



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

In accordance with the Washington Administrative Code and the revised Code of Washington, the following Client Disclosure Information is provided for the client and must be signed by both the client(s) and counselor. The client's signature indicates that she/he has read and understands the information.

### **Introduction**

I am a licensed mental health counselor (#LH60330781), and I am nationally certified as a sex therapist through the American Association of Sexuality Educators, Counselors and Therapists (AASECT). I earned my Masters of Arts in Psychology from LIOS Graduate College of Saybrook University. My practice includes work with couples, families and individuals of all ages.

My business operates as a limited liability company – Jessa Zimmerman, MA, PLLC.

*I use audio recording in my practice in order to improve my work as a therapist. I review recordings myself and very occasionally share a partial transcript (with all identifying information removed) in supervision about a case. I keep only 1-2 session recordings at a time all are kept in a password protected folder on my password protected computer.*

### **Counseling Approach**

My approach to psychotherapy is systemic; I view people and their behavior within the larger context of their families and cultures. I will consider the impact of your relationships, past and present, on the issues you face, and I will consider the well being of the others in your life as we work together.

#### *What you can expect:*

I will treat you with respect. I will hold you capable, believing that your strengths are up to the challenge of addressing your relationship problems. It would be a disservice to you for me to water down therapy to meet your limitations.

I will always seek to reach the best parts of you, and I will challenge those parts to come forward. I will expect you to grow in your ability to honestly look at your darker motivations and to confront yourself about them. Only the best part of us can talk about the worst parts; the worst parts will always pretend they are not there.

In couples counseling, the relationship itself is not my client. I will not do whatever it takes to keep you together. I work with two individuals, each of whose best interests are my concern. While I believe that most people will benefit from staying in their relationship and working through gridlock toward previously unimagined intimacy, I am not afraid to walk with people right to the brink of separation. Often, this journey to the edge is transformative and is, in itself, the solution.

As a rule, I do not work individually with clients if they see me for couple therapy. This policy maintains the balanced relationship with both people. It also serves to prevent me from having any information that has not been shared with the absent partner. Please only come to a couple session alone if it has pre-authorized.

I will fiercely protect your privacy. Confidentiality is always important in therapy, and I take this obligation very seriously. The fact that you are a client and the details of your situation are completely confidential except for very specific exceptions outlined in my disclosure statement. To further protect your privacy, I will not acknowledge you unless you acknowledge me first if I see you in a public setting.

If you have needs beyond those which I can treat with my training and experience, I will let you know and will make an appropriate referral.

#### *Emergencies*

I do not provide after-hours availability. If you are in crisis, you should go the emergency room or call the crisis clinic at 206-461-3222.

#### *My Training:*

I graduated with a Master of Arts Degree in Psychology with an emphasis in Systems Counseling from LIOS Graduate College of Saybrook University, and I earned a Certificate in Sex Therapy from the University of Michigan. I completed an intensive externship in Emotionally Focused Couples Therapy (EFT) as well as 5 days of clinical workshop in the Crucible® Intimacy and Desire approach. I have training in and use a blend of a variety of models in my work with clients, including:

- Sex Therapy, a rigorous training that helps individuals and couples with issues of sexual dysfunction, sexual addiction and sexual abuse.
- Crucible® Couples Therapy, an approach that views emotional gridlock as inevitable in long term relationships. It then transforms this impasse into an opportunity for the growth of both individuals, increasing their capacity for a much stronger and more intimate partnership.
- EFT, a research backed approach that digs below the surface to find the underlying needs that are not being met and shift the negative patterns that keep people stuck.
- Bowenian Therapy, an approach that strengthens our own self in relation to our families and important others. It is an approach that builds our ability to self-soothe and self-confront, allowing for an increased ability to participate in fulfilling relationships.

### **Social Media and the Internet**

I keep a business Facebook Page, a Google + profile and a LinkedIn profile (and possibly more, over time) to share my blog posts, practice updates and other information about my business. I do not recommend that you, as a client, connect with me through social media because it creates a greater likelihood of compromised client confidentiality. That being said, I accept all requests and do not take responsibility for filtering requests made by clients. If you elect to “friend”, “like”, “follow”, or otherwise connect with me through the internet or social media, you acknowledge that this potential compromise is made by your own consent.

You may find my psychology practice on business review sites like Yelp, Healthgrades, Yahoo Local, etc. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my clients. Of course, you have the right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If you have concerns about therapy with me, we should discuss them.

### **Communication with me**

When you need to contact me, the best method is to call me at 206-919-9488. I answer messages as promptly as I can, typically within 24 hours unless it is the weekend or holiday. My voicemail is secure, and it is a place to leave detailed messages, including scheduling changes. Communication via email and text message is not secure. If you choose to communicate by email or text, I request that you limit that communication to scheduling issues only.

### **Fees and Payment**

Fees for services are listed on the separate fee agreement form. I do maintain a limited number of appointments at a reduced “financial hardship” rate. Please see the hardship fee agreement for details.

I recommend an 80 minute session for work with couples and families.

I stop sessions on time even if we are in the middle of something. This allows me to keep on schedule for all of my clients.

I accept checks, credit cards and cash in the exact amount due.

Payment is due at the beginning of each session unless different arrangements have been made so that we can use the full session hour for counseling. Sessions include: telephone calls, consults, requested reports and consultations with other professionals. These will be charged on a prorated basis. Time spent in any way on legal proceedings is billed at two hundred fifty dollars (\$250) per hour.

### **Appointments and Cancellations**

If you miss a scheduled session with less than **forty-eight hour notice** or if you arrive at a couple’s session without your partner without prior arrangement, you will be charged for that session unless we can schedule that appointment within the same week. This does not include weekends. Exceptions may be made, at my discretion, for emergencies. Appointment reminders are sent as a courtesy; it is still your duty to keep track of your appointments. Failure to receive a reminder is not grounds for not keeping an appointment.

## **Confidentiality**

Conversation between you and me will not be disclosed without written permission.

The following situations are exceptions to your right of confidentiality:

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.

If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.

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, a state agency.

If you are currently in litigation, or become involved in litigation during the treatment process 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.

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 individual session, information shared with me in that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together. Your signature on this document constitutes a release to this kind of disclosure.

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. If this concerns you, please bring it up the next time we meet together.

In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, your attorney, etc. In such cases, I will seek your written permission for this exchange of information.

I do consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues or with other professionals. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contracted with me for services and I will thank them for the referral. I will not discuss your situation with them unless I have your written permission.

There are three people who would have access to my client contacts (in the event of illness or injury) and my client records (in the event of my incapacitation or death). Those people are Kevin Makela, Eric Candell and Corrina Skildum.

Please review my *Notice of Privacy Practices* for the most current legal description of private healthcare information and exceptions and exclusions per HIPAA regulations. I request that you do not subpoena me, or my records, in any family court action.

## **In Case of Incapacitation**

I have a professional will and have planned for the continuation and/or disposition of my professional practice, the handling of my client records, and the continuity of care for my clients. My professional executor is Eric Candell (206-774-1730). In the event that he is unable or unwilling to serve as my executor, then the alternate professional executor would be Corrina Skildum (206-450-3741).

## **Client Records**

I keep record of the health care services I provide. You may ask to see and copy that record. You may ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it by request. There will be a fee for the copying of the clinical file.

I ascribe and adhere to the Code of Ethics of the American Psychological Association, the American Association of Sexuality Educators, Counselors and Therapists and the American Association for Marriage and Family Therapy.

**Quality of Service**

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 you feel that this does not resolve the issue, you may contact the following agency:

The Department of Health  
Examining Board of Psychology  
P. O. Box 47869  
Olympia, WA 98504-7869  
360/236-4700

**Client Consent to Treatment**

I have read or have had satisfactorily explained to me Jessa Zimmerman’s Disclosure of Information, Policies, and Client Agreement and understand it. I have asked any questions that I had about this statement, and about statements regarding fees and payment policies. (For clients under the age of 13, consent must be given and this form must be signed by a parent or legal guardian.) 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 Jessa Zimmerman and understand that I have the right to terminate counseling at any time. My signature below indicates that I have received a copy of this agreement.

\_\_\_\_\_  
Client Signature                      Date                      Jessa Zimmerman, MA                      Date

\_\_\_\_\_  
Client Signature                      Date

\_\_\_ Check here to indicate that you have received a copy of my *Notice of Privacy Practices*.