

Ted Greenblatt LMHC, MA, M.Ed, MHP
(206) 774-9770
Mental Health Counselor License # LH 60195283

1915 25th Ave South
Unit A
Seattle, WA 98144

Office Policies, Client Information, and Disclosure Statement

This is information that many clients find useful as we work together. The State of Washington requires that psychologists provide clients with Client Disclosure Information, which clarifies the rights and responsibilities we share.

Appointments: Appointments are scheduled with me. Sessions are 50 minutes in length. If you arrive late, it is usually not possible to extend the session. If you find it necessary to cancel our appointment, please notify me as far in advance as possible. If you cancel with less than 48 hours notice, you owe the full fee for that session.

Fees and Payment Policies

- ☐ My fee for Psychotherapy is \$160 per 50-Minute Session.
- ☐ Outside services including phone calls of 10 minutes or more, letter writing and reading or writing of evaluations are also billed at my hourly rate.
- ☐ I offer a limited number of sliding scale spots.
- ☐ Payment is due at the end of each session. I accept cash or personal check.

Confidentiality:

In general, information about your treatment is confidential and privileged, and cannot be shared without your written permission. There are three mandatory exceptions, as stipulated in Washington law,

1. If your therapist believes there is a danger that you will do harm to yourself or someone else;
2. If there is evidence of child, disabled adult, or elder abuse, neglect, or molestation; and
3. When directed by a court if you are involved in civil litigation or criminal prosecution.

For the benefit of my clients and my professional growth, I consult with professionals including practitioners who are trained in clinical supervision. Should I discuss your circumstances with these professionals, I will not disclose your identity.

Emergencies:

In case of an emergency during non-office hours or when I cannot be reached at the number above, please call the **CRISIS CLINIC** at **206-461-3222**, the **ALCOHOL/DRUG HELP LINE** at **206-722-3700** or **Police/Fire at 911**. I will make every attempt to be available to you in a crisis, as I check my messages daily, however, I cannot always be reached immediately.

Background Information:

I received my Master's degree in Mental Health Counseling from Seattle University and hold a Mental Health Counselor License – Credential Number LH 60195283 which allows me to practice in Washington State. In my practice, I work with individual adults, couples, children and families. My specialties include childhood trauma, anxiety disorders, depression, relationship issues, parenting, and overcoming feelings of isolation and directionlessness.

My Theoretical Approach:

I believe that there is greatness in each of us and that everyone has the capacity to overcome obstacles. My job as a therapist is to see the best in others and to support, encourage and challenge them to identify and create the change they need or want. Because I recognize that every person is innately different and brings a variety of different strengths and challenges, I use techniques from many additional theoretical orientations to treat each individual holistically as well as uniquely. I believe that amazing growth, change, and acceptance of oneself can occur with the assistance of a genuine, caring, and empathetic therapist.

Client Responsibility

In the beginning of therapy, we will work collaboratively to formulate goals specific to your therapeutic needs. I will periodically ask you to assess the effectiveness of treatment as well as evaluate your goals. Changes in treatment and goals will occur as necessary to provide the best therapeutic interventions possible for you. Typically, there are emotional risks involved in seeking treatment. While I cannot guarantee it, the benefits of seeking therapy typically outweigh the risks. You have the right to decline participation in therapy at any time. If you have any further questions about the benefits and risks of therapy, I would be happy to discuss them with you.

Termination of Therapy

Therapy is a joint effort between the two of us. In order for it to work, we have to keep the lines of communication open. I ask that you come and talk to me about any concerns you have at any time during our work together. In return, I will do the same. This openness is particularly important if a conflict emerges between us or if one of us begins to consider ending the counseling process. While it is your decision when to end

counseling, I ask that you come in and talk about that decision with me and allow for appropriate closure to recognize the work that we have done together.

Complaints:

If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access online forms and information at www.doh.wa.gov/hsqa.

Record Keeping:

By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification. Please check the box, initial and date below if you would like to request that no records be kept of our sessions beyond basic identification:

☐ Please do not keep records of my sessions beyond basic identification.

INITIAL: _____ DATE: _____

The effective date of this Notice is February 4, 2015.

Your Agreement:

I have read the above information and disclosure statement and have had an opportunity to clarify my concerns and questions with Ted Greenblatt. I understand and agree to all of the policies and procedures.

Client Signature (or parent or guardian if minor)

Date

Client Name (print)

MEDICAL BENEFITS

I authorize payment of medical benefits to Ted Greenblatt for services rendered.

Client Signature (or parent or guardian if minor)

HIPAA ACKNOWLEDGMENT

I hereby acknowledge receiving a copy of Ted Greenblatt's Notice of Privacy, a separate document.

Client Signature (or parent or guardian if minor)