

Therapy Disclosure Statement

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Downtown

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Licensed Mental Health Counselor LH 60271332

My Approach:

My approach is a blend of systemic, humanistic, and mindfulness modalities. The systemic element of my approach means that I will always consider the impact of your relationships, past and present, on your current experiences. By understanding the roles you play in your relational life, I believe that you can start to see the ways in which you co-create your problems and you can take action to change them. I also emphasize the importance of addressing attachment needs, compassionate communication, and attunement in creating satisfying and nurturing relationships. The humanistic part of my approach means that I believe there is wisdom behind all your actions, even those that hinder you. I will focus on helping you uncover that wisdom so that it can serve and support you. Finally, my emphasis on mindfulness means that we will often use what you are thinking and feeling in the present moment as an opportunity for healing, exploration, and experimentation.

Education and Training:

I received a MFA from UW and a Master's degree in Systems Counseling through the Leadership Institute of Seattle (LIOS) at Bastyr University. I completed my clinical internship at Valley Counseling, a private practice in Renton. In addition to my private practice, I worked as a case manager/ therapist for four years in community mental health, treating the chronically mentally ill, where I gained experience working with individuals, families, and couples with a wide range of issues as well as conducting groups.

I consider psychotherapy to require a life-long pursuit of learning and I regularly seek out workshops, trainings, literature, and consult groups so that I can provide you with quality service.

Ethics and Professional Standards

Counselor Credentialing Act: I honor all regulations in the Counselor Credentialing Act (18.19 RCW). The purpose of the law is: (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

The Washington State Licensing Department asks that you be informed of the following:

“Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

Client Rights: As a client receiving counseling services in the State of Washington, you have the right to: 1) Choose the counselor and treatment approach that best suits your needs and purposes; 2) have full and complete knowledge of your counselor’s qualifications and training; 3) be fully informed as to the terms under which services will be provided; and 4) refuse treatment.

Confidentiality: As a counseling client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality.

The following are exceptions to your right to confidentiality:

1. 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.
2. If I believe that you may be physically or sexually abusing or neglecting either a minor child or a vulnerable adult, or if you report information to me about the possible abuse of a minor child (under 18 years of age) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking), I am required by law to report this to either Child Protective Services or Adult Protective Services.
3. If information is subpoenaed by a court.
4. If financial funding sources of the services (ie insurance companies) request information for quality assurance purposes.

Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

Supervision and consultation: I consult with colleagues regarding my work to receive feedback and suggestions. This helps me ensure that I provide you with optimal care. During these consultations, neither your last name nor other unique identifying information will be used.

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 7 years unless you request in writing that no records be kept beyond basic identification.

Ultimately, each of us is responsible for our own treatment and change. I cannot guarantee a particular outcome, but I can promise that I will devote my full attention to you during our time together. If you think I am not helping, please discuss this with me. Often times, I am able to adjust my approach to better suit your needs. If appropriate, I can also help you find someone who will better meet your counseling needs.

Fee Information and Cancellation Policy:

Appointments are either **55 minutes** or **80 minutes** long and are billed at the following rates:

First session \$185.00

Individuals, 55 minutes \$150/hr

Lifespan Integration: 80 minutes \$225.00

I have limited sliding scale sessions available, based on gross income:

Annual Gross Income Rate

\$60,000 + \$150/hr

\$40,000 – 59,000 \$125/hr

\$0– 40,000 \$95/hr

My fee of \$_____ is payable at the end of your session. If you must cancel your appointment please contact me by email, voice mail, or text during office hours, at least **24 hours** in advance. If your appointment is on a Monday that means I will need to be notified by Friday. This ensures I can see other clients in the opening and can plan accordingly. You will be responsible for the fee when cancellations are received less than 24 hours in advance. The only exception to this is illness or medical emergencies. I ask that you pay this fee before your next regular appointment.

Contacting Me:

I can be reached by confidential voice mail at (206) 937-5440 or by email at pattinequette@gmail.com I welcome text messages for same day communication regarding our appointment time, such as emergency cancellations, or if you are running late.

I check my messages frequently Monday thru Friday and I will return your call or email as soon as possible. I am not available late evenings or weekends. If you want to talk with me in person, it is best to leave a specific time and number where I can reach you. Please talk to me if you have questions or concerns about these contact arrangements.

I am flexible with regard to phone or email contact for the purpose of introductions, answering brief questions or discussing the scheduling of appointments. I do not usually charge for brief (less than 10 minute) phone conversations. I do charge for extended or multiple phone calls.

E-mail Policy: Please limit the content of your e-mails to me to scheduling information. Please know that despite the use of firewalls and security programs, there is no guarantee of privacy in e-mails or anywhere on the Internet. So before corresponding by e-mail about anything confidential, be aware that our communications could fall into the hands of your spouse, children, boss, family, and anyone in your e-mail address book or mine. Let's plan to discuss all personal information in person, or by telephone.

If you are experiencing an emergency situation, please call 911, or call the Crisis Line at (206) 461-3222, or go to the nearest hospital emergency room.

Understanding and Consent for Participation:

I have received and reviewed the Client Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

Client Signature

Date

Name (Please Print)

Phone

Emergency Contact Name (Please Print)

Emergency Contact Phone

Counselor Signature

Date