Personal Authority Through Self-Care **Selftimeout Services** Personal Ownership Through Self-Care

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WELCOME TO OUR SERVICES (All services are via zoom.com)

www.selftimeout.com - Apply for services. Pay at our PayPal portal. Access many resource links.
www.selftimeout.org - Many functional tools and DIY support ideas. **FREE**

1. PLEASE PROVIDE THE FOLLOWING CLIENT INFORMATION

Name_____ Date Of Birth_____-_____-_____ Age_____

Address_____ City_____ State_____ Zip_____

Mobile_____-_____-_____ Home_____-_____-_____ Email: _____

PARENT or GUARDIAN or YOUNG PERSON or 2nd ADULT

Name_____ Date Of Birth_____-_____-_____ Age_____

Address_____ City_____ State_____ Zip_____

Mobile_____-_____-_____ Home_____-_____-_____ Email _____

2. PAYMENT CHOICES

You now have two Options to pay for your Therapy. Please check (X) your preference.

CHECK	**Option #1: DISCOUNTED* RATES** ***Discounted from old insurance billing rates.** **YOU agree to pay using your usual credit card on or before each day of service at our PayPal portal below our pictures at www.selftimeout.com**	**DISCOUNTED PRIVATE PAY INTAKE SESSION: $100.00**	**DISCOUNTED PRIVATE PAY REGULAR SESSION: $85.00**
CHECK	**Option #2: FURTHER DISCOUNTS** Please call Connie or Chuck if you need to request a further discounted rate. We often do this! **YOU agree to pay using your usual credit card on or before each day of service at our PayPal portal below our pictures at www.selftimeout.com**	**INTAKE SESSION: $_____**	**REGULAR SESSION: $_____**

3. PAYMENT POLICY

When you and I schedule a therapy session we are both making a commitment of our time.

- No-Shows and Late Cancellations (Later than 24 hours prior to scheduled appointment time) for Intake Sessions or Regular Sessions will be charged as a No-Show. Our No-Show or Late Cancellation fee is: $70.00
- **We need you to keep your account current. Pay for each session the day of the session or sooner.**
- **We need you to pay us using our PayPal payment portal using the link under out photos at: www.selftimeout.com**

4. PROFESSIONAL TESTIMONY AND REPORTS

We no longer accept applications in cases with clients involved in divorce, custody disputes, mediations or other legal proceedings. We no longer want to provide reports, documents or testimony for GALs or Courts. If you find yourself involved in such disputes or anticipate being in such a dispute we advise you to seek support from a Licensed Therapist willing to participate. If an established case devolves into such disputes we will advise clients to seek support from other therapists interested in such work.

5. DISCLOSURE STATEMENT

We have agreed to do important work together. We have designed this agreement to establish a safe structure for us and also to conform to Washington State Regulations. This structure, along with established professional ethics, protects our work and helps to make our relationship a safe place for growth and change. Please read the following carefully. If, for any reason, you have difficulty understanding any part of it please ask us or your trusted supports for assistance.

CLIENT RIGHTS:

- You have the right and the responsibility to control your own therapy.
- You have the right to choose a counselor that best suits your needs.
- You have the right to privacy, and information shared during the therapy process will remain confidential unless a signed release is obtained. (See exceptions below.)
- You have the right to ask any questions at any time. We will do our best to be responsive with proper boundaries.

Therapists practicing counseling for a fee must be registered or certified in accordance with the Counselor Credentialing Act with the Department of Health for the protection of the public health and safety. This empowers you with a complaint process against counselors who would commit acts of unprofessional conduct. Licensing of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. If you believe either of us have violated our responsibilities as your therapist, you can contact your local law enforcement agency or the State of Washington Department of Health at (360) 664-9098.

CONFIDENTIALITY:

Under the law, we will disclose confidential information in the following situations:

- When there is reason to suspect the occurrence of child abuse or neglect.
- When there is a clear threat to do serious bodily harm to self or others.
- To a court under court order.
- In the event that you bring charges against me.
- To the office management website, Office Ally, for the purpose of medical record keeping and medical insurance billing. Office Ally has signed a confidentiality statement, which is on file in our office and conforms to HIPPA requirements.
- When necessary to insure best practice, I will seek consultation from other qualified professionals who are also bound by and respect your right to confidentiality.

COUNSELING GOALS:

The goal is **Voluntary** change. We, as Humans, can choose to change the way we talk to ourselves, and then notice that we behave differently. It is possible that you may "feel worse before you feel better." Some experience this as they work at changing.

TREATMENT PROVIDED:

As licensed mental health counselors, we both have Masters degrees and are trained to provide individual, group and family therapy. Between us we have over 50 years of licensed experience in the field. We do not discriminate on the basis of race, sex, age, religion, sexual orientation or physical challenges. Our approach to the therapy process is from a family systems theoretical framework using a variety of interventions including but not limited to Cognitive-Behavioral Therapy (CBT) self-care and parenting skills, Gestalt, Reality Orientation, Play Therapy, Active Listening, Transactional Analysis. We teach CBT based Therapeutic Parenting skills. Duration of treatment is up to the client. Good therapy is non-judgmental and is never about getting anyone to do anything. We invite you to look at your intentions and to reflect on the consequences of your choices, as part of learning and practicing the self care tools.

URGENT OR EMERGENCY SITUATIONS:

EMERGENCY: **911**

CARE CRISIS RESPONSE SERVICES (24 HOUR): **1-800-584-3578**

For help with a Non-Emergent issue you can call your therapist, Connie at: 360-542-6895 or Chuck at: 360-336-3882. We will pick up if we can or return urgent calls as soon as we get the message. Also you can choose to go to our website at http://www.selftimeout.org for helpful reminders with a Five Step Self Time Out and the other tools.

6. PROVIDE SIGNATURES AGREEING TO THE ABOVE AND TO PAY FEES AT THE TIME OF SERVICES.

YOU have received and read this form, and understand it's content and intent and the limits of confidentiality. YOU understand you may not get the results you want and you can stop treatment at any time. YOU understand that by scheduling any session with Connie Bonner-Britt, MA, LMHC or Chuck Britt, MA, LMFT, and signing below YOU am declaring that the above information is complete and accurate. You are agree that you are willing to pay any charges based on the Payment Policy detailed above.

Client or Guardian:_____Date_____-_____-_____

Client or Guardian:_____Date_____-_____-_____

Connie Bonner-Britt, MA, LMHC: Connie Britt

Chuck Britt, MA, LMFT: Chuck Britt

Form Date: 09-07-21