Joseph E. Broome, M.A., LMHC
www.intittogether.org
In It Together, LLC

The following disclosure is in compliance with the requirements of Washington State law. The Client Disclosure Information is provided for the client and must be signed by both the client(s) and counselor. The signatures indicate that the disclosure has been read and the information understood. If after reading this disclosure you have any questions please ask for clarification.

"Counselors practicing counseling for a fee must be registered or licensed with the department of health for the protection of the public health and safety. Registration does not include a recognition of any practice standards nor necessarily implies effectiveness of any treatment. " WAC 246-810-031

Introduction and Approach to Counseling
I am trained as a "Family Systems Counselor," and have a Master of Arts Degree in Applied Behavioral Science with an emphasis on Systems Counseling from the Leadership Institute of Seattle (LIOS) / Bastyr University. "Family Systems," means I look at problems in the context in which they exist rather than exclusively seeing problems existing within an individual. This perspective allows me to take a wide look at the client's problems bringing in many factors that can influence the change desired. I will often suggest that clients bring in other family members, partners, and or significant others into sessions.

I assist people in discovering their strengths and resources to achieve the change desired. I offer challenges and credits as well as ideas for action to assist in your desired outcome. I am trained in Structural, Narrative, Strategic, Solution Focused, Bowen, Lifespan Integration and Adlerian therapy. I will employ a diverse set of resources and modalities of therapy to assist in bringing about change, growth and solutions.

Each course of counseling is unique to those who participate in it. Thus, your experience in psychotherapy is a blend of what you and I do together. I have never worked in exactly the same manner from client to client, or session to session. Each person is unique. Each story is different, though there may be many similarities between people. Together we are responsible for developing and implementing a course of treatment that will most effectively help you reach your goals. I value being in partnership with clients, and I welcome feedback and suggestions as a part of this partnership. Whether or not counseling is successful may depend on a number of factors such as willingness to change, the nature of the desired change, the level of trust between the client and counselor, the "fit" between the client and counselor, and outside influences.

I ascribe and adhere to the Code of Ethics of the American Association for Marriage and Family Therapy.

Rights as a Client in Counseling
As a client in counseling, you have certain rights that are important for you to know about. There are also certain limitations to those rights of which you should be aware. As a client of a counselor registered in the State of Washington, you have privileged communications under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The privilege is yours, not mine, and cannot be waived without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

The following situations are exceptions to your right of confidentiality:

- If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.
- If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this.
- If you are currently in litigation, or become involved in litigation during the treatment process or file a complaint against someone for malpractice, I may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution so as to protect your privacy.
- If you are seeing me in couples or family therapy, and you, your partner or another family member should happen to see me in an individual session, information shared with me in that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together.

Other issues regarding the course of treatment:

- If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner,) I will not release any information to a third party (court, attorney, etc.,) without the signed permission of all parties involved in our therapeutic work together, except as required by law.
- In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, etc. In such cases, I will seek your written permission for this exchange of information.
- I do consult with colleagues and participate in supervision regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues, supervisor or staff here, or with other professionals. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.
- If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contracted with me for services and I will thank them for the referral. I will not discuss your situation with them unless I have your written permission.
- You always have the right to request a change in the treatment process or refuse treatment. It is important that what we do together meets your needs. If you believe you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do so, I will assist you in finding another therapist

Appointments, Payment and Fees

My standard fee is $120 per session and $160 for the intake session. I also see a limited number of reduced fee sliding scale clients. The sliding scale is based on your household income and the number of dependents on that income. You are welcome to ask me about availability for reduced fee counseling to see if you qualify. Pay for service sessions include: telephone calls, consults, requested reports and consultations with other professionals. These will be charged on a prorated basis. Payment is due at the beginning of each session. I accept checks, cash Visa and MasterCard. A $25.00 fee will be charged for returned checks. The agreed upon fee is $_____ ($120 per session $160 for the intake if left blank)

Appointments are usually scheduled once per week or once every other week. The session lasts for 53 minutes unless we arrange in advance to meet for a longer time. The scheduled time for your session is set aside for you. If you miss a session without canceling or if you cancel with less than 24-hours' notice, I will bill you in full for that time. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. In effort to respect time of all of my clients, my intention is to stop sessions on time. It is important to have the time of each client respected.

Following the completion of our work together, your complete financial and clinical records will be stored and available for review. After three years a clinical summary and full financial record will be maintained for an additional four years. After seven years all records will be deleted from our computer systems, as well as the physical files shredded.

I am happy to produce a receipt if you wish to get reimbursed for your session with an out of network provider. It is your responsibility to check with your insurance provider to learn more about your policy, coverage, deductibles and reimbursements.

Crisis Information
I do not provide after hour availability or crisis services. If you are in crisis, you, the client, agree to call the King County Crisis line at 206-461-3222 or 911.

Quality of Service
If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you feel that this does not resolve the issue, you may contact the following agency:

Washington State Department of Health
Health Systems Quality Assurance
P.O. Box 47865
Olympia WA 98504-7865
360) 236-4700

Legal Information
If any party of this agreement, and/or their representative, takes action to involve me in legal actions, the initiating party, and/or their representative, agree to pay the following fees, for each individual and/or separate action such as, but not limited to, testimony, depositions, declarations, written and/or oral reports. Time spent in any way on legal proceedings is billed at two hundred fifty dollars ($250) per hour. Additional fees also include:

- Any and all travel related expenses
- A litigation fee of $1500.00
- Any and all fees for the purpose of representation for myself

Failure to pay fees, by any signing party and/or their representative, in full and in advance of such action will constitute an outstanding balance. Any outstanding balance will be referred to a collection service for the purpose of collections.

If legal action is taken against me, I will utilize any and/or all resources, to include a counter suit, to defend and/or protect my assets, under the law. This may include disclosure of confidential information in accordance with state and federal law.
I do not, nor will not, participate in legal actions for the purposes of child custody and/or divorce proceedings. This includes testimony and/or release of records for purpose of such legal action in accordance with state law. Your signature on this disclosure statement represents agreement to this requirement.

Client Consent to use Electronic Mail (E-Mail) as a Form of Communication
Please note that email may not be a secure form of communication and you may be compromising your confidentiality by using it to communicate with me. By initialing here you agree to these forms of communication.

X_____ Date_____

Client Consent to Counseling

I have read or have had satisfactorily explained to me the Disclosure of Information, Policies, and Client Agreement and understand it. I have asked any questions that I had about this statement, and about statements regarding fees and payment policies. I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the terms described above with Joseph Broome and understand that I have the right to terminate counseling at any time. I also understand that Heather Broome requests notice of termination at the beginning of a regularly scheduled session so that the reasons for termination may be discussed.

By signing below you indicate that you have read the above material, agreed to its terms and have had the opportunity to ask questions.

_____/_____ _____

Client Signature (13 and over) Date Client Name (Please Print)

_____/_____ _____/_____

Client Signature (13 and over) Date Parent or Guardian Signature Date

(For Client Under 13)

_____/_____ _____/_____

Client Signature (13 and over) Date Client Signature (13 and over) Date

_____/_____ _____/_____

Client Signature (13 and over) Date Joseph E. Broome, MA, LMHC Date