

Client Agreement, Information and Disclosure Statement

Anna Hedly Goeke, M.A.

Washington State License # LF00002193

Introduction:

The Washington Administrative Code (WAC) requires each licensed marriage and family therapist to provide a Disclosure Statement to each client with information on the therapist's education and training, orientation of the practice, and financial requirements. The information in this Disclosure Statement is provided for your benefit, intended to help you become a more informed consumer. Please read it carefully. You have the right to this information in order to help you to choose a therapist who best suits your needs and purposes. I welcome the opportunity to discuss any questions or concerns you may have regarding this agreement or my services.

Professional Background:

Education (degrees awarded)

2002 – M.A. Applied Behavioral Science – Focus on Systems Counseling
Bastyr University / LIOS, Kenmore, Washington

1987 – B.A. Computer Science
Brown University, Providence, Rhode Island

Certifications

2006 – CGE (Certified Gottman Educator)
The Relationship Research Institute (now The Gottman Institute)

2013 – CGT (Certified Gottman Therapist)
The Gottman Institute

Experience

As a therapist, I draw not only on my education, but also on my life experience. I believe that people are complex. My varied background and life experience help me work with a variety of personalities and issues. I earned my Bachelor Degree in Computer Science and my Masters Degree in Applied Behavioral Science with a focus on Systems Counseling. I have completed a formal one-year internship, a one-year externship, and a one-year residency, each focused on family, couples and individual therapy. The aspects of my background that I draw on the most are my multi-cultural background and my professional work experience. My growing up years spanned four different countries. My work experience, prior to becoming a therapist, includes thirteen years in high-tech, five of which were in management in corporate America. In addition I have facilitated adult education classes, volunteered as a coach with personal growth organizations, and have been a certified image consultant. I am a lifelong learner and continue to educate myself both formally and informally. I have had my practice since 2001.

Philosophy:

My philosophy is based on the balance of opposing forces. I believe in a combination of compassionate challenge and support. My beliefs are rooted in personal responsibility and personal empowerment within the context of a larger web of influences. I believe that the individual has the power to affect their own life and the world around them in significant ways. As a therapist I work with

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the big-picture, ecological view, a systemic orientation, which means taking into account a larger web of influences. This approach leads to greater, long-lasting results. My mission is to facilitate personal empowerment in a way that's healthy for the individual, the community, and the world around them. I am interested in meaningful inter- and intra-personal relationships and the meeting of different cultures. I feel honored to be a therapist and to have the privilege of helping people improve their lives.

Therapeutic Approach:

My therapeutic orientation is derived primarily from two basic approaches. One is humanistic psychology, particularly client centered therapy, and the other is Systemic Family Therapy, particularly Intergenerational Family Therapy. In couple and family work I draw extensively on my Gottman training as well as my EFT (Emotion Focused Therapy) training. In addition, I have been trained in and exposed to several other orientations to counseling, including Cognitive-Behavioral (specifically ACT (Acceptance and Commitment Therapy) and DBT (Dialectical Behavioral Therapy)), Gestalt, Transactional Analysis, Existential, Narrative, Solution-Focused and Object Relations. I use my own combination of treatment methods from these modalities. I continue to seek education through seminars, consultation groups, conferences and membership in professional organizations. It is my belief that through continuing education I can provide the best professional and ethical services possible to my clients. While I have taken training in the Gottman Method of couples therapy, I want you to know that I (or my agency, if applicable) am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

Each course of treatment is unique to those who participate in it, and thus your therapy will be a blend of what you and I do together. We will be taking this journey together. I am responsible for developing and implementing a course of treatment that will most effectively deal with your issues. You are responsible for setting the goals and for working toward change outside of the therapy hour as well as during it. My role is to educate and support you during this period of change. People and situations are complex; I cannot guarantee that specific changes will occur as a result of our work together.

We will often talk about your feelings, about relationships in your life now and in the past, and about how your thoughts and feelings relate to your current behaviors and life experience. I attempt to bring to light some habitual patterns of interactions that are sources of strength and/or difficulty for you. I will also assist you in learning and developing new behaviors that might be more useful.

In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them. I see you as the one who sets the course for your own life and as the one responsible for the decisions and life changes that you make. I may, at various times, make suggestions and give advice, but of course, you are in charge of what choices you make and how you implement them.

Although you are free to terminate therapy at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straightforward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. If you cancel an appointment or miss an appointment without leaving notice of rescheduling on my voicemail or email, your time slot may be given to the next available client.

You always have the right to request a change in treatment or to refuse therapy. It is important that what we do together meets

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your needs. If you believe you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do so, at your request I will assist you in finding another therapist.

My phone number with confidential voice mail is **425-576-1804**. I can also be reached by email at anna@annagoeke.com If there is an emergency, please call my phone number to try to reach me. If you are unable to reach me and are urgently in need of help, call the Seattle Crisis Clinic at **206-461-3222** (if outside of this area, you may need to contact another local area crisis line) or call **911** for immediate help.

I ascribe and adhere to the Code of Ethics of the American Association for Marriage and Family Therapy. I also answer to the ethical and professional standards of the Washington State Uniform Disciplinary Act for the Regulation of Health Professions.

Appointments, Fees, and Payments:

My standard fee is \$2.50 / minute for each appointment (the equivalent of \$125.00 for each 50 minute appointment). This fee is standard regardless of the number of people attending the session. Appointments lengths are mutually agreed upon. Common appointment lengths are 45 minutes, 50 minutes, 55 minutes, 75 minutes, and 90 minutes. Appointments are often 55 minutes in length for individuals and 75 minutes in length for couples, though this mutual decision depends on your needs, your finances, your insurance plan, my schedule availability and possibly other factors. Your session begins at the time scheduled for you. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. Insurance will only pay for services provided, so if you are late you may be responsible for paying the missed portion of the session. The scheduled time for your session is set aside for you. If for any reason you are unable to make your appointment, 48 hours notice is required, or you will be charged the full session fee. (Initial here _____). Insurance companies or other third-party payers will not compensate you under such circumstances.

If you are applying for a fee adjustment due to a financial hardship we will discuss an appropriate fee based on gross household income. The fee you will be charged will be discussed and set at our first session. An amended fee agreement will be signed and placed in your file. You will also be provided with a copy of this agreement. The fee may be renegotiated later in treatment depending on changes in your financial status. Changes in fee will be made only after a discussion with you has taken place at least one session before the change is to be implemented. A new fee agreement will then be signed and placed in your file.

Payment must be made at the beginning of each session unless we specifically agree on another payment schedule. I accept checks, cash, VISA and MasterCard. I cannot take medical coupons or barter. A \$40.00 fee per check will be charged for returned checks. A finance charge of 1 1/2 per cent per month or \$2.00 minimum, whichever is greater, will be assessed on balances outstanding over 30 days.

Should you attempt to use your health insurance to cover my services, there are a few things you should know. Some insurance companies will partially or fully cover my services and some will not. If this is a concern for you, we'd be happy to check with your insurance company regarding your eligibility for benefits. Please ask for an Insurance Verification Form. I need to be very clear that I cannot guarantee that your treatment with me will be covered. Further, you are directly responsible to pay my fees when my services are performed and your insurance company is responsible to you for any reimbursements according to the coverage's and conditions specified by your particular policy.

If I am doing work related to your treatment that is outside the bounds of our scheduled counseling, I will bill you on an hourly basis for all the time I spend on your case. This includes travel time to another location (such as the hospital, your home, an attorney's office, or another setting), meeting with other professionals regarding your case, writing reports, preparation time, etc. My fee for

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this type of work is \$150.00 per hour.

In the course of many clients' therapy, issues arise between sessions that require attention prior to the next scheduled session. Should this happen, please leave a phone message with your phone number, or send me email. I will return your call or email as soon as possible after receiving your message. Only calls or emails which exceed 10 min in length will be charged, at the prorated regular amount.

Confidentiality and Consultation:

Confidentiality between a counselor and client is protected by law and is an important part of the process. Everything said during our counseling session is strictly confidential. There are a few exceptions, some required by law. With the exception of the situations 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 circumstances in which I am required by law to release information include:

- (1) a court orders such disclosure: If you are currently in litigation, or become involved in litigation during treatment 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.
- (2) there are mandatory reportable instances involving suspected abuse, neglect or exploitation: 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 or Adult Protective Services, state agencies.
- (3) the disclosure is necessary to protect against an existing threat to human life or serious bodily harm of another human being: 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.

Information will not be disclosed without your written consent except in the following instances:

- (1) Billing Personnel and Insurance Companies: If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies only require basic information, often including a psychiatric diagnosis. You have the right to know the diagnosis that I use in any communication with your insurance company or other third-party payer or agency. All of the diagnoses that I use come from the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition Text Revision, DSM-IV-TR). A copy of this book is available in my library and you are free to look at it.
- (2) EAP: If you have been referred to me by an Employee Assistance Program (EAP) for evaluation, I may be required to disclose basic information about the evaluation such as a description of the problem, diagnosis, and therapeutic recommendation. I will share with you all information I will be sending to the EAP representative at your request.
- (3) Professional Consultation: As part of my own professional growth, and to enhance the quality of the services I provide, I regularly consult with colleagues. My work with you may be discussed in formal or informal sessions with my colleagues and other professionals with whom I seek consultation. During the course of these professional consultation sessions I may

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discuss your situation, but will do so without disclosing your full name or other identifying information. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above. This continuing professional education provides a level of quality assurance that assists us both.

- (4) Adjunctive Methods: To increase the effectiveness of my work, I regularly use adjunctive methods in treatment. I may videotape or audiotape some or all of our sessions for my personal review, or to use in consultation and supervision as described in a previous paragraph. In addition, I may have a colleague join me as a co-therapist for one or more of our sessions. Finally, I may invite you to one or more sessions where colleagues or supervisors observe us through a one-way mirror. I will seek in advance your specific written permission to use any of these abovementioned adjunctive methods.
- (5) Multi-body Therapy:
- a. 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 adjunctive individual session, information shared with me in that meeting may be shared by me in joint or family sessions if I believe it to be in the best interest of the work we are doing together. Likewise, if you are a group therapy member and you share information with me outside of group, it may be shared by me in subsequent group sessions if I believe it to be in the best interest of the work we are doing together in the group.
 - b. 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.
- (6) If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contacted me and thank them for the referral unless you direct me not to. I will not discuss your situation with them unless I have your written permission.

Following the completion of our work together, your complete clinical records will be stored and available for review. After three years a clinical summary and full financial record will be maintained for an additional four years. After seven years all records will be deleted from the computer systems, as well as the physical files shredded.

Quality of Services:

If, at any time you have questions, doubts or concerns about the course of treatment or approaches used in therapy, I would encourage you to discuss these with me. You have the right to choose a counselor who best suits your needs and purposes. Remember that treatment is optional and can be terminated at anytime. If you choose to seek assistance from another counselor or therapist, or if I find I am unable to provide you with services, I will offer you the names and phone numbers of at least two other counselors. It is your right to select and to make arrangements with another counselor if you decide to continue counseling.

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 this does not resolve the issue, you may contact one or both of the following:

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Washington State Department of Health
Health Professions Quality Assurance
310 Israel Rd, P.O. Box 47860
Tumwater WA 98501-7860

American Association for Marriage and Family Therapy
Attn.: Committee on Ethics and Professional Practices
1717 K Street N.W., Suite 407
Washington, D.C. 20006
202-429-1825

Policy Regarding Consent for the Treatment of a Minor Child:

Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

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Client Consent to Treatment:

I have read or have had satisfactorily explained to me the Client Agreement, Information, and Disclosure Statement of Anna Hedly Goeke, MA, LMFT and understand it. I have asked any questions that I had about this statement and about statements regarding fees and payment policies. 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 Anna Hedly Goeke, MA, LMFT and understand that I have the right to terminate counseling at any time I desire. I also understand that Anna Hedly Goeke, MA, LMFT requests notice of termination at the beginning of a regularly scheduled session so that there is an opportunity for closure, and the reason for termination may be discussed in terms of my therapeutic issues. My signature below indicates that I have received a copy of this agreement.

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I, _____, have received a copy of the Client Agreement, Information and Disclosure Statement of Anna Hedly Goeke, MA, LMFT. My signature below indicates that I have read, understand, and accept the Client Agreement, Information and Disclosure Statement.

Client Signature: _____ Date: _____

Parent #1 Signature: _____ Date: _____

Printed Name:

Parent #2 Signature: _____ Date: _____

Printed Name:

Anna Goeke, M.A. _____ Date: _____