

## **Treatment Agreement**

### **Professional Disclosure and Individual Psychotherapy**

Welcome! This document represents a full disclosure of my experience and approach to psychotherapy. Additionally, it is a service agreement between us and is required by law. I am licensed as an independent clinical social worker by the Washington Department of Health and I am a member of the National Association of Social Workers.

### **Psychological Services**

My approach to treatment incorporates both psychodynamic and energy psychology theories and techniques. My focus in psychotherapy frequently involves how past experiences can impact you in the present. In treatment, we will explore the meanings of your social connections, both past and present, as well as the way your body and mind work together. This helps us to gain insight and promotes your growth as a whole person. We will also look at conscious and unconscious life patterns, thoughts, and feelings that may cause you to feel stuck or feel pain. The theories and techniques I use can be brief or more extended, depending on your needs and goals for therapy.

Psychotherapy varies depending on the personalities of the social worker, client, and the particular issues of concern. Psychotherapy calls for active effort on your part in order to be successful. Psychotherapy has benefits and risks. Since therapy often involves discussing areas of your life where you feel stuck, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to be helpful for people who are willing to work through their challenges. Therapy often leads to better relationships and significant reduction in feelings of distress. However, there are no guarantees of what *you* will experience.

If you have questions about my procedures, we should discuss them when they arise, to determine a resolution. If you believe you could best be helped by another therapist, I encourage you to pursue another direction. After we've addressed your issues, if you have a specific unresolved grievance, you may contact the Department of Health Customer Service Center, (360) 236-4700, 310 Israel Rd SE, Tumwater WA 98501.

## **Education and Experience**

I am a Licensed Independent Clinical Social Worker in the state of Washington. I completed my bachelor's degree at Walla Walla College in 1973. I earned a master's degree in social work from Walla Walla University in 2006. Since then I have worked as a case manager with young offenders in London's East End, provided mental health services at a county jail, worked in behavioral health at a rural medical clinic, taught master's candidates in social work practice, and established a private practice.

## **Appointments, Fees, Payments, Changes and Cancellations**

### Appointments

Sessions are by appointment only. As we begin treatment, I recommend weekly sessions. This helps us to build a strong working relationship and gain trust. If I haven't seen you for 90 days, I will write a termination summary and consider your case closed.

### Fees

Intake session (90 min) \$150

Phone consult - \$25 (15 min)

Session (45 minutes) \$100

Case Summary - \$120 (50 min)

Session (60 minutes) \$120

I can provide you with two copies of a *Superbill*-- for your insurance and your records.

### Payments

Payment is required at time of service unless we have made other prior arrangements. I accept cash, checks, and cards.

### Changes and Cancellations

I will provide you with advance notice of my planned absences.

I require notice of any changes or cancellations at least 24 hours in advance of our scheduled session. (We will review my social media policy at our intake visit and decide what types of contact will work best for us.) If you do not show up and have not called, you will be billed for the full session, and insurance will not pay for missed sessions. If you have an emergency and are unable to give 24 hours' notice, please contact me as soon as you can. Unless there are extenuating circumstances, cancellations of less than an hour and a half before your visit will be charged a \$50 late-cancellation fee.

## **Emergency/Crisis Procedures**

If you have a crisis after 5 pm or before 9 am, please contact the Walla Walla Crisis Response Team at 509-524-2999.

## **Professional Records**

I am required by law to keep treatment records; I keep records electronically with 2 levels of security—a commercial encryption/storage service and a computer lock. You may request a copy of these records at any time, or I can prepare a summary for you. Because these are professional records, they can be misinterpreted or upsetting to untrained readers. If you wish to see your records, I recommend that you review them personally with me so that we can discuss the contents. Clients will be charged a fee for professional time spent in responding to information requests.

## **Confidentiality**

Information you share in treatment is held in confidence. I will not release information you have disclosed to me in treatment with the following exceptions:

1. In the event of a serious threat to harm oneself or someone else, the proper individuals/authorities must be contacted. This includes the person against whom the threat is made.
2. If child or elder abuse is suspected, I am mandated to report this to the proper authorities. The actions do not have to be witnessed to be reported.
3. If you bring a complaint against me with the State of Washington Department of Health, your information will be released.
4. If your records are ordered by a judge or judicial officer, the information must be released.
5. If your records are subpoenaed by a lawyer in the State of Washington, they will be released unless you file a Protection Order.
6. In the event of a medical emergency, emergency personnel will be given necessary information.
7. In the case of a minor client, information indicating that the client was the victim of a crime may be released.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have as soon as they arise.

## Consumer Rights

You have the right to

1. Be treated with respect and dignity
2. Develop a plan of care and services that meets your unique needs
3. Refuse any proposed treatment
4. Receive care that does not discriminate against you and is sensitive to your gender, race, national origin, language, age, disabilities and sexual orientation
5. Be free of any sexual exploitation or harassment
6. View your case record
7. Confidentiality, with the above-noted exceptions (RCW Chapters 70.02, 71.05, 71.34 and WAC Chapters 275-54 and 275-55)
8. Lodge a complaint or grievance without acts of retaliation with the Department of Health, Health Professionals Quality Assurance, P.O. Box 47868, Olympia, WA 98504-7869, (360) 236-4700.
9. Choose your own provider

I have been provided with a copy of the State of Washington Required Disclosure. This also constitutes a treatment agreement between me and Cheri Armstrong. I have read and understand the information in this document. I have also been given a copy of the Notice of Privacy Practices.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Information

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_