Selin Caka, LMFT

Informed Consent for Individuals

Starting counseling is a major decision, and you may have many questions. This document is intended to inform you of the policies, state and federal laws and your rights. If you have other questions or concerns, please ask, and I will do my best to give you all the information you need.

Your Therapist: I hold a Master's degree in Psychology and Couple and Family Therapy from Antioch University Seattle, and a Bachelor's degree in Psychology from the University of Washington. I am a Licensed Marriage and Family Therapist in the state of Washington, (credential #LF60820305).

I provide counseling services to individuals and partners age 18 and older. I work within the general conceptual framework of Emotionally Focused, Feminist, and Internal Family Systems theories, but employ techniques and interventions from multiple disciplines, and feel that a collaborative relationship between clients and myself is the key to successful therapy.

Mental Health Services: Meaningful change can be one of the most difficult things a person can tackle. You have decided, however, that you are ready for the challenge – it's not often that people seek therapy when they're perfectly contented with their situation! I am honored to have the opportunity to support you in what changes you wish to make.

While I believe I can help you on your journey, it is, in the end, a journey you will have to make for yourself. I can provide insight, make observations, and teach behavioral techniques, I can't guarantee that the work will provide the change or results you desire. Therapy can be emotionally intense, even painful, at times. We will be challenging long-held assumptions and beliefs, and this may make you angry, uncomfortable, upset – even confused. These reactions are entirely expected, and are a part of healing, and I encourage you to explore them as they come up.

Number of Visits: The number of subsequent sessions depends on many factors, including the nature of your situation and your level of participation in the therapeutic process. Standard sessions are 55 minutes in length, though longer sessions are available, should they be appropriate. We will discuss this change before it is made.

Payment for Services: 55-minute individual sessions are billed at $125. By signing this consent for treatment, you understand that you are financially responsible for the cost of treatment. Co-payment for insurance billing is due at the time of service, or can be billed monthly. If you do not use insurance, full payment is due at the time of service, or can also be billed monthly. I extend a $25 time-of-service administrative discount to people not using insurance. I accept credit cards, cash, or checks as payment. If you have any concern about your ability to meet your payment for service, please discuss it with me.

Insurance: If you are using insurance, I will need to provide the insurer a diagnosis, and your insurance company will have access to your records.

Appointments: Appointments are made or changed by calling 206-701-6801.

Missed Sessions: You are responsible for keeping your scheduled appointment. Appointment no-show or cancelation within 24 hours of session incurs a $50 fee, which is not billable to insurance. Late arrival of 20 minutes or more will be considered a no-show.

Termination of Services: In most cases, our time together will end as a natural result of you completing your treatment goals. However, therapy is entirely voluntary, and you are free to refuse any suggested intervention or treatment, and to terminate therapy at any point. If you're thinking about ending therapy, I encourage you to discuss it with me, and, if you desire, I would gladly provide you with referrals to other providers in the area, and will do all I can to be helpful in the transition process. During our work together, if I assess that I am not being effective in helping you achieve your desired goals, I will discuss this with you and, if appropriate, terminate therapy. In this rare instance, I will also provide referrals to other providers who might better suit your needs.

Confidentiality: Your records are confidential. They are stored in a locked, limited-access area. However, there may be times when disclosure of your records will be compelled by law. By law, confidentiality is waived for reporting purposes:

- if I believe you are an imminent danger to yourself or others,
- if I know of or suspect current child or elder abuse,
- if I believe that you have been infected with HIV, or are putting a sexual partner at risk for possible transmission of HIV,
- if you bring a negligence suit against me or file a complaint with the WA licensing board,

While this summary is designed to provide an overview of confidentiality and its limits, it is important that you read the Notice of Privacy Practices you were given along with this form, and to discuss with me any questions or concerns you may have. By signing this information and consent form, you are giving me your consent to share confidential information with all persons mandated by law, and with the insurance carrier responsible for providing your mental health care service, if applicable.

Professional Records: Your clinical record will contain Protected Health Information, including contact information and reasons for seeking therapy, and may also include a description of the ways in which your problem affects your life, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, results of clinical tests (including raw test data), any past treatment records that I receive from other providers, reports of any professional consultations, any payment records, and copies of any reports that, at your request, have been sent to any outside providers. You may examine and/or receive a copy of your Clinical Record – it is yours. I will ask that you sign and date a release form that will be added to your Clinical Record before doing so. In addition, I may also keep a set of psychotherapy notes that are for my own use, and designed to assist me in providing you with the best treatment. These notes are kept separate from your Clinical Record, and are not released to others with your Clinical Record, except in rare legal circumstances.

Risks of Therapy: "*An examined life is painful" - Malcolm X.* As mentioned before, the therapeutic process can be stressful, and can evoke feelings of sadness, anger, anxiety or fear. Your relationships may shift as you explore new ways of interacting with your life and those around you. You may feel worse about your situation before you begin to feel better. These experiences are common, and, as your therapist, it is my job to help support you through the bumpy road toward your goals.

Emergencies: I am unable to provide emergency services. If you are experiencing a psychiatric or medical crisis, immediately contact 911, the King County Crisis Clinic at 206.461.3222, or go

to your nearest hospital emergency room. Emergencies are urgent issues requiring immediate action - do not be afraid to ask for help.

Acknowledgement and Signatures:

I, the undersigned, have read and discussed this Informed Consent Document, and have been given the opportunity to ask any and all questions I have, and have received acceptable answers, and understand that I will be given a copy. I have also been given a copy of, and the opportunity to discuss, the HIPPA Notice of Privacy Practices. I give my voluntary consent for Selin Caka, LMFT to provide me with mental health services as her experience and licensure allow. I understand that I must be an active participant in my care, and that I have the right to end or refuse care or treatment at any time.

____ I have read, signed and received a copy of the HIPPA Notice of Privacy Practices

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Client Name (please print)

_____ _____

Client Signature Date

_____ _____

Selin Caka, MA, LMFT Date