

Eastside Modern Family Therapy, LLC

Mental health counseling and consulting services for modern youth and families

Michele Loewy, MS, LMFT, # MFT.LF.60682827

325 118th Ave SE, Suite 210, Bellevue, WA 98005

(425) 202-5985; therapy@eastsidemodernfamily.com; Website: eastsidemodernfamily.com

The following contains important information about my professional services and business policies. It also will inform you about your rights as a client. Please read it carefully and ask any questions. Once you provide your signature at the end of this document, it will constitute an agreement between us.

PSYCHOTHERAPY SERVICES

THERAPEUTIC APPROACH

I approach therapy from a systemic perspective, attending to the broader relational context that a person is living in. I believe people know their own lives best and have the right to make their own decisions. It is my job to sit with a client on his/her journey, but never to tell anyone how to live their life. I believe every client has their own resources and resiliency that can be used to make positive changes in overcoming obstacles. I am open to work with clients from diverse cultural and religious backgrounds, along with any sexual orientation. The practice of psychotherapy varies greatly depending on the client(s) and the presenting problems. Some common approaches that I may use in talk therapy include: Psychoeducation, Experiential therapy (e.g., mindfulness, role play, play therapy, art modalities), Cognitive Behavioral Therapy, Brief Solution Focused Therapy, and assessment instruments.

RISKS AND BENEFITS OF THERAPY

Therapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress. Some patients need only a few sessions to achieve their goals, while others may benefit from long term therapy.

EDUCATION, PROFESSIONAL EXPERIENCE, LISCENSURE

I am a Washington State Licensed Marriage and Family Therapist (License #: MFT.LF.6068282). I earned my bachelor's degree in Psychology and Child Development at Whittier College in California and attained my Masters of Science in Marriage and Family Therapy from Seattle Pacific University in Seattle, Washington. I am a current member of the Washington Association of Marriage and Family Therapy, the American Association of Marriage and Family Therapy, The National Honors Society for Psychology, and Family Systems Therapists Northwest. I am certified to use Prepare and Enrich curriculum, have a Gottman Level 1 Bridging the Couples Chasm Certification, and I have a certificate in Adlerian therapy.

COMPLAINTS

I welcome and encourage you to speak with me regarding any concerns or dissatisfaction you have with therapeutic services. Sometimes this can be an opportunity in therapy. If you are not satisfied by our discussion, please direct any complaints about Unprofessional Conduct to the Department of Health (Health Systems Quality Assurance Complaint Intake PO Box 47857/Olympia, WA 98504-7857; Ph: 360-236-4700; E-mail: HSQAComplaintIntake@doh.wa.gov). For a list of specific reportable Unprofessional Conduct, see RCW 18.130.180 online at <http://apps.leg.wa.gov/RCW>.

CONTACTING ME AND ELECTRONIC COMMUNICATION

You may call and leave a message at any time at (425) 202-5985. This is a VOIP line via Google. I check messages multiple times per day Monday through Friday and will get back to you within 24 business hours. Text me as well if you urgently need a call back. However, this is also not a secure form of communication. If you contact me via email or text, you are giving permission for me to respond in these manners. If you have an emergency, my voicemail will direct you to call the 24-hour Crisis Clinic at (206) 461-3222, call 911, or go to the nearest Emergency Room. For your privacy, and with your permission, I will only discuss scheduling appointments via email since email is not secure; unless you specify otherwise, such as asking a question. In order to protect your privacy, I will not connect with current or former clients via social media.

PRACTITIONER

Although I share office space with other licensed therapists, this is NOT a group practice. Please be aware that each of us is an independent solo practitioner. I am solely responsible for your care.

PATIENT'S RIGHTS

VOLUNTARY TREATMENT

Treatment is completely voluntary. All individuals have the right to refuse treatment. If you are motivated to participate in therapy, the benefits are far greater than if you are simply attending because you feel forced to come. If you wish to stop treatment at any time, you have the right to do so without penalty. I encourage you to discuss this decision with me. I am happy to refer you at any time to other therapists or to community resources to further assist you. For minors, I will do a few sessions and if after the child tries it and he or she does not want to continue, I may end the therapy because it is unethical for me to treat someone if it is not reasonably beneficial to the client. In this case, referrals will be made as appropriate along with a family session before concluding.

CONFIDENTIALITY AND LIMITATIONS OF CONFIDENTIALITY

In general, all communication between a patient and a therapist is protected by law and I can only release or receive information or admit that you are a client with written permission. However, there are some exceptions to this, including the following:

- HARM TO SELF OR OTHERS. I am legally required to report if I believe a client is threatening serious harm to another. This includes contacting the police, the potential victim, and possibly seeking appropriate hospitalization for the client. If a client threatens to take their own life, I may be required to seek involuntary hospitalization for the patient, notify family members, or someone to ensure that client's safety. In all cases, I will make every effort to discuss it with you before taking action.
- ABUSE. I am legally obligated to report to local authorities and protective agencies any child abuse, elder abuse, or abuse to a dependent adult or disabled person. If I believe that informing you could be more harmful for the victim, then I will keep this report confidential.
- PROFESSIONAL CONSULTATION. I do consult with other professionals in order to provide quality services. I make every effort in these cases to avoid revealing any identifying information about you. The consultants are also legally bound to the same regulations and policies around confidentiality. Currently I do regular consultation with Katherine Yost, PhD, LMFT and Kathy Gildea, LMFT.
- MINORS (OVER 13 YEARS OLD). For those over 13, all information disclosed in individual sessions remains confidential from others unless you sign a release of information that authorizes me to share this information with others.
- COURT CASES. Our communication is protected in federal court and courts in the state of Washington, with exceptions listed in your Privacy Rights paperwork, such as a court ordered subpoena. If you choose to file a legal complaint against me, you forfeit your rights to confidentiality so that I may defend myself.
- MINORS (UNDER 18 YEARS OLD). The law provides legal guardians with the right to examine your treatment records if they request it in writing. It is my policy to request an agreement from your legal guardians to consent to give up access to your records. If they agree, I will provide them only with general information on how your treatment is proceeding. Exceptions include if I feel that there is a high risk you will seriously harm yourself or someone else. If possible, before giving any information to your parents, I will discuss it with you first and do the best that I can to resolve any objections you may have about what I intend to discuss.

APPOINTMENT AND FEE AGREEMENT

To meet with me in person, you must have a scheduled appointment, which is scheduled by calling, emailing, or texting me. I will meet you at my office. Payment is due at the time of service. **My customary hourly fee is \$110 per 53-60 minute session***. Non-Sufficient Funds checks are \$25/check. Legal fees are \$240/hr including prep time, transportation, consultation, and appearance at court. **Note that fees are subject to change, but you will have notice before this goes into effect.*

CANCELATIONS. All cancelations must be made at least 24 hours in advance, otherwise, cancellations are subject to a late cancellation fee of 100% the cost of the session. Please note that insurance companies often do not reimburse for missed appointments.

BILLING. You are expected to pay for each session at the time it is held, unless we make other arrangements. If you think you may have trouble paying your entire balance at the time of service, please discuss this with me. In circumstances of unusual financial hardship, I may be able to provide a sliding scale fee. I currently accept cash and checks.

INSURANCE. I am a provider with Premera, Wellspring EAP and Lifewise. If you have any of these plans and would like to use your insurance; you are responsible for your deductible, co-insurance, and co-pay at each session. Your signature below authorizes me to bill your insurance, unless you request to pay without using insurance.

For all other insurance plans, I am an out of network provider. I will provide you with a superbill for each appointment with fees listed and appropriate insurance codes that you can submit to your insurance company. Call your insurance to find out about your out of network coverage. I am happy to discuss this with you.

Please provide a copy of your insurance card at the first session if you are covered by Premera or Lifewise, and wish to use your insurance:

Subscriber's full name _____
 Subscriber's birth date _____
 Employer _____
 Employer birth date _____
 ID Number (include letters if applicable): _____
 Group Number _____

I hereby authorize Michele Loewy, MS, LMFT to submit all Personal Health Information necessary to my insurance company, and clearinghouses in order to bill my insurance. I further authorize direct payment to Michele Loewy, LMFT:

_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)
_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)
_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)

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Client: _____

DOB: _____

Patient's Acknowledgement of Receipt of Forms

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Michele Loewy's:

- Notice of Privacy Practices
- Fee Agreement
- Disclosure Form

I consent to accept these policies as a condition of receiving mental health services. We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I have read, understand, and agree to abide by these documents. I accept therapeutic treatment services from Michele Loewy, MS, LMFT for myself/as the legal guardian of my child (if under 13). I understand a copy of this form will be kept in my legal record.

Client or Responsible Party Signatures:

_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)

_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)

_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)

_____	_____	_____	_____
Print Name	Signature	Date	On behalf of (for clients under 13 yrs old)

_____	_____
Counselor Signature	Date