

**Carolyn Rodenberg, MA, LMFT, CCH**  
**Caring Presence Psychotherapy, PLLC**  
**2212 Queen Anne Ave. North, #834 / Seattle, WA 98109**  
**(206) 367-3058 [crodenberg@caringpresence.net](mailto:crodenberg@caringpresence.net)**  
**WA State License #LF00000863**

## **Disclosure Statement and Consent to Psychotherapy Services**

**Welcome to psychotherapy!** The therapy process begins with your wanting a change and reaching out to me for help. I commend your courage. A good match is important in getting the most out of therapy; I ask at the end of the first session if our work together feels right to you, and to me. When both of us answer YES, I honor your decision by serving as a guide and a Caring Presence through your process.

This form lets you know what to expect from counseling so that you can receive the best possible result. **Please ask me questions in your initial session *before* you sign this document** so that you have a clear understanding of how therapy works. As the therapy process proceeds, continue to ask me questions, and tell me how it is going for you, so that I can modify my approach if necessary.

**Here are details about my Education and Training:** I am a licensed Marriage and Family Therapist in Washington State, with a Master's Degree in Marriage and Family Therapy (1987 - Pacific Lutheran University), and a Bachelor's Degree in Psychology (1978 - University of Washington). I hold Certification in Clinical Hypnosis (CCH) through the American Society of Clinical Hypnosis. I also have postgraduate training and in-depth consultation in Somatic Psychotherapy, Collaborative Healthcare, Pain Management, Trauma Recovery, Spirituality and Healing, Energy Healing, Depth Psychology and Dreams.

I have extensive experience in working with people who have a wide variety of medical conditions, including: *IBS, heart disease, cancer, auto-immune disease, chronic pain, physical injury, sleep disturbance, dental fears, and surgery preparation and recovery. I also help people who want to stop smoking, lose weight, and fly without fear. I often find it helpful to collaborate with a client's physician to provide enhanced care for medical conditions.*

**I specialize in Somatic Psychotherapy, Medical Challenges and Clinical Hypnosis. Somatic (or Body) Psychotherapy** helps people to feel more connected to and grounded in their bodies during times of stress and uncertainty. Change occurs by listening to, learning from and living more fully into your body. Change also can be fostered by taking a vacation from your body in Clinical Hypnosis, and then returning with less tension and greater calm.

**Medical Challenges** include those listed above, and many others. Change occurs through being supported in adjusting to a diagnosis; learning how to improve relationships with your healthcare providers, receiving encouragement and suggestions if you encounter disease burn-out, or relying on a safe place with me should your condition worsen.

**Clinical Hypnosis** uses the way a person's brain naturally rests during the day for healing. Common rest breaks include losing track of where you are - when driving a long distance on a straight road, strolling on a beach, or staring into a fireplace. Change occurs in three relaxing steps – going into a trance state, hearing suggestions while in that state, and then coming back into regular waking consciousness.

**My therapeutic orientation also includes the following therapies:** **Family Systems Therapy** assumes that how people think, feel and behave is based upon their role in both their original and their current family structure. Change occurs when you understand these habitual patterns, practice how to be calm while experiencing them, and learn more conscious ways of relating. **Psychodynamic Therapy** suggests that people carry within themselves the family in which they were born and/or raised. Change is nurtured through a safe and trusting therapeutic relationship; allowing insight and self-care to grow.

**I more often work with adult clients in individual therapy, but I also can work with couples if there is a medical challenge involved.** Sometimes, it is helpful to ask a spouse/partner, family member or friend to come to one or more sessions so that they can meet me and learn about what you are doing in therapy.

**While the process of therapy leads to greater health, happiness and maturity as you come to understand and care for yourself more fully;** it may seem difficult, as you are asked to think, feel or behave in new ways. You might experience feelings of fear, sadness, pain, anger and frustration, or you may experience unexpected changes in relationships. I can help you stay engaged with the process and work through these feelings. Since you and your situation are unique, I cannot guarantee that specific changes will occur when you work with me.

**When you are ready to take the significant step of finishing therapy,** it is important to have adequate time to talk about that process. Please tell me at the *beginning* of a session because sometimes the length of one session gives us enough time. At other times, a gradual approach is safer and more comfortable.

**In addition to psychotherapy, I offer nature workshops and retreats.** In these, I invite you to consider an extended time for connecting with your own self as part of the natural world. (You may receive notices of these events through my list-serve by signing at the bottom of my "Confidential Client Information" form.)

**Confidentiality gives you the safety necessary for healing.** Being my client is confidential, as is everything that you share with me during the therapy process. I will not disclose any personally identifying information about you without your written consent, except as noted below. To provide the best service, I consult with other therapists on a confidential basis.

**1. There are some situations in which I am required by law to 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; threatening 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, inform me at the beginning of therapy so that I may exercise caution in protecting your privacy.***

**2. If you chose to use your insurance benefits, you are giving me permission to release your records to the insurance company. Because of this, some clients decide NOT to use their insurance for therapy. If you have questions about this, ask me.** Usually, processing your claim requires only basic demographic and diagnostic information. Occasionally, it requires a brief report when a certain number of sessions are reached; infrequently, it requires extensive clinical summaries or case notes. Rarely does an audit occur, but if it does, I will attempt to inform you. If you are no longer my client, I may not be able to reach you, especially if you have changed your contact information.

**3. I prefer not to communicate with clients about therapeutic issues via email or text, as neither is a secure form of communication.** You may contact me by email or by text, but my response will be brief and will be limited only to scheduling issues. If you need to talk with me, please call me. **Initial here \_\_\_\_\_** to show your understanding and agreement with this policy.

**4. If you were referred to me by another person,** I may acknowledge that you contacted me and express appreciation for the referral, unless you request otherwise.

**5. 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.

**Here are my Appointment and Fee Policies:** Your initial session is 60 minutes long while ongoing appointments are 60 or 50 minutes; scheduled in advance - usually on a weekly basis. Longer sessions also can be arranged, but they are not covered by insurance. If my practice is out-of-network for you, or you use a Health Savings Account, I can provide a monthly receipt so that you can be reimbursed. I require a signed disclosure statement in the first session as one is required before I charge a fee.

Your appointment time is set aside for you. ***If you are unable to attend a session, please give me 48 hours' 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 will incur the full charge. ***Insurance does not cover this fee.*** **Initial here \_\_\_\_\_** to show your understanding and agreement with this policy.

**My standard fee is \$160 for a 60 minute session and \$140 for a 50 minute session.** **If you plan to use insurance for which I am a preferred provider,** it is your responsibility to determine your benefits, including deductible and co-pay ***PRIOR*** to your first session. **If you are using insurance for which I am not a provider (out-of-network),** you are responsible for payment in full at the end of each session. **If you choose not to use the insurance you have, or you do not have insurance, I offer a sliding fee scale,** based on financial need and income. It ranges from \$140 to \$120 for a 60 minute sessions, and \$120 to \$100 for a 50 minute one. Payment is due at the end of each session by cash, check or credit card. Checks are payable to "Caring Presence" (an abbreviation of Caring Presence Psychotherapy, PLLC). **Initial here \_\_\_\_\_** to show your understanding and agreement with this policy.

**Talking by phone over 10 minutes per week is charged on a pro-rated basis:** \$40 for each 15 minutes. **Initial here \_\_\_\_\_** to show your understanding and agreement with this policy.

**Any work having to do with reports is charged on a pro-rated basis:** \$50 for each 15 minutes. This includes case review and writing reports. Depositions or court testimony are charged at \$75 for each 15 minutes. **Initial here \_\_\_\_\_** to show your understanding and agreement with this policy.

**My 24 hour Voice Mail is 206-367-3058;** I check it throughout the 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 to talk outside of regular business hours. **If you are unable to reach me, and you feel a need for immediate help, you can call the Crisis Line at 206-461-3222 or 911, or you can go to the nearest ER.**

**Professional Ethics help me to provide a safe place for you.** I am guided by the ethical codes of the United States Association for Body Psychotherapy (USABP), the American Society for Clinical Hypnosis (ASCH), Washington State laws, and Federal HIPPA rules. I keep a record of your therapy, and you are allowed by law to see, copy and have me correct it if you believe that there are errors. Such a request may mean that there are some unresolved issues in the therapy that need to be discussed. If you feel that I am not helping you, please inform me, so that we can work together in addressing your concerns. If you feel it is better for you to work with another therapist, I will support you in transitioning through referrals and following up with the therapist you choose.

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, 360-236-4401, or go to <https://app.leg.wa.gov/WAC/default.aspx?cite=246-810-031> .

### **Client Consent to Psychotherapy Treatment**

My signature below shows that I have read this document, and that if I had questions, those have been answered. I therefore understand and agree to the terms in this document, and consent to psychotherapy with Carolyn Rodenberg, MA, LMFT, CCH.

**Please SUBMIT this form during first session, via my virtual platform. DO NOT email it to me. This helps keep secure your private and confidential health care information.**

**Also, please WAIT TO SIGN this form UNTIL YOUR FIRST SESSION, so that I might answer any questions.**

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*PRINT your name above*

*Please SIGN your name above*

Date

If there are two clients, please complete the next line. Otherwise, leave it blank.

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*PRINT your name above*

*Please SIGN your name above*

Date

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

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Carolyn Rodenberg, MA, LMFT, CCH

Date