

Gretchen Burkholder, LMHC ATR
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New Client Packet

This packet includes information and forms that are important for our working relationship and are required by law. It is a lot of reading, but please take the time to review the information in its entirety, as it will inform our work together. Please review and complete all forms before our first session. If you are unable to do so before you come to your first session, I will have copies in my office and we will use that session time to complete the paperwork.

Practice Disclosure Statement and Client Agreement

Professional Profile: I adhere to the code of ethics of the American Counseling Association (ACA). I received my Master of Arts in Psychology from Antioch University. I am also a member of the American Counseling Association (ACA) and the American Art Therapy Association (AATA). To further my education, I regularly attend professional trainings and I meet with other professional therapists in weekly consult groups to deepen my knowledge and enhance my therapeutic skills. In addition to this, I receive ongoing supervision. My therapeutic work has been with adults, children, adolescents and groups.

Ultimately, we are each responsible for our own growth and change. I cannot guarantee a particular outcome from therapy; but I will devote my full attention to you during our time together and bring all my education and experience to help guide and support your desire for a more satisfying, holistic, and productive life.

Counseling Orientation:

My counseling orientation is an eclectic one that draws from attachment theory, family systems, psycho-dynamic and relational theories, art therapy, mindfulness and other modalities depending on what is most useful for your unique way of growing. It is my role as a counselor to aid in the deeper awareness of self and relational workings in your life, for optimal transformation and healing.

Sometimes there is a physical component to the issues we deal with. In such cases, medical consultation may be advised. If at any point you have questions

or concerns about our relationship or the direction of our work together, please feel free to address these with me.

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Fees: The fee for individual counseling is **\$120.00** per 50-minute session. There is no extra charge for other individuals such as spouse, children, relatives or friends who may need to attend at your request.

Payments are to be made at the beginning of each session, unless otherwise agreed upon so that we can use the full session hour for counseling. A \$25.00 fee will be charged for returned checks. Unpaid balances incur the maximum finance charge allowed by law after 30 days.

An overdue balance that has not been paid after 6 months , unless we have agreed on a payment plan, will be sent to collections.

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Insurance: It is your responsibility to confirm the extent of your insurance coverage in my care. You are ultimately responsible for counseling sessions you request. I will provide you with a monthly receipt/invoice, which you may submit to your insurance company for possible reimbursement.

Co-Pay: If your managed care policy requires a co-pay, it is the individual's responsibility to bring the co-pay to each session or make other arrangements. I do NOT send out statements for co-pay. **Deductible:** Your health insurance may also have a deductible. If it is applied by your insurance company to any claim I submit, you are responsible for these amounts also. You should check with your insurance to see if a deductible applies.

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Auxiliary Services: Occasionally requests are made for mental health evaluations and other reports. A fee will be charged for these reports.

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Telephone Calls and E-mail: There is no charge for telephone calls and e-mail unless you and the therapist have prearranged a formal session.

Missed Appointments: I have a full client load and have reserved your appointment time just for you. If you do not cancel your appointment with proper warning I am left with an empty appointment slot that I could have offered to someone else. If you are unable to keep your appointment, you must give me **24 hours advance notice or you will be charged for the session.** Please be aware, **I cannot bill your insurance for no-shows or late cancellations.** I understand that circumstances arise that make it difficult to keep an appointment. I will work with you relative to these charges.

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Choosing a Counselor / Termination of Treatment: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time. When you wish to terminate treatment, please give a minimum of one week's notice. You may terminate at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is in your best interest that we will discuss the prospect of termination and agree upon a last session for closure. If at any time you do not schedule a future appointment, cancel a scheduled appointment, or miss a scheduled appointment and do not contact me within 30 days of the date of last recorded contact, it will be understood that you have terminated treatment.

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Services: 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 (206) 940-7754, and you are having a true emergency, please call 911 or go to the nearest hospital emergency room.

Disclosure Statement on Confidentiality:

Confidentiality exists between counseling clients and Gretchen Burkholder, LMHC, ATR with the exceptions noted in the Disclosure Statement (copied below).

There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

- 1) The client gives written permission to share confidential information.
- 2) Anything that suggests a crime or harmful act.
- 3) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
- 4) The client brings charges against the counselor.
- 5) In response to a subpoena.
- 6) As required under chapter 26.44 RCW.
- 7) In the case of a client who is a minor, information indicating that the client was the victim of a crime may be released to the proper authorities.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

The client understands and agrees that the therapist's working notes are not considered part of the clinical record and will not be released to the client or to any other persons, agencies, or organizations under any circumstances. The client understands and agrees that any records obtained from other therapists, agencies, or institutions also will not be released by the therapist under any circumstances. The therapist will respond to any court order for records by providing only the dates of treatment or contacts with the client and a general summary of psychotherapy/counseling activity.

The therapist will have broad discretion to release any information she deems relevant in situations where she believes the client or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect. Each client has the right to refuse treatment at any time. _____ **Initial here**

Consultations: I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas about how to best work with you. These consultations are common professional practice for therapists and are conducted in such a manner that names and identifying information are not provided as to keep within the frame of confidentiality. I also have an agreement with _____ to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

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State Information: Therapists practicing psychotherapy for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) to provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct.

Unprofessional Conduct: The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs
P.O. Box 47869
Olympia, WA 98504-7869
360-664-9098

My Availability: I am often not immediately available by telephone. My telephone is connected to a 24-hour, confidential voice messaging system that I monitor frequently. I will make every effort to return your call as quickly as

possible, typically within 24-48 hours, excluding weekends and holidays. You may leave me a voice message at (206) 940-7754. Please limit your phone conversation needs to appointment scheduling. If I am to be unavailable for an extended period of time, I will provide you with the contact information of a colleague you may contact if necessary.

Emergencies: In the case of emergency please call: 911, you may also call King County Crisis Clinic, which is available 24 hours every day, at 1-800-244-5767, or 206-461-3222.

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Court Appearance Policy: I am a Licensed Mental Health Counselor, who provides clinical services in the form of individual counseling to individuals. In my clinical role, I cannot assist my clients in divorce or custody litigation, and I disclose this fact to each client and client family who come to me for services. As a Licensed Mental Health Counselor, I cannot disclose any marital therapy, couples counseling or family therapy information without the consent of all my clients. This is required by Washington law, HIPAA Standards, and the LMHC Code of Ethics.

Please do not ask me to write any reports for the court as I cannot do so.

I do not make any court appearances, because this will destroy my professional relationship with my clients.

I am not a custody evaluator and do not do Child and Family Investigation work or Parental Responsibility/Parenting Time evaluations. If the court has appointed a CFI or a PR/PT evaluator, those are the individuals that can make recommendations to the court. I cannot make recommendations to the court concerning parental responsibility or parental time issues. That would exceed my role as a therapist, and would adversely affect my ability to help families, parents and children.

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Electronic Communications and Social Media Policy

Use of Cellular Phones

In the regular conduct of my practice, I may make use of a cellular phone or other portable communication device to communicate with clients. In such

cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone, please inform me so that we can make alternative arrangements.

Use of Email and Text

In order to best protect your confidentiality, I typically will communicate with clients via email or text message for the purposes of scheduling or canceling appointments only. If you need to communicate with me via email or text for any other purpose, please discuss that with me in person. Please be aware that email and text communications do have inherent risks to client confidentiality. If you would prefer that I do not communicate with you via email or text, please inform me so that we can make alternative arrangements.

Distance Counseling

At your request, for your convenience, and if it is therapeutically appropriate, I may make use of technology assisted distance counseling tools such as telephone communications and internet enabled video and/or audio services. It is important that you understand the benefits and limitations of such services.

- If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I can provide to you.
- Distance counseling services are not appropriate for all clients and all situations. If you or I determine that distance counseling services are not appropriate for you, I will assist you in obtaining face-to-face counseling.
- Successful use of distance counseling services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
- At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make every effort to protect your confidential information.

- Distance counseling services are often not reimbursed by insurance.
- In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together.

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Social Media Policy

Current ethical standards do not allow personal social media interactions between counselors and clients. For this reason, I am not able to connect with clients via any personal social media platform. However, I do make use of a professional social media presence. My professional social media is non-interactive and does not create a therapeutic relationship. Please let me know if you have any questions about my social media policy and I will be happy to discuss this with you in more detail.

In addition to your signature below, please initial all pages of this document.

Client Consent to Engage in Therapy: I have read Gretchen Burkholder's Disclosure statement and understand its contents. I have asked any questions I have about this statement. My signature on this document attests that I have read the above information, that I consent to therapy under the terms described above, and that I agree to the terms in this document.

Client Signature _____

Date _____

Gretchen Burkholder, LMHC (therapist) _____

Date _____

NOTICE OF PRIVACY PRACTICES

By signature below, I _____ have read and understand the information presented in the Notice of Privacy Practice Form for Gretchen Burkholder, LMHC.

Client Signature _____

Date _____