

Psychotherapy Agreement

Welcome! I invite you to thoughtfully read through this information as it is written for our mutual benefit. This document culminates with your signature indicating that you have read and agree to the terms of this Agreement. Everyone--regardless of race, cultural, spiritual, and sexual orientation--will be treated with respect. I reserve the right to decline treatment to any individual. Occasionally, this occurs when I believe that a Client's specific needs would be better served by another therapist. This Agreement addresses:

My Background & Therapeutic Orientation
Benefits and Risks of Psychological Services
Course & Length of Treatment
Responsibility (my duties/Client's rights)
Professional Fees & Payment
Confidentiality
Consent to Treatment

My Background & Therapeutic Orientation

My undergraduate psychological education, training, and professional development consists of:

- BA in Psychology, Tennessee Temple University, Chattanooga, 1990
- Psychiatric Technician, Moccasin Bend Mental Health Institute, Smallwood for Children, Chattanooga, 1988-1990
- Therapeutic Foster Parent, Na 'Ohana Pulama, Catholic Charities, Honolulu, 1992-1995 (utilizing Teaching-Family Model, developed through the Behavioral Science Department, University of Kansas)
- Therapeutic Foster Parent, Achievement Place for Girls, Lawrence, 1995-1997 (utilizing Teaching-Family Model)

My graduate training consists of:

- Master of Arts in Counseling Psychology, The Seattle School of Theology and Psychology (formerly Mars Hill Graduate School), 2008, which includes 7 months/300+ hours of supervised internship with child & adolescent, individual, couples and family counseling)
- Certificate in Spiritual Direction, The Seattle School of Theology and Psychology (formerly Mars Hill Graduate School), 2008
- Multi-cultural training and participation in a cultural diversity group (2 years)

I am a Licensed Mental Health Counselor in the state of Washington (2008).

My therapeutic orientation is impacted by various aspects of different schools of thought, approaches and therapeutic techniques. My studies and theoretic approach has been significantly shaped by psychoanalytically-informed interpersonal psychodynamic psychotherapy.

Robyn Renee, MA, LMHC
425.345.6129

Snohomish Counseling

My clinical *practice* primarily utilizes a differentiated-based (non-pathological) approach in helping my clients/patients effectively regulate their emotions, increase their functioning in life and relationships, as they pursue meaning, fulfillment, success and well-being in all aspects of their lives, while assuming full responsibility for their health and happiness.

I am a CIIP (Certified Integrated Intimacy Practitioner) who promotes the healing and integration of relational/emotional/sexual/spiritual intimacy. My philosophy is strongly influenced by existentialism and Celtic Christianity, which means I believe:

- We all struggle with and are shaped by issues of existence (death, isolation, meaning in life, freedom)
- We all reflect God's Divine image of goodness and unexploited love; and, in the course of life we are marred and disrupted by painful, negligent and abusive relationships.

I seek to call out the best in each person to rise up and become the healthiest version of oneself that is currently possible

I believe that healing from relational brokenness occurs in the context of relational connectedness. As I sit with each individual, I am compelled to pursue the answer to two questions: Who are you? What do you need? It is my hope for us, that 'together we' will enter into the realm of these two questions, believing that our therapeutic relationship directly impacts the greater context of both our lives.

While treatment is individualized, I utilize various therapeutic approaches. With individuals and couples, I incorporate primarily the Crucible Approach and Mindfulness Techniques, with a background of Cognitive-Behavioral, DBT, Attachment Theory and brief solution-focused therapy. With children I incorporate art & play techniques, with a collaborative relational approach.

Feel free to list below any questions, thoughts or concerns you have for me regarding my background & therapeutic orientation, this Agreement, the therapeutic process, or anything else that concerns you at this time. You can choose to share these questions with me or keep them to yourself. This document belongs to you.

Benefits & Risks of Psychological Services

Benefits:

Although there are no guarantees of what you will experience, psychotherapy has been shown to offer many benefits including:

- Improved self-care
- Growing capacity for intimacy
- Establishing and maintaining healthy relationships
- Solutions to specific problems
- Significant reductions in feelings of distress
- Deepened understanding of the connection between past and present experiences
- Changes that result in greater fulfillment in daily life

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Risks:

Inherent in discussing difficult and painful life experiences in an intimate setting (such as psychotherapy), you can expect uncomfortable feelings to arise during treatment such as:

sadness
anger
guilt

shame
frustration
loneliness

arousal
helplessness
fear

This is a normal, yet distressing, part of treatment. It is most desirable to have intense feelings about your therapist (or the therapeutic process) brought into our sessions. In addition to emotional disruption during treatment, you may experience difficulty in current relationships and you may face necessary changes. Although participating in therapy can be difficult, foregoing treatment may prolong discomfort and pain.

Both nature and nurture contribute to cyclical maladaptive patterns of behavior that thwart relational connectedness, as well as emotional wholeness. As a therapist, my goal is to establish rapport with my client that invites trust and fosters a safe atmosphere. I believe effective change happens in the context of authentic relationships.

Course & Length of Treatment

Treatment varies from one individual to another. For most people, psychotherapy is characterized by slow hard work. Changing styles of relating and disruptive patterns of behavior that have developed over years requires patience and purposeful engagement in the therapeutic process. My approach is Client-centered with particular focus on the 'here and now'. Relational difficulties in the Client's life will manifest themselves in the therapeutic relationship--providing opportunities to both identify this phenomenon and to create new patterns of relating. You determine, in large part, the length, pace and depth of therapy. It is mutually beneficial to agree upon what you wish to work on and how long that may take. This could mean months or years. Typically, psychotherapy involves an assessment, treatment and termination phase.

Assessment Phase-Conducting an evaluation and formulating a treatment plan in order to meet your treatment goals can involve 1-4 sessions.

Treatment Phase-Length of therapy varies depending upon individual needs, severity of problems and financial limitations. This phase is measured in months or years. Longer term treatment is often most beneficial.

Termination Phase-Ending therapy well is an important part of the therapeutic process. Mutually agreed upon termination will occur when the Client has realized maximum benefit from it or has obtained what the Client was seeking when entering into it. Ideally, a good termination involves a few sessions addressing the issues surrounding termination (which may include some regression), a summary of progress, and an ongoing self-care plan to promote strong mental health and balance. If you choose to end sooner than mutually agreed upon, I ask that we meet one more time to discuss your decision. Under such circumstances, the fee for this session would be negotiable. In summary,

- You help determine the course & length of treatment
- You have a right to discontinue treatment at any time
- You can refuse any particular part of a proposed treatment

Responsibility (Therapist's duties/Client's Responsibilities)

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Therapist Duties:

- *To offer caring growth-oriented psychotherapy
- *To practice professional standards of privacy policies & procedures
- *To maintain the privacy of PHI (Protected Health Information)
- *To provide you with a notice of my legal duties & privacy practices
- *To notify you in person, by mail, or by e-mail of any changes/revisions to my privacy policies & procedures
- *To practice Informed Consent
- *To notify Client regarding schedule changes and interruptions in therapy

Client Responsibilities:

- *Pursuit of treatment
- *Informed Consent (Signature acknowledges that you have read and agree to beginning therapy with Robin Crosby)
- *Active participation in scheduled therapy sessions (which includes being responsible to hold and speak your experience here)
- *Payments (full payment is due at each session)
- *Cancellation Policy

Cancellation Policy:

Please notify me at least 2 business days in advance. If you are unable to meet this requirement, you will still be responsible to pay the full fee for the missed session (except in cases of unavoidable circumstances or medical emergencies).

I am committed to professional and ethical standards in accordance with Washington State Statute #246-810-030. If you believe that I am being unethical, irresponsible or unprofessional, you may contact:

Mark C. Michael, Ph.D., CGP (Supervisor pre-licensure/Consultant to present)
206.324.8285
Kathleen M. Myhre, MSW, LICSW (Supervisor pre-licensure) 425.308.7330
Department of Health Counselors Program in Olympia at 360.236.4902

Professional Fees & Payment

I accept cash, check, debit/credit and (Square w/fee) for my counseling services. By choice, I am not on any insurance panels. If you are able to receive reimbursement for fees paid to a Licensed Mental Health Counselor, MA, LMHC, it is your responsibility to process this claim. My Standard Fees Schedule are:

Individual/Couple	\$160. (per individual 50-minute session)
Individual/Couple	\$250. (per 80-minute session)
Individual/Couple	\$320. (per 110-minute session)
Family	\$320. (per 110-minute session)
Group Therapy	\$ 55. (per person/per 90-minute session)
Couple's Group	\$ 85. (per couple/per 90-minute session)

I ask that you pay in full at each session. If my attendance is needed (for meetings and conferences) at any location other than my office, my individual hourly rate applies to travel expenses as well as time involved in waiting and participating. Additional professional services may include: report writing, consulting with other professionals (at your request), preparation of records or treatment summaries, and legal involvement.

I will NOT participate in court for either party of a couple in a divorce or custody dispute. My "client" is the couple, and I will remain legally impartial towards either party, in such a case.

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For brief phone calls, regarding scheduling/canceling appointments, there is no additional charge. Treatment-related phone calls (beyond 5 minutes) will be charged in 15-minute increments, unless otherwise arranged between Client and Therapist.

Vacation Policy

During the process of counseling I understand that life will come up and vacations are a necessary portion of healthy living. I will do my best to accommodate your travel schedule by re-scheduling you, as best as I can. With at least 2- business days notice, there will be no charge for rescheduling these appointments.

In the spirit of quid pro quo, I am requesting your flexibility and understanding when circumstances sometimes necessitate my need for rescheduling. If my professional activities requires me to reschedule, I sincerely appreciate clients willingness to do so.

Confidentiality

I adhere to the highest ethical standards of practice and confidentiality. I keep a record of the mental health care services provided to you. You may request to review the record and you may request a copy of your official record. Should you request that treatment records about you not be kept, state regulations require a written request that records not be kept, a signed disclosure form, name and date of service, and a record of fees for service.

I will not disclose your record to others unless you authorize me to do so or the law authorizes or compels me to do so. The limits on confidentiality are:

The law requires disclosure of information pertaining to:

- 1)Known or suspected past or present child, dependent adult and elder abuse, and inability to care for one's basic needs for food, clothing or shelter
- 2)Information that leads me to believe you might potentially harm yourself
- 3)Information that leads me to suspect you might potentially harm another
- 4)Abuse by another provider

The law allows disclosure of information without the client's authorization to:

- 1)Public health authorities*
 - 2)Audit and quality assurance
 - 3)Peer reviews
 - 4)Administrative, legal, financial or actuarial services to the health care provider*
- (* indicates occasions where identifying information may be required)

In family, couple or child & adolescent therapy, information disclosed during individual sessions is confidential from other family members. This includes information shared by a child except in the situations noted above. If there is information shared by a child that is vital to the parent/child relationship, I will encourage the child to share this information with the parent or other family members. With couples therapy, I will encourage disclosure of significant information between parties, within the therapeutic setting, except in cases where disclosure may put someone at risk for harm.

Informed Consent for Treatment

Informed Consent involves a process of reaching an agreement to work collaboratively on behalf of the Client(s). This process begins with the Client reading and understanding the therapist's disclosure (Psychotherapy Agreement) and signing the Informed Consent for Treatment.

Do not sign this form until you:

- 1) Read & Understand the Psychotherapy Agreement (Note: Cancellation & Termination Policy)
- 2) Ask any questions you may have
- 4) Receive a copy of the HIPPA Notice of Privacy Practices
- 5) Agree to begin treatment with Robyn Renee

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED A COPY OF THE HIPPA NOTICE OF PRIVACY PRACTICES.

Signature of Client	Print Name	Date
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Signature of Client	Print Name	Date
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Robyn Renee ² , MA, LMHC, CIIP	Date
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Office Locations:

Everett - 2320 Rucker Ave, Suite 205, Everett, WA 98201
Seattle - 1417 NW 54th St, Suite 355, Seattle, WA 98107