Please wait to sign this form until your first session so that I may answer any questions.

Please **PRINT** your name here (Client #1) **Date** Please **SIGN** your name here (Client #1)

Please **PRINT** your name here (Client #2) **Date** Please **SIGN** your name here (Client #2)

I acknowledge receipt of this signed Consent to Treatment from the above named client(s).

Carolyn Rodenberg, MA, LMFT, CCH

