

Karen S. Keeton. LMHC LLC
4423 S. 3rd Avenue
Everett, WA 98203
425-210-4311

Information for clients

Welcome to my practice. This information sheet answers some question clients often ask about my therapy practice. Please take a few minutes to read it and feel free to ask any questions you may have. You are welcome to have a copy to take with you if you like.

Your rights as a psychotherapy client:

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

- **Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with with special safeguards to insure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately. If you are between the ages of 16 and 18 and you tell me that you are having sex with someone more than five years old than you, or sex with a teacher or

a coach, I must also report this to CPS, even though at age 16 you have the right to consent to sex with someone no more than five years older than you. I would inform you before I took this action.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the WA Dept. of Health. I would inform you before taking this step. If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.

5. If you are filing a complaint or are a plaintiff in a lawsuit where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. In spite of that, I will not release information without your signed consent or a court order.

Other Limits to Confidentiality: For both clinical and administrative purposes, other providers who share my office and administrative staff may have information about you. I may also have contracts with professionals such as accountants, billing contractors, computer technicians, attorneys or insurance providers who are focused on carrying out business relating to my practice. In this case, these individuals or entities will be asked to complete a nondisclosure form and will be legally bound to maintain your privacy.

Please note that if you request written release of your personal information, I have no control over how that information is controlled or distributed.

In some cases it may be useful to your therapy for me to discuss your situation with other mental health professionals as part of providing the best service to you. In this consultation, I will not disclose your name or other personal information that might identify you. Those consultants are also bound by the limits of confidentiality explained in this notice. Any such consultation will be noted in your clinical record.

- **Record-keeping**

I normally keep very brief records, noting only that you have been here, what we did in the session, and a few words describing the topics we have discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to request a copy of your file a, but you will be expected to pay an administrative fee for record reproduction. If you request a copy of your records and I believe disclosure of the information contained therein would be harmful to you, I have the right to remove the information from your record prior to releasing the record to you. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I will maintain your records in a secure location that cannot be accessed by anyone else, and will maintain records for 5 years after therapy sessions have ended.

- **Diagnosis**

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a

diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-V; I have a copy in my office and will be glad to review information that it contains with you so you can learn more about what it says about your diagnosis.

- **Other Rights**

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

My Training and Approach to Therapy

I earned a Master of Arts degree in Mental Health Counseling in 1995 at Rollins College, in Winter Park, Florida. I am a licensed mental health counselor in Washington State (LH00003860) and am a member of the National Board for Certified Counselors (#39742). I have been employed as a therapist in an outpatient mental health clinic providing services to adults and couples. I have worked for several nonprofit organizations providing in home family therapy, individual outpatient therapy, and worked as a therapist in a residential treatment facility. I have developed and facilitated therapeutic groups whose goals were to improve interpersonal and problem solving skills, and to encourage personal growth. Areas of special interest include women's issues, relationship issues, addiction and recovery, and family of origin work.

My approach is eclectic, which means I am influenced by different theoretical principles, primarily psychodynamic, attachment and cognitive behavioral theories. Psychodynamic and attachment theories focus on examining a person's past experiences (e.g. relationships with primary caregivers, childhood events, family dynamics, traumas, etc.) and how these experiences impact current patterns of behavior and relationships. Cognitive behavioral theory proposes that thoughts can influence and affect our feelings and behaviors. I believe that understanding how these factors influence or contribute to current problems is an important step in removing barriers that interfere with a person's ability to move forward and grow.

I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal keeping, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems. I may suggest that you get involved in a therapy or support group as part of your work with me. You have a right to refuse anything that I suggest without being penalized in any way. I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist. If I encounter you in public I will not acknowledge you to maintain your confidentiality. I will not accept requests to connect online via any social media. This contact compromises my ability to maintain your confidentiality. Also understand that if you choose to contact me via email, I cannot guarantee the privacy of these communications. I will not respond to text messages as I cannot guarantee the privacy of these communications. I ask that you call me if you need to communicate with me between our scheduled sessions.

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful. You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we

will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, any of my staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for vacations or to attend professional meetings. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief phone conversations between session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 6 pm on weekdays or over the weekend), please call the VOA Care Crisis Line at 1-800-584-3578. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

- You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hour notice, you must pay for that session at our next regularly scheduled meeting. I cannot bill these sessions to your insurance. Please understand that I reserve your session time for you indefinitely, and am often unable to fill the cancelled session time. Also, I find you will make more progress if we meet on a regular basis, because this provides for some continuity, and generally makes therapy a more effective process. If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make the space available to another individual.
- You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for an intake appointment is _____ and for an individual 60 minute session is _____. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes' worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week I will bill you on a prorated basis for that time. Occasionally I must raise my fees to cover increased expenses. If a fee raise is approaching I will remind you of this well in advance.
- **If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must pay any co-payment at the beginning of each session. You must arrange for any pre-authorizations necessary. You must provide me with your complete insurance identification information, and the complete address of the insurance company. If a check is mailed to you to cover your balance due, you are responsible for paying me that amount at the time of our next appointment. If the insurance over-pays me, I will credit it to your account or refund it to you if you would prefer that. If your insurance company denies coverage, you are responsible for any unpaid balance owed.**

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling

to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Dept. of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia WA 98504.

Client Consent to Psychotherapy

I _____ (print name) have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the intake fee of _____ , and the hourly per session rate of _____. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Karen S. Keeton, LMHC, LLC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Karen S. Keeton. I am over the age of 18.

Client (signed)_____ Date:_____

Therapist (signed)_____ Date:_____