

Leah Gardner, MS, LMHC

Psychotherapy, Counseling and Supervision
Fremont Professional Center
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Statement and Consent for Counseling Services

Therapist Credentials: I am a master's level Licensed Mental Health Counselor in the State of Washington. LMHC # LH 00005800.

Education: I earned my Master's Degree in Counseling Psychology and a Bachelor's Degree in Rehabilitation Counseling from Florida State University in 1984. I became a Certified Hakomi Therapist and Teacher in 1989. I was issued my Mental Health Counseling License from the state of Washington in 2001. My license is under the name Lisa L. Gardner.

Therapeutic Approach: I have been trained in a variety of psychological approaches designed for individuals, couples and groups. My approach draws from Hakomi Therapy, Psychodynamic Theory, Internal Family Systems, Trauma Work and Group Systems Theory. I consistently integrate Mindfulness and occasionally draw from Cognitive Behavioral Therapy.

Risks of therapy: The risks of psychotherapy and counseling are few. The main concern involves the heightened state of emotion that can occur when processing particularly difficult or perhaps traumatic memory. In some instances depression may increase for awhile. The client's inner wisdom and my professional skill will guide the pace of the therapy. There may be times when it is necessary to slow things down until emotional regulation is reached.

Also, as you explore old patterns of thinking and behaving, you may find that some of your relationships will change. Some of this may be a welcomed by others and some not.

Client have the right to:

- 1) confidentiality and privacy
- 2) not be discriminated against
- 3) be treated with respect
- 4) to file a formal complaint against the therapist
- 5) obtain a copy of records
- 6) client may choose to terminate therapy at anytime

Treatment: Weekly sessions are recommended. This time frame seems to be necessary in the early to mid range of therapy. Meeting more or less than once a week can also be arranged. Treatment may be short term (10 to 12 sessions) or long term (up to several years). The length of treatment time will vary depending on the kind of work that we are doing. It is best to go into therapy with the understanding that this process differs from what you may expect from traditional health care. Self exploration and fundamental change can often require more time than short term therapy allows. Reaching natural completion is optimal but not always possible. I will do my best to work within your time and financial boundaries.

Confidentiality: I maintain the confidentiality guidelines of the Washington Administrative Code. I will not disclose any personal or identifying information to anyone outside the therapist-client relationship without a client's written authorization. My duty to provide confidentiality will survive the death of a client unless otherwise authorized by client prior to death. In the event that a client and I have unplanned contact in public, verbal acknowledgement will be left up to the client's discretion.

Duty to Report: Exceptions to confidentiality include the following.

- 1) Evidence of physical, sexual, emotional abuse or neglect of anyone under 18 years of age. This includes disabled individuals, and or the elderly.
- 2) Suicidal ideation and a refusal to comply with safety commitments.
- 3) Client reports a plan to harm a specific-named individual.
- 4) When required by law. This may include a legal subpoena or insurance agreement.

Record keeping policy: I will maintain documentation of all consents, authorizations and procedures. Client records will be kept at my office in a locked file cabinet. I tend to not write extensive notes about clients and their sessions. Whatever notes I do have will be available to a client upon request. Reports can also be written upon request.

Contact Information in a Crisis: If you are a current client and in crisis, please call my confidential voice mail, 206-632-8109. If you do not receive a call back from me within the hour, please call the crisis hotline at 206-461-3222. Toll free 1-866-427-4747. If you have a life threatening emergency, call 911 immediately. I will designate a therapist for coverage in the case of my own personal emergency or vacation.

Client Responsibilities: Fees are to be paid at the time of session. Other times may be arranged for payment such as bimonthly. Fees for phone consultation lasting over 15 minutes is \$20.00. I have a 24 hour cancellation policy. I prefer as much advance notice for a cancellation as possible because that allows me time to reschedule that hour. If I do not receive a cancellation 24 hours in advance, the client will be responsible for the full fee.

If needed, I can send a text as a reminder for our next scheduled appointment. Clients are responsible for keeping track of appointment times.

Fees and Billing: My fee is \$150 for a 50 minute session. I accept Master Card, Visa, checks, Venmo or cash. I can provide an invoice for your sessions that you can submit to your insurance for out of network payment.

Client

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