



formerly Presbyterian Counseling Service

*restoring hope . . . reconciling relationships . . . transforming lives*

## Welcome to "The Clinic" at Samaritan Center of Puget Sound

**We are pleased that you have chosen Samaritan Center for assistance at this time in your life. We hope that you will find this to be a positive and useful experience.**

### About Samaritan Center

Samaritan Center of Puget Sound is accredited by the Samaritan Institute and affiliated with the Presbytery of Seattle. Our therapists come from a variety of Christian faith perspectives and represent a wide range of ages and life experiences. They are interested in and respectful of the spiritual values, beliefs and cultural heritage of all persons.

In providing therapy, we seek to engage in a process that is attentive to the integration of mind, body and spirit. We believe that healing occurs on multiple levels – mind, body, spirit and soul – and are always willing to consider with our clients the physical and spiritual as well as psychological aspects of healing. We are curious about the part that spirituality plays in wrestling with life's dilemmas and transition points, and we bring our own heartfelt responses to the situations in which our clients find themselves. We endeavor to promote growth and well-being in our clients, engaging with them in a collaborative manner to make the changes that they desire in their lives.

#### APPOINTMENTS

Sessions are 50 minutes in length. Consistency in keeping appointments is integral to the counseling process. If you are unable to keep an appointment, your counselor must have 24 hours notice or you will be charged for the session.

#### FEES

Clients in The Clinic at Samaritan Center are seen on a fee-for-service basis only and may not use insurance benefits to see a clinic provider. Counseling fees are based on client income and are agreed upon during the first therapy session. Payment is made at each session.

#### PARKING AT RAVENNA OFFICE

Off-street parking is available in the lot adjacent to the Church, as well as on Ravenna Blvd..

#### YOUNG CHILDREN

Please do not leave young children unattended in the waiting room. We cannot be responsible for their safety.

#### EMERGENCIES:

In the event of a personal crisis, clients may call Samaritan's on-call therapist at 206-527-2266. To leave a message for the on-call therapist during office hours (M-F 9-6), clients should press 0 during the recorded message, or, if the call is made outside of office hours, press 6. If the call is not returned by the on-call therapist after a half hour, clients should call the Crisis Clinic at 206-461-3222.

To leave a non-crisis message, to cancel or change an appointment with your therapist, call 206-527-2266 and follow the voice prompt.

**On the following pages you will find information that will ensure that your needs as an informed client are met. This includes the training and professional background of your counselor, the rights of clients in counseling, and information about confidentiality.**

## **DISCLOSURE STATEMENT**

### **SARA JOENS**

#### THE RIGHTS OF CLIENTS IN COUNSELING

It is appropriate for clients to raise questions about the counselor, the therapeutic approach, the progress of therapy and the cost. As informed consumers, it is the client's responsibility to choose the counselor and counseling modality which best suits their needs. Clients have the right to request a change in counseling approach, referral to another counselor or termination at any time.

All therapists at SamaritanCenter of Puget Sound are bound by the ethical codes of their professional organizations, by the laws of the State of Washington, as well as by agency policy regarding the special nature of the therapist-client relationship. This agency expects all counselors continually to be aware of the influential position they hold in the relationship with clients, using this influence in a constructive way. If a client thinks his/her therapist is not meeting this ethical responsibility, he/she is strongly encouraged to address this with the therapist and/or bring it to the attention of the agency's clinical director.

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless that law authorizes or compels us to do so. To see your record or get more information about it contact your therapist.

#### CONFIDENTIALITY

Counseling sessions are held in strict confidence. It is the client, not the therapist, who determines whether information may be released to persons outside Samaritan, and then only with a release signed by the client. Exceptions to this rule: Washington state law mandates that there is no confidentiality when child abuse or abuse of a developmentally disabled adult has occurred within the last seven years. The counselor may also be required to break confidentiality in life-threatening situations when the client poses a clear and present danger to self or others or is unable to provide minimum life-sustaining self-care. If this occurs, the counselor will take the steps necessary to secure the safety of the client or others.

#### TRAINING AND PROFESSIONAL BACKGROUND OF YOUR COUNSELOR

I have a Bachelor's of Science in Psychology from Colorado State University, where I graduated Cum Laude in 2001. My Masters of Arts in Clinical Counseling is from University of Northern Colorado (2007). I spent a year of post graduate/enrichment studies at The Seattle School of Theology and Psychology. I am a Licensed Mental Health Counselor Associate in the state of Washington (#MC60201879), as well as a Nationally Certified Counselor. I am working towards full licensure as a Mental Health Counselor with Natividad Lamug, MA as my supervisor. I have worked with couples, children, adults and groups as a mental health counselor.

My counseling approach is one based on respect and commitment to the well-being of the individual or family I am counseling. Sometimes my commitment to someone's well-being leads into areas of pain or discomfort as patterns of life are exposed in order to be healed. For me, where you came from is important in understanding where you are. I do not solely focus on the past, but I feel it is crucial to understand the past, in order to have a clear concept of the present moment. Oftentimes the patterns, beliefs, relational style and means of attachment we fostered as children carry on into adulthood. We are not always aware of the beliefs we hold about ourselves that are rooted in our earliest experiences because these beliefs have become who we are. I feel we need others to help us see our face differently, and to help us to re-write (re-think) our story. Usually people enter into therapy because something is getting in the way of something they want such as happiness or connectedness, or they feel stuck, scared, or generally unhappy. It is my goal to understand the present moment, and to go deeper in order for true healing, self-awareness, and kindness and compassion for oneself to develop. I work with a variety of modalities to uncover how we develop as persons. I hope that as we walk the road of healing together, that the process itself is transformative.

## THE USE OF AUDIO-VISUAL RECORDINGS

In order to help you most effectively, we may ask you to videotape counseling sessions. These tapes are used by your counselor to double-check their understandings of your concerns.

All records, tapes, or other identifying materials are kept confidential. The use of observation, taping, and supervision is an integral part of our training program and allows for instruction and/or supervisory input ensuring you the highest quality services possible. If you have any questions about these practices, please discuss them with your counselor.

## RISKS OF COUNSELING

We are committed to helping you make informed choices as we work with you to address your concerns. This participation includes determining how counseling might benefit you and what techniques to use to help with your concerns. At any time you may ask us to explain why we're gathering information or prescribing a new approach. We will be glad to explain the purpose behind our techniques.

The greatest risk of counseling is that it may not by itself resolve your problem or concern. Thus, we do our best to assess progress on a week-to-week basis. Chronic non-improvement is treated as a reason for immediate referral.

As a professional training facility, we keep close track of research on how to help families most efficiently with least risk. We have learned from research, for example, to minimize conflict and steer around loaded issues early in therapy. You can trust that we will use such trusted information to help you. Should we fail to help you, we'll work with you to find someone who can.

**Appointment Policy:** I understand that consistency in keeping appointments is integral to the counseling process. If I am unable to keep an appointment, my therapist must have 24 hours notice or I will be charged for the session.

**Fee Policy:** I understand that having a reduced fee in the Samaritan Clinic means that I will not use any insurance benefits when seeing a clinic provider. I understand that the fee which is arranged at the first session may be adjusted as my financial circumstances change. I agree to pay my full fee to the therapist at each session. I understand that, if I fall behind in my payments, I cannot schedule additional appointments until overdue payments have been paid.

I agree that my fee for each counseling session is \$ \_\_\_\_\_ Please initial here \_\_\_\_\_

**Your Consent:**

When you have read to this point and asked for clarification if necessary, please read the paragraph below and sign on the lines underneath it.

**I have received and read the Disclosure Statement. I have read and understand the above statement on audio-visual recordings and risks of counseling. I consent to participating as a client with a student counselor-in-training, and understand that my therapist will be reviewing recordings or sessions within the context of scheduled supervision sessions. My signature below indicates that I give my full and informed consent to receive services.**

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Therapist Signature:Sara Joens Date

By my signature below I, \_\_\_\_\_, acknowledge that I received a copy of the Notice of Privacy Practices for Samaritan Center for Puget Sound.

\_\_\_\_\_  
Signature of client (or personal representative) Date

\_\_\_\_\_  
Signature of client (or personal representative) Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following: Personal Representative's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

***You will receive a copy of this form and one will be kept in your Samaritan records.***