

Disclosure of Information and Client Agreement

Welcome! Before we start counseling it is both my desire and a requirement of Washington State law to provide you with the following written disclosure of information. Reading and signing this form establishes our agreement for therapy services. Please read this statement thoroughly and when it is understood and agreed to, sign the consent for treatment on the last page. I welcome the opportunity to discuss any questions or concerns you may have.

General Information

My mission is to co-create a safe environment in which you can grow, come to know yourself more deeply, and find a way to improve your life and relieve your suffering. My counseling style is both therapeutic and educational. Yet underlying all practices is my deep respect for each person's capacity to heal and find their own answers. I offer the support and guidance needed to help you access both internal and external resources, empowering you to create the life you desire.

My Approach and Scope of Practice

My approach is eclectic, systemic, holistic and humanistic; including evidence-based practices such as PACT (Psychobiological Approach to Couples Therapy), NVC (Nonviolent Communication aka Compassionate Communication), Hakomi (Psychosomatic Body Centered Therapy), IFS (Internal Family System), Mindfulness, Attachment Model, Polyvagal Theory and Earth Centered Healing Techniques.

As a seasoned and mindfulness-based, experiential therapist, I will use your present-moment experience as a doorway to uncover the core beliefs, wounds, and hurts that need attending to. I believe that by accessing these wounds and expanding your capacity to be with them, allows you to process and heal, becoming more whole. This process will help free you from the frozen, habitual patterns that block your resources and life force, allowing you to live more freely, at choice and authentically - in integrity with your values.

In couples therapy, this same process unfolds within the context of the relationship. I guide both partners to use their shared present-moment experiences as a way to identify and explore the core beliefs and wounds that affect their connection. By expanding their capacity to be with these difficult emotions together, they learn how to co-regulate, addressing the wounds of the individual to then reciprocally heal as a couple, fostering a deeper bond and mutual understanding. This process allows partners to break free from the repetitive, limiting patterns that block intimacy, trust, and communication, creating a more authentic, fulfilling relationship.

I believe in the inherent strength of every human being. I look for and help bring to light these inner resources that are often blocked by our wounds and core habitual beliefs.

The course of therapy is not linear and there are no guarantees of the outcome. Many of my clients do report that therapy transforms their interpersonal relationships, improves their ability to connect to grace, joy and satisfaction in their lives, and resolves the issues that originally brought them to therapy.

Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Things also might get worse before they get better, as therapy requires uncovering core, painful parts of the self and requires a level of self-honesty that can be uncomfortable.

I will regularly ask for feedback as to how the therapy is going, your progress and views on the process. I am always open to your feedback and what you might be needing.

I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

My Education, Training and Experience:

I am a Licensed Mental Health Counselor (LMHC). My Washington license number is LH 60435508. I am an enthusiastic student of life, fully dedicated to working with others to explore and activate our limitless potential. In nearly 40 years of working in the fields of education, communication and healing arts, I have been continually inspired by people's transformation as they focus their attention, wisdom and creativity on healing.

My background in education began in Europe, where I earned a Teaching Diploma in Graz, Austria, for "special needs children" in 1989. I went on to earn certification from the Association Montessori International (A.M.I.) for Special Education and the Primary Classroom (3-6) in Munich, Germany. I worked with parents and children utilizing the empowering principles of the Montessori method for five years.

I received an M.A. in counseling in 2000 from Gonzaga University in Spokane, WA. In 2006 I became a certified trainer with the International Center for Nonviolent Communication (NVC). My work with NVC has included schools, universities, churches, orders, prisons, nonprofit and profit organizations and parent groups. I have organized and contributed to NVC classes, seminars, and workshops. In 2005, I initiated an annual NVC Summer family camp, which has an average of 80 to 100 participants since then every year (with the exception of 2020, when large parts of the world seemed to stand still).

I have been in full-time private practice in Seattle since 2008.

Since 2012, I have been passionately immersing myself in the psychotherapeutic art of Hakomi. I completed certification in 2015. At its core, Hakomi draws on the compassionate, conscious concepts of Mindfulness, Nonviolence, Organicity, and Unity to integrate the Body and the Mind in the course of therapy. Treating the Body and Mind holistically creates an environment where you can make a sincere and profound commitment to healing - continued growth beyond healing.

Since 2015, I have been using PACT (Psychobiological Approach to Couples Therapy) to help overcome difficult challenges facing couples by focusing on the neurobiology behind attachment theory and arousal. Developed by Stan Tatkin, PACT is a fascinating therapy, and my continuing education in this field has greatly expanded my toolbox; I am currently a Level II Practitioner.

Ethics and Professional Standards

Client Rights: As an individual, you have the right to refuse any treatment you do not want, and the right to choose the practitioner and treatment approach that best suits your needs and purposes.

Confidentiality: Your participation in clinical services, the content of our sessions, and any information I maintain about you is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- To county coroners and medical examiners for the investigations of deaths;
- To coordinate referrals and care with other current or former providers or facilities that I reasonably believe are providing or have provided healthcare to you;
- To coordinate payment with third party payors for the services I provide to you;
- I may disclose information to law enforcement when I believe in good faith that such information is evidence of criminal conduct that occurred on my premises.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Family & Relationship Counseling: If you are seeking family or relationship counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality, however, I cannot ensure that the other participants in the family or relationship counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of family or relationship counseling, the entire treatment record will be available to any and all participants in the family or relationship counseling, and all participants must consent to any authorized third party disclosure.

I cannot maintain secrets between members of the family or relationship. In such situations, if we cannot find a clinically appropriate way for you to disclose the information to the other member(s) of the family or relationship, I may need to terminate the clinical relationship and refer you to another provider.

Access to Records:

I also have an agreement with Ben Trelease to access my client files, in accordance with all applicable state and federal laws or rules, in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Ben Trelease accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Emergencies: I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult.

If you are having an emergency, please call 911, 988, the National Crisis line at (800) 273-8255, or go to the nearest hospital emergency room immediately if your personal safety or mental health is at stake.

Touch: I may also include non-sexual touch as part of psychotherapy. Sexual touch of clients by therapists is unethical and illegal. Hakomi Therapy recognizes the therapeutic value of non-sexual touch. I will ask your permission before touching you, and you have the right to decline or refuse to be touched without any fear or concern about reprisal. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions or memories that may be upsetting,

depressing, evoke anger, etc. Sharing and processing such feelings with me, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without needing to explain and I will always honor that request.

Case Consultation: I may consult with professional colleagues for the purposes of improving my training, for accountability, and to provide the best counseling service I can to my clients. I may at times discuss your situation with other professionals. In such situations, I will limit the information I disclose to the minimum amount necessary. Please speak with me if you have concerns regarding this practice.

Termination: It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination, and review counseling goals and progress.

If, without having made prior arrangements, I have not heard from you in 30 days I will assume that you would like me to terminate our current episode of care and close your active clinical file. In such cases, we may discuss the possibility of re-opening the file and initiating a new episode of care upon your request.

Unprofessional Conduct and 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 on-line forms and information at <http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility.aspx>

A copy of the Washington Acts of Unprofessional conduct can be found in RCW 18.130.180.

Fee Information, Insurance and Cancellation Policy

Fees: the initial consultation appointment is complimentary. Currently my 55 minutes psychotherapy session is \$_____ due at the time of service payable by cash, cheque or card. My group counseling fee is \$_____. At times I have sliding scale spots available, starting at \$175 per hour.

Cancellations: If you must cancel your appointment please contact me at least three (72 hours) full business (Monday through Friday) days hours in advanced. (i.e. Monday 10 am appointment needs to be either rescheduled or cancelled by the prior Wednesday 10 am). This supports consistency and accountability which are necessary for positive clinical outcomes. You will be responsible for the full fee when cancellations are received less than 72 hours in advance.

Insurance for individual therapy: At this time I do not accept insurance. However, some insurance plans will cover my work as an out-of-network provider. When applicable, I will provide you with a superbill that you can submit to your insurance company to request that they reimburse you directly. Please contact your insurance company for more information.

You must be aware that submitting a superbill for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break ins and unauthorized access. Medical data has been also reported to be

legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

Insurance will not cover missed sessions for those getting reimbursed by their health insurance company.

Insurance for couple/relationship(s) therapy: Your relationship (rather than an individual) is the focus and identified client in these forms of counseling. Most insurance plans do not deem these services medically necessary and decline to cover them. For this reason, reimbursement for our sessions from your insurance may not be possible. I'd be happy to talk with you about questions you may have; however, you remain responsible for paying for any services you choose to receive.

Other Services: Any work between sessions such as writing assessments or letters on your behalf or talking to other care providers will also be charged at my hourly rate. I am limited available to phone calls or e-mails between sessions and anything beyond a quick exchange of information will be charged at my hourly rate.

Referrals: I welcome and celebrate referrals, which signify your satisfaction and trust in my services.

Past Due Balances: I cannot create a situation in which our clinical relationship becomes a creditor/debtor relationship. If you are unable to pay for sessions and to keep your account up to date, I may be required to terminate services. In such cases, I will provide you with appropriate referral resources for low or no-cost alternatives.

Electronic Communications and Social Media Policy

If you wish to communicate with me via e-mail, text, or cell phone, please be aware that, e-mail, cell phones and text communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, my e-mails are not encrypted.

In order to best protect your confidentiality, I typically will communicate with clients via E-mail or text message for the purposes of scheduling or canceling appointments only. I cannot guarantee the security or confidentiality of information sent via email or text. If you need to communicate with me via email or text for any other purpose, please discuss that with me during a session.

Professional ethics standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, Instagram or other similar social media platforms.

I may maintain a professional social media presence in order to provide information to clients and to the general public. Please do not use any professional social media platform as a mode of communication with me. In addition, please understand that your decision to connect to my professional social media presence may result in the disclosure of our professional relationship.

Legal and Court-Related Activity

I have chosen not to pursue any coursework or post-graduate training in forensic evaluations. Therefore, it is my policy not to become involved in clients' legal matters. I do not offer reports suitable for court proceedings, or my opinion in legal matters such as divorce or custody cases as part of my

services. If you are seeking psychotherapy with the knowledge that at some point you will want your counselor to aid you in a legal proceeding or to testify on your behalf, I suggest strongly that you seek another psychotherapist that specializes in forensic evaluations and has the proper training to be of service to you.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can provide you with referral resources for a forensic expert. I do not voluntarily participate in legal proceedings. If my participation is requested or required, my regular hourly rate applies to all preparation, participation, travel, and waiting times.

Attestation and Consent for Services

By signing this document, you are attesting that you have received, read, fully understand, and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA Notice of Privacy Practices, and that you are attesting to your consent to participation in clinical services provided by Elana Sabajon, MA, LMHC.

Client Signature

Date

Name (please print)

Preferred Phone

Street/Mailing Address (please print)

City/State/Zip

Counselor Signature

Date