

Leslie Johannes, MEd, LMFT, CST-T
Personal, Relationship and Sandplay Therapy
1715 - 114th Ave. SE, Suite 210, Bellefield Office Park, Bellevue, WA 98004
www.lesliejohannes.com 425-452-9767 leslie@lesliejohannes.com

CLIENT-THERAPIST AGREEMENT

Client Rights and Responsibilities

Psychotherapy provides a safe environment in which a person may clarify issues, identify thinking and feelings associated with issues of concern, which may increase insight, awareness and understanding of oneself and the relationships in which you are engaged. It is understood that therapy in my practice is a choice you've made among available options to address your concerns.

You have the right to choose a therapist who best suits your needs and purposes. You have the right to be treated with positive regard and respect. You have the right to privacy. You have the right, as well as the responsibility, to ask questions about your therapy and to participate in developing the goals of your work in therapy. It is important to your therapeutic work, and what that may advance in your life, that any preferences, concerns or issues that arise regarding your therapy be brought into the therapeutic conversation with your therapist to optimize the benefit to you.

Your personal growth and the rate at which you make the desired changes in your life are your responsibility. It is important to understand that participation in therapy is not an assurance that desired outcomes will be realized and that there may be risks as well as benefits. Since therapy often involves a focus on unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, anger, guilt, loneliness, embarrassment, helplessness, etc. which may, paradoxically, lead to the development of skills and abilities that contain and help reduce intense feelings of emotional distress.

While you maintain the right to terminate your therapy at any time, it is understood that premature termination may result in the return or worsening of the symptoms and concerns for which you sought therapy. Termination is a process and works to your benefit when you engage with your therapist regarding thoughts of concluding your work. You are welcome to request referrals when moving on.

Therapist Responsibilities

It is my responsibility to provide a safe and confidential setting for you to explore and expand your understandings of your life and relationships. It is also my responsibility to provide you with service that is professional and respectful of you, including your values, beliefs, life experiences and relationships. You will find that as a part of the therapeutic process your beliefs, perceptions and behaviors may be challenged as a matter of course. You may refer to the PDF "What to Expect from your Licensed Professional" <http://www.doh.wa.gov/Portals/1/Documents/Pubs/670125.pdf>, which will make clear the Washington State guidelines regarding therapist responsibilities and conduct.

Confidentiality

Therapeutic conversations are confidential and will be disclosed only with your written consent, except for confidential consultation with other clinicians. **Disclosures required or permitted by law** include, but are not limited to: **1) court ordered** information, records or testimony; **2) mandatory reporting** of suspected **abuse, neglect or exploitation of any person**, whether child, adult, disabled, elderly, dependent or able bodied; **3) threat of serious bodily injury or threat to any person's life.**

Other exceptions to confidentiality occur when you choose to **a) use a cell phone or email** to communicate with your therapist (including that if you have caller ID, my name may appear on the screen of your device), **b) use checks or credit cards** for payment, as bank employees will be able to view the names of my clients who pay by check, or **c) use reimbursement systems** provided by your **insurance** company. Since insurance companies routinely require disclosure of a diagnosis, dates and types of service for reimbursement and may conduct an audit of a client's record, complete confidentiality cannot be assured when you choose to use insurance benefits.

Records

I keep written records of our sessions. You may request, in writing, that information about your therapy be shared with another professional. I will not disclose your record to others unless you direct me to do so or the law authorizes or compels me to do so.

NOTE: If you are planning to participate in individual, family, or couples therapy, it is important to note that **any participant in individual or conjoint therapy, or legal guardian of a child engaged in individual or family therapy may decide to request records or have records subpoenaed for court actions. Such legal scrutiny runs counter to the therapeutic process and is seriously advised against by this therapist.**

Appointments

Therapy services are by appointment only. You may schedule a 45, 60 or 80 minute session. The fee for the initial meeting will be charged at the 60 minute rate. Non-covered Services that go beyond the 45 or 60 minute hour must be paid for privately. It is important to conclude sessions in a timely manner, even when material remains to be addressed. You may leave messages for me anytime, day or night. I pick up messages regularly and your call will be returned at the earliest opportunity or if left after hours, on the next business day. In the event of an emergency, you are advised to call either 911 or the Crisis Line at 206-461-3222 for immediate assistance.

PLEASE NOTE: In the case of couple therapy, it is important that sessions include both partners, unless an alternate plan has been jointly agreed upon or established by the therapist. I reserve the right to cancel the session if either partner does not attend as planned, in which case the full fee will be charged.

Fee Agreement

- I understand that my fee for therapy is \$65 for group therapy, \$130 for a 45-50 minute session, \$150 for a 60 minute session, or \$180 for a 80 minute individual or joint session. I agree to pay the fee or designated co-payment in full at each session.
- I agree to give 24 hours' notice when canceling an appointment and understand that in the absence of this notice, I will be charged the full fee. Missed sessions aren't covered by insurance.
- I understand that brief telephone calls, up to 10 minutes, are not billed; however, telephone conversations or email exchanges taking longer than 10 minutes will be billed at the hourly rate. Email shall be used solely for establishing contact and arranging appointments, not for therapy. Email is not a completely confidential mode of communication and will be used sparingly.
- I understand that I am responsible for paying the full fee, even if I have insurance that I am relying on to cover therapy sessions. I agree to pay in a timely manner any amounts not paid by insurance.
- I understand that I may request submission of a claim for insurance reimbursement in the event that my therapist is an out-of-network provider with my insurance carrier. I agree to pay the full fee at the time of my session and accept insurance reimbursement coming directly to me.

My signature indicates: **1)** my agreement to the terms described in this document; **2)** my permission for my therapist, Leslie Johannes, to claim reimbursement from my insurance company for services rendered; **3)** I have reviewed my therapist's "Disclosure Statement" and "Notice of Privacy Practices" and also indicates **4)** I know that I can access and review "Unprofessional Conduct" online at – <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.180>.

Client Signature

Date

Client partner or spouse Signature (for couples therapy)

Date

Parent Signature (parent with medical decision-making rights)

Date

Leslie Johannes, MEd, LMFT, CST-T

Date