

### **Disclosure of Information and Client Agreement**

Welcome! Before we start counseling it is both my desire and a requirement of Washington State law to provide you with the following written disclosure of information. Reading and signing this form establishes our contract for therapy services. Please read this statement thoroughly and when it is understood and agreed to, sign the consent for treatment on the last page. I welcome the opportunity to discuss any questions or concerns you may have.

### **General Information**

My mission is to provide a safe environment in which you can grow, come to know yourself more deeply, and find a way to improve your life and relieve your suffering. My counseling style is both educational and therapeutic. Yet underlying all practices is my deep respect for each person's capacity to heal and find their own answers. I want to provide the means and the guidance to support you in finding the internal and external resources to create the life you want to create.

### **My Approach and Scope of Practice**

My approach is eclectic, systemic, holistic and humanistic. As a mindfulness-based, experiential therapist, I am going to be using your present moment, here and now experience as a doorway into the core wounds and hurts that need attending to. I believe accessing those wounds and developing the capacity to be with them allow you to process the material and become more whole and more human. This will help free you from the frozen, habitual patterns that block your resources and your life force.

I believe in the inherent strength of every human being. I look for and help bring to light these inner resources that are often blocked by our wounds and core habitual beliefs. Ultimately, I want to help you unfreeze any frozen harmful patterns and move toward more freedom, more choice, and more joy in your life.

The course of therapy is not linear and there are no guarantees of the outcome but many of my clients do report that therapy transforms their interpersonal relationships, improves their ability to find joy and satisfaction in their lives, and resolves the issues that originally brought them to therapy.

Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Things also might get worse before they get better, as therapy requires uncovering core, painful parts of the self and requires a level of self-honesty that can be uncomfortable. I will periodically ask for feedback as to how the

therapy is going, your progress and views on the process I am always open to your feedback and what you might be needing.

I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

### **Education, Training and Experience:**

I am an enthusiastic student of life, fully dedicated to working with others to explore and activate our limitless potential. In over 30 years of working in the fields of education and communication, I have been continually inspired by people's transformation as they focus their attention, wisdom and creativity on healing.

My background in education began in Europe, where I earned a Teaching Diploma in Graz, Austria, for special needs children in 1989. I went on to earn certification from the Association Montessori International (A.M.I.) for Special Education and the Primary Classroom (3-6) in Munich, Germany. I worked with parents and children utilizing the empowering principles of the Montessori method for five years.

I received an M.A. in counselling in 2000 from Gonzaga University in Spokane, WA. In 2006 I became a certified trainer with the International Center for Nonviolent Communication (NVC). My work with NVC has included schools, universities, churches, orders, prisons, nonprofit and profit organizations and parent groups. I have organized and contributed to NVC classes, seminars, and workshops. In 2005, I initiated an annual NVC Summer family camp, which has an average of 80 to 100 participants every year. I have been in full-time private practice in Seattle since 2008.

Since 2012 I have been passionately immersing myself in the psychotherapeutic art of Hakomi. I am proud to have completed certification in 2015. At its core, Hakomi draws on the compassionate, conscious concepts of Mindfulness, Nonviolence, Organicity, and Unity to integrate the Body and the Mind in the course of therapy. Treating the Body and Mind holistically creates an environment where you can make a sincere and profound commitment to healing-- continued growth beyond healing.

Since 2015 I have been using PACT (Psychobiological Approach to Couples Therapy) to help overcome difficult challenges facing couples by focusing on the neurobiology behind attachment theory and arousal. Developed by Stan Tatkin, PACT is a fascinating therapy, and my continuing education in this field has greatly expanded my toolbox; I am currently a Level II Practitioner.

### **Ethics and Professional Standards**

The Washington State Counselor Credentialing Act (WAC 246-810) requires that any counselor practicing counseling for a fee must be registered or licensed with the Department of Health. This law was designed for the protection of the public health and safety, and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. However, registration of an individual with the Department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

### **Client Rights**

As a client receiving counseling services in the State of Washington, you have the right to:

- 1) Choose the counselor and treatment approach that best suits your needs and purposes;
- 2) have full and complete knowledge of your counselor's qualifications and training;
- 3) be fully informed as to the terms under which services will be provided; and
- 4) refuse treatment.

### **Reservation of Rights**

I reserve the right to refuse or terminate a session if a client is or appears to be under the influence of alcohol or any mind altering substance, legal or otherwise.

### **Confidentiality**

I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. All issues discussed in the course of counseling are strictly confidential. By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian.

For this reason, if you want me to release information about your participation in therapy, I will require a signed "Release of Information" from you. A release is legally valid for ninety (90) days from the date of signature. However, the law (RCW 18.19.180) provides exceptions to client confidentiality where information may be released without your consent:

1. In the event of a medical emergency information deemed necessary for treatment may be released.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom a threat is made.
3. In the event of suspected abuse of a child, dependent adult or elder, the proper authorities must be contacted. The abuse does not have to be personally witnessed by the counselor.

4. If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
5. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
6. If an attorney in the state of Washington duly subpoenas your records, they will be released unless you file a protection order within 14 days of the subpoena.
7. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
8. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.
9. Evidence that a minor client was a victim of a crime may be released to the proper authorities.

### **Record Keeping**

By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification. You have a right, by law (RCW 70.02.070), to see and copy that record. Also, you may ask to make correction(s) to your record. Both these requests must be made in writing. A reasonable fee will be charged for reviewing and/or photocopying any portion of your record. When more than one client involved in treatment, such as in cases of couple and family therapy, I will release records only with the signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment. If you have concerns regarding the treatment records please discuss them with me.

### **Emergencies**

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult. If for any reason you are unable to contact me by telephone and you are having a true emergency, please call the Crisis Clinic (206-461-3222) or 911 or check yourself into the nearest hospital emergency room immediately if your personal safety or mental health is at stake.

### **Touch**

I may also include non-sexual touch as part of psychotherapy. Sexual touch of clients by therapists is unethical and illegal. Hakomi Therapy recognizes the therapeutic value of non-sexual touch. I will ask your permission before touching you, and you have the right to decline or refuse to be touched without any fear or concern about reprisal. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with the therapist, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without needing to explain and I will always honor that request.

### **Case Consultation**

I may consult with professional colleagues for the purposes of improving my training, for accountability, and to provide the best counseling service I can to my clients. I may at times discuss your situation with other professionals while being very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice.

### **Termination**

It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination, and review counseling goals and progress. Please understand that your file will be considered closed 90 days after the last counseling appointment.

### **Unprofessional Conduct and Complaints**

If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access on-line forms and information at [www.doh.wa.gov/hsqa](http://www.doh.wa.gov/hsqa).

## **Fee Information, Insurance and Cancellation Policy**

### **Fees**

Term for ..... months with a full pay/monthly payment of \$..... This includes ..... sessions

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### **Cancellations**

If you must cancel your appointment please contact me at least 48 hours in advance. This ensures I can see other clients in the opening and can plan accordingly. You will be responsible for the fee when cancellations are received less than 48 hours in advance. (Exceptions can be made for emergencies)

### **Insurance**

At this time I do not accept insurance. However, some insurance plans will cover my work as an out-of-network provider. Please contact your insurance company for more information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break in's and unauthorized access. Medical data has been also

reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position. Insurance will not cover missed session for those getting reimbursed by their health insurance company.

### **Payment Agreement**

If not paid in full: after the first payment, your debit/credit card will be automatically charged on the first business Friday of the month.

### **Other**

Any work between sessions such as writing assessments or letters on your behalf or talking to other care providers will also be charged at my hourly rate. I am open to phone calls or e-mails between sessions and anything beyond a quick exchange of information will be charged at my hourly rate.

If you are unable to reach me and need additional support urgently, please remember that you can always call the Seattle Crisis Clinic crisis line at 206-461-3222 or 1-800-244-5767, or call 911, or go directly to the emergency room at Harborview Hospital or another hospital of your choice. (for local clients)

### **Electronic Communications**

If you wish to communicate with me via e-mail, text, or cell phone, please be aware that, e-mail, cell phones and text communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, my e-mails are not encrypted. As part of this contract, if you choose to communicate with me through text or e-mail or cell phone, you are agreeing not to hold me responsible for any breach of confidentiality that may occur by someone else accessing the information sent to or from me.

### **Legal and Court-Related Activity**

I have chosen not to pursue any coursework or post-graduate training in forensic psychology. Therefore, it is my policy not to become involved in clients' legal matters. I do not offer reports suitable for court proceedings, or my testimony in legal matters such as divorce or custody cases as part of my services. If you are seeking psychotherapy with the knowledge that at some point you will want your counselor to aid you in a legal proceeding or to testify on your behalf, I suggest strongly that you seek another psychotherapist that specializes in forensic psychology and has the proper training to be of service to you.

Due to these reasons and also due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc..), neither you, nor your

attorney, nor anyone else acting on your behalf will call on me, Elana Sabajon, to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

I ascribe and adhere to the American Psychological Association's code of ethics ([www.apa.org/ethics/](http://www.apa.org/ethics/)).

### **Support of Transitions**

I believe in long-term relationships with my clients. These relationships change over time. Clients may move in and out of active counseling/coaching or choose to partake in my other services and classes. I enjoy reviewing the work we have done together, discussing and recommending next steps.

### **Referrals**

I welcome and celebrate referrals, which signify your satisfaction and trust in my services.

**Consent for Participation in Counseling Services  
Provided by Elana Sabajon, MA, LMHC  
License Number: LH 60433508**

I have received and reviewed the Client Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

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Client Name

Client Signature

Date

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Client Name

Client Signature

Date

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Parent/Legal Guardian Name

Parent/Legal Guardian Name

Date

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Elana Sabajon, MA, LMHC

Date