

As a client in psychotherapy, you have certain rights that are important for you to know. There are also certain legal limitations to those rights that you should be aware of. Following is an explanation of my approach to therapy, office policies, and the rights and responsibilities held by you as a psychotherapy client, and by me as your therapist.

## Therapist Training, Practice, and Approach to Therapy

I have a Ph.D. in Psychology from the University of Washington and am a licensed psychologist in the State of Washington (License #PY60084158). “Licensure” means that I have passed a national written examination given by the Washington State Examining Board of Psychology.

I am an independent practitioner and am solely responsible for the services provided. I am not responsible or liable for the practices of any other practitioner in this office, nor are they responsible or liable for my practices.

Individual Therapy: As a general practitioner, I see people with a wide range of concerns. My therapeutic orientation is integrative, meaning I pull from multiple theories for the best fit in addressing various issues with each client. In therapy with individual clients, I often work from an interpersonal theory framework, addressing the here-and-now interactions during our work together. I utilize object-relations theory in order to understand how past experiences and attachments may contribute to current issues. I also use techniques from cognitive behavioral therapy (addressing distorted thoughts and behavior), gestalt therapy (experiential techniques), and solution-focused therapy to address more short-termed concerns.

Couples Therapy: In couples work I incorporate relationship assessment tools from Dr. John Gottman’s marital model, and techniques from cognitive-behavioral therapy, solution-focused therapy, and emotion-focused therapy (EFT) My goal is to help rebuild friendship, trust, stability, and support between partners.

I see therapy as a collaborative process in which we will work together to come to understandings and resolutions that best suit you and your goals. I aim to provide an environment that is caring, honest, and supportive. We will work together to help you develop insights about yourself, your relationships, and develop ideas for exploring change.

Couples Communication Check-ups: The couples check-ups should be considered a two-session relationship assessment. In the first session we will discuss the history of your relationship and you and your partner will participate in a brief conversation on videotape. In the second session, we will review my feedback based on an analysis of your information from the first session combined with findings from research on marital communication. The feedback will help you identify the areas of your communication that will best support continued positive communication in your relationship. We will also discuss any patterns that could potentially be harmful in the long-run.

## My Responsibilities to You as Your Therapist

### Confidentiality

You have the right to total privacy *except as explained below* (see also “Notice of Privacy Practices” form). This confidentiality is extremely important to our work together. When it is possible we will discuss any exceptions to confidentiality as they arise. There are some situations in which I am permitted or legally required to disclose information without either your consent or Authorization, these include:

- **Abuse:** If I have reasonable suspicion that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency. For clients under the age of 18 this means reporting ANY abuse event that is revealed to me in the course of our work together.
- **Vulnerable Adult:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency.

- **Imminent Danger:** If I have reason to believe that you or someone else is in imminent danger, I may be required to take protective actions, including notifying potential victims, contacting the police, seeking hospitalization for you, or contacting family members or others who can help provide for your protection.
- **Unprofessional Conduct:** If you bring complaints or charges against me, I may disclose information in my defense. Also I must report any knowledge of unprofessional conduct by another licensed provider.
- **Legal Proceedings:** If I have been presented with a properly served subpoena and I have not been informed by you that you are seeking a protective order from my compliance, then I must disclose information.

Please note that **the confidentiality of both email and cell phone communication is not secure**, and therefore I try to avoid both modes as much as possible when communicating with you about your treatment. I will on occasion use email (with your permission) to discuss appointment scheduling only.

The following are not legal exceptions to your confidentiality. However, they are policies you should be aware of if you are in couples or group therapy with me:

- **If you are in couples therapy** with me and you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can be discussed in our joint sessions. I will remind you of this policy before beginning such individual sessions.
- **If you are in group therapy**, I would ask that you agree to respect the privacy of all group members. This includes holding private the names of all group members as well as issues discussed that might identify any member of the group.

### **Consultation**

The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals. Should I obtain consultation regarding aspects of your treatment, I will omit identifying information (including your name, place of employment, etc.) so that your confidentiality will be preserved to the best of my ability. These other professionals are also legally bound to keep any information discussed confidential.

### **Your Rights and Responsibilities as a Therapy Client**

#### **Appointments and Cancellations**

You are responsible for coming to your sessions on time. 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 24 hours' notice, you will be responsible for paying for that session at our next regularly scheduled meeting. I cannot bill these sessions to your insurance. The exceptions to this rule are illness, emergencies and certain conditions that can't be predicted (e.g., icy roads). I will discuss with you the reasons for not making our scheduled appointments. I have the right to discontinue treatment after three no-show appointments.

#### **Emergencies**

In the event of any emergency or urgent situation you may call my voice mail (206) 612-1390. Leaving a message is usually the only way to reach me. In the event of an emergency, be sure to indicate this in your message. During non-business hours (evenings and weekends), I check messages infrequently. If you need assistance before I return your call, phone the King County Crisis Clinic at 206-461-3222 or 1-800-244-5767, or call 911, or go to the Emergency Room of the nearest hospital.

**Fees and Payments**

You are responsible for paying for your session at the time of service. My fees are as follows:

Individual Therapy (55 minutes):	\$ 140 / session
Couples Therapy (80 minutes)	\$ 165 /session
Group therapy:	\$ 60 / person
Couples Communication Check-ups	\$350 2-session package

For phone calls of over 10 minutes (after our first session), I will bill you on a prorated basis for time talking on the phone. Insurance companies do not reimburse for such calls, and the client is responsible.

You are responsible for your account and are expected to pay for all services you receive. Accounts overdue 90 days or more may be turned over to a collection agency or to an attorney, with the addition of collection expenses including a \$50.00 fee, and an interest rate of 1.5% per month. Payments returned from your bank due to non-sufficient funds will be subject to a returned check fee of \$15.00.

**Questions about billing, insurance, etc. may be directed to me at [billing@ambertabares.com](mailto:billing@ambertabares.com).**

**Other Rights**

You have the right to refuse treatment. You have the right to ask questions about anything that happens in therapy. You have the right to change therapists or request referral to someone else if you decide that I'm not the right therapist for you. I may also refer you to another therapist if I feel I do not have the expertise needed to help you.

**Termination of Therapy**

There is no set amount of time for a person to be in therapy. Therapy will continue until goals are met, there is a mutual decision that the work of therapy is complete, or you decide that you wish to stop. You have the right to decide when therapy will end, with the following exceptions:

1. If in my judgment I am not able to help you, either because of the kind of problem you have or because my training and skills are not sufficient, I will inform you of this fact and refer you to another therapist who can meet your needs.
2. Some insurance companies set limits on the number of sessions for which they will reimburse. If you do not know the limits of your coverage, it is a good idea to call to find out that information. This will help us develop a treatment plan with reasonable goals and explore options for what to do when and if your insurance no longer covers you.
3. I reserve the right to terminate therapy and refer patients to appropriate community mental health agencies due to repeated non-payment for services.
4. If you threaten or act in a violent way toward the office, or myself, I reserve the right to terminate treatment immediately. I will do all that I can to work with you to prevent such an episode from occurring.

**Complaints**

If you are unhappy with what's happening in therapy, I hope you will talk with me about it so that I can respond to your concerns. I will take your concerns seriously and address them respectfully. You have the right to discontinue your therapy or ask for a referral to another therapist at any time. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing, 1300 S.E. Quince Street, Mail Stop EY-21, Olympia, WA 98504. The phone number is (360) 236-4700. You can also contact the Ethics Committee of the American Psychological Association, 750 1st St. NE, Washington, DC 20002-4242.

**Client Consent to Psychotherapy**

If you have questions, please feel free to discuss them with me prior to signing this form. Your signature indicates that you have read, understand, and agree to these policies, and accept responsibility for payment of fees in accordance with these terms and conditions.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I authorize Dr. Amber Tabares to provide psychotherapeutic services to me. 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 fee of \$165 for the initial individual session and \$130 per subsequent individual session (unless another fee is agreed upon). I know I can end therapy at any time that I wish and that I can refuse any requests or suggestions made by Dr. Tabares. This authorization constitutes informed consent without exception.

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Client Signature

Date

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Client Printed Name

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Parent/Guardian Signature

Date

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Parent/Guardian Printed Name

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Therapist Signature - Amber Tabares, Ph.D.

Date