

# Consent and Policies Form

Lia Schaefer, LICSW, PLLC

753 N 35th St, Suite 108D

Seattle, WA 98103

206.928.6363

info@lkscounseling.com

*All consent documents are contained in this file. You will need to sign to acknowledge that you have read and consent to the different parts of this form. Please read carefully.*

*Updated: 2/11/25*

These policies will be updated periodically and a notice will be given to current clients. Updated forms will also be available on the "Forms and Notices" section of the website ([www.lkscounseling.com](http://www.lkscounseling.com)).

## Consent for Counseling

Welcome to my counseling practice! The purpose of this document is to clearly indicate your choice to participate in mental health counseling/ psychotherapy, and entering into the process with as much information as you need to feel comfortable doing so. Feel free to discuss any of this with me at any time.

## The Therapeutic Process

You have taken a positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Making changes in your life, remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Working with these feelings as they come up is an important part of therapy. I cannot promise that your mood, behavior, or circumstance will change; however, psychotherapy has been shown to have benefits for people who engage in it. I can promise to support you and your work in your therapy goals while applying my knowledge and skills to the best of my ability.

## Confidentiality

Your session content and all relevant materials to the client's treatment will be held confidential unless you, the client, requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist, and as a mandated reporter I am required by law to report, the items listed below:

1. If you threaten or attempt suicide or otherwise conducts yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years old.

4. If a court of law issues a legitimate subpoena for information stated on the subpoena.

Unless in the case of an emergency, I will do my best to discuss the matter with you before I share any information, and will do the best I can to resolve any objections you have about the information I am about to discuss.

### **Confidentiality Specific to Couples**

When a couple enters into counseling, the couple is considered to be one client unit. I find this is particularly important in creating a space where both partners can feel safe. I will not hold secrets for either partner that may be disclosed during individual sessions, which are still considered part of the couples counseling relationship, that are relevant to the therapeutic process for the couple. I will use my clinical judgment to determine whether and to what extent this information needs to be disclosed and will offer the individual every opportunity to do so. If I am not free to exercise my clinical judgment regarding the need to bring this information to the unit during the counseling process, I may determine that it is necessary to discontinue the counseling relationship with the couple at that time. This policy is intended to prevent the need for such a termination.

**Court Proceedings:** It is understood that the purpose of marital/couples therapy is for the amelioration of distress within a relationship. Therefore, if both partners request my services, they are expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit. Likewise, neither party shall for any reason attempt to subpoena my testimony or my records to be presented in a deposition or court hearing of any kind for any reason, such as a divorce case.

**Release of Records:** Both partners must provide their consent to release marital/couples counseling records. If one partner does not provide consent, records will not be released.

**Course of Treatment:** The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at their individual request.

### **Consultation**

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

### **About my Education, Credentials, and Services**

I received my Bachelors degree in Psychology and my Master's degree in Social Work from the University of California - Berkeley. I completed my internships at San Francisco General Hospital and Hyde Street Community Services - Tenderloin Outpatient Clinic in San Francisco. I am a fully licensed social worker with the state of Washington (LW60820123) and California (Lic#76289). As a social worker I provide psychotherapy to adults. I have advanced training in EFT (Emotion Focused Therapy), AEDP (Accelerated Experiential Dynamic Psychotherapy - I am AEDP Level III, pursuing certification), and ISTDP (Intensive Short Term Dynamic Psychotherapy) and consider these as the backbone of my approach. I also incorporate IFS (Internal Family Systems) and PACT (Psychobiological Approach to Couples Therapy) and other psychodynamic and relational therapeutic approaches. These approaches have extensive research backgrounds to show their validity. Being a "relational" therapist means I prioritize the therapeutic relationship over techniques or tools because I believe we are relational to our core and many difficulties we've experienced occurred within the context of a relationship (i.e. with parents, caregivers, and/or partners) and therefore need to be worked through within the context of a relationship.

Social work licensures provides that social workers have passed examinations administered by the Department of Health of WA and in my case the Board of Behavioral Sciences of CA and attests that social workers are qualified to engage in the independent practice of psychotherapy. The Washington State licensure law provides

complaint and discipline recourse procedures for clients. Inquiries about a social worker's professional qualifications and/or treatment may be directed to the Washington State Department of Health at [www.doh.wa.gov](http://www.doh.wa.gov).

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## PRACTICE POLICIES

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together.

### Attendance

When I start working with a new couple, most come weekly at least in the first couple of months. Committing to and prioritizing this time is ideal and may equate to a better outcome. A weekly cadence creates momentum and provides accountability to progress more quickly. As we progress we will have conversations to mutually determine whether to continue weekly or move to biweekly, then finally moving towards monthly for maintenance as your preparing to end therapy.

Longer sessions are an option for busier clients schedules or travel obligations that don't allow for weekly sessions.

If we do not meet three (3) weeks in a row, without advanced discussion, then I will consider you an inactive client and you will need to reach out to me directly in order to restart appointments. Also consider that, as I work with a limited number of clients at one time, in an effort to offer the highest quality of service, it may mean losing your spot on my caseload and you may need to wait for a spot to open up.

### Scheduling

We will schedule future sessions during your first appointment(s) and can revisit periodically throughout the course of treatment. This is first come first serve. If you need specific times based on your schedule, please make sure to communicate with me early so we can get you scheduled. Specific times are not guaranteed, but I will do my best to accommodate your scheduling needs. Most couples prefer a regular weekly or bi-weekly slot. Monthly spots reserved for those who are in the termination phase of treatment or are doing maintenance work.

### **\*\*Reschedule Only Policy\*\***

A commitment to our time together is essential for meeting your counseling goals. To ensure a beneficial experience, I kindly ask that you familiarize yourself with my cancellation policy:

A scheduled appointment is a mutual commitment that you and I will be present for the work at a specific date and time. That date and time is then exclusively held for you and is not offered to others. To preserve the continuity of your care, my practice adheres to a 'reschedule only' policy.

What does this mean? It means that once a session is scheduled, you will be financially responsible for it, regardless of whether or not it is attended. If you are unable to attend a scheduled appointment, you will have the option to reschedule it provided you notify me before the start of your original appointment, and the rescheduled appointment occurs the week *before, during, or after the original appointment date*.

Please email or text me to let me know that you need to reschedule your appointment with general days/times that would work for you and I will provide some available times. I will always do my best to find availability. If you choose not to find an alternative or a workable alternative is not available, the original appointment will counted

as a missed session and a fee equal to your session rate will automatically apply.

If you'd like to reschedule, I ask for as much advanced notice as possible. The more lead time, the greater the likelihood that you will be able to find an alternative appointment that works with your schedule. However, you are able to let me know that you'd like to reschedule at any point **before** the time of the original appointment. If you do not let me know before the original appointment time, then it is considered a missed appointment and the full session fee will be charged without the option to reschedule.

**Waived Session Fees:** I appreciate that life can be unpredictable. That's why I offer the flexibility of waiving session fees for one missed appointments per calendar year. After you have utilized your waived session fees, any subsequent missed appointments not rescheduled within the three-week window will result in a cancellation fee equal to your session rate.

### **Late Arrivals**

Your session starts promptly at our agreed upon time. If you are running more than five minutes late, please notify me via phone, text, secure messaging or email. If I do not hear from you within 15 minutes of the start time of your appointment, the appointment will be ended and counted as a missed session and charged accordingly.

### **Fee Information**

It is up to you and me to determine the length of time of your sessions. This will be discussed in the initial appointment and periodically throughout treatment as necessary.

The hourly rate is \$300 per 60 minute hour or \$450 per 90 minute couple therapy session.

Please note, I do not offer 60 minute couples therapy sessions, a 90 minute minimum session length is required. I have found that longer sessions are more productive, and result in faster progress and less therapy being needed over time, thus saving you time and money in the long run.

Rates are subject to change; they are evaluated quarterly.

### **Returned Checks and Balances**

A \$30.00 service charge, in addition to any bank fees, will be charged for any checks returned for any reason for special handling.

Accounts must be paid in full within 30 days. If your payment is not received within 30 days of billing, you will be charged a 10% fee on the remaining balance. If you are in default on payment for appointments, I reserve the right to no longer schedule future appointments until payment is made. It is my goal not to let the balance become unmanageable and will cease scheduling appointments (or cancel future appointments that exist in the scheduling system) if the balance is equal to or greater than \$900, or the equivalent of two of your typical session fees, whichever comes first. I will always attempt to contact you before cancelling any future appointments by phone, email, secure messaging and/or text.

### **Paying for Sessions and Credit Card on File**

Payment is due at the time of service in the form of cash, check, credit/debit card, or flex-spending (FSA)/ Health Savings Account (HSA) card. Checks can be made payable to "Lia Schaefer, LICSW, PLLC". It is my policy to securely hold your credit/debit card number on file, as per HIPAA guidelines, and submit the charge following your appointment. You may also use a separate credit card than the one on file, should you choose, on the day of your service. You are responsible for your account and are expected to pay for all services you receive. Please make sure that this credit card on file remains up-to-date and valid.

**Insurance**

I do not directly participate in any insurance panels, but I can provide you with a receipt ("Superbill") that you can submit to your insurance company to seek reimbursement. It is up to you to check with your insurance provider about your coverage for out of network providers and their services. If your insurance company requests more information than is provided on the receipt, I will provide a brief summary of treatment and an explanation of why further treatment would be beneficial; I will not provide a treatment plan or therapy notes. You retain ultimate responsibility for payment of services if your insurance company decides that this documentation does not meet their requirements for coverage of your treatment.

**Communication**

I check email and voicemail throughout the day Monday - Friday and typically respond to messages within a couple of hours. Please do expect a delay in communication on nights and weekends, knowing that I will return your message as soon as possible when I'm back in the office.

**Telephone Accessibility**

If you need to contact me between sessions, please send a text message or leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 48 business hours. Telephone, urgent, and professional consultation sessions are billed at my session fee rate, in quarter hour segments, after the first 10 minutes. I make and receive phone calls and texts on a HIPAA secure app on my mobile phone. When calls are received, your phone number is not visible. If my mobile phone should be lost or stolen please be aware that separate passwords are required to access my mobile phone and the secure app that may contain your information. I also have the ability to delete all contents from my mobile phone, which I will utilize if my phone is lost or stolen.

**Emergencies**

If something urgent comes up outside of our sessions you are welcome to call me. We may talk briefly by phone and/ or schedule an emergency session for you to come in ASAP. Time spent on the phone beyond 10 minutes will be billed at my hourly rate. If a true emergency situation arises, please call the local crisis line at 866-4-CRISIS (866-427-4747), 911 or go to any local emergency room. Please note I do not regularly work in crisis mode with my clients, as I do not have the facilities to provide this level of care. If you find yourself often in crisis, or a danger to yourself or others, you will need to contact the crisis line provided, police, or go to the nearest hospital to receive appropriate care. I may decide to discontinue services and provide referrals if you find yourself having regular psychiatric emergencies.

**Social Media**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**Interactions Outside the Office**

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Electronic Communication**

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via non-encrypted email or text messaging for issues regarding scheduling or cancellations, I will do so. Your choice to communicate by email implies your consent to a non-secure platform. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters.

### **Ending Therapy**

You have the right to discontinue therapy at any time. Ending a therapeutic relationship is best done during a session, and I recommend at least one session to properly bring our work together to a close. Typically the client is the one who decides when to end therapy, but I also reserve the right to do so, allowing at least one session for closure. I maintain a list of other counselors with a range of specialties and will provide you with a referral to another counselor if I feel your needs are beyond the scope of my expertise. I will not end the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If you verbally or physically threaten or harass me, I reserve the right to terminate treatment immediately.

If you do not show up for scheduled sessions for two consecutive appointments, I will consider our professional relationship ended, unless we have discussed otherwise. The fee for missed sessions will still apply and you will be billed for services as per my cancellation policy.

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### **FINANCIAL AGREEMENT**

#### **\*\*Financial Agreement and Authorization To Charge Credit Card \*\***

- I acknowledge that the fee for each session is based on the type and duration of service as laid out online and in the practice policies.
- I understand that Lia Schaefer, LICSW, PLLC does not accept insurance. I understand that Lia Schaefer, LICSW, PLLC can provide a superbill, which will require diagnosis, that I can submit to my insurance. I understand that understanding my insurance company's out-of-network benefits is my responsibility.
- I acknowledge that full payment is due at the time of service. I understand that any phone conversation over 10 minutes will be charged at a prorated fee based \$300/60 min.
- I understand that any appointments scheduled but not kept, as well as any appointments cancelled before the start of the original appt time and time and not rescheduled for the week before during or after the original appt time, will be charged at the full fee for that appointment type and duration as was scheduled.
- I authorize Lia Schaefer, LICSW, PLLC to charge my card, which will be kept on file using secure systems, for office charges. I understand that if my credit card does not accept the charge, I will immediately make the payment to the practice. I understand that I may cancel this authorization at any time, but by doing so, I acknowledge that the balance owed will be due & paid in full. I acknowledge that credit card transactions could be linked to Protected Health Information.

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### **TELEMENTAL HEALTH APPOINTMENTS**

#### **CONSENT FOR THE USE OF VIDEO APPOINTMENTS**

Frequently over the course of counseling it has been useful to use remote counseling. This may happen if you are

sick and cannot make it to the office (including due to weather or snow), when you are out of town, or if you are choosing to be seen remotely exclusively for appointments. This document details the benefits/risks and important information that you will need to know when using remote appointments.

## DEFINITION OF TELEMENTAL HEALTH

TeleMental health means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology and includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means.

## LIMITATIONS OF TELEMENTAL HEALTH APPOINTMENTS

There may be a disruption to the service (e.g., phone gets cut off or video drops, there is a lag in video or audio). This can be frustrating and interrupt the normal flow of personal interaction. Should this occur, there is a risk of misunderstanding one another when communication lack of visual or auditory cues.

As the therapist, I will take every precaution to insure a technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider using a "do not disturb" sign/note on the door.

If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please email, text or call me at 206-928-6363. Please make sure you have a phone with you, and I have that phone number.

## IMPORTANT INFORMATION

I am only able to provide counseling to clients who reside in the states where I hold my license to practice psychology. Lia Schaefer, LICSW, PLLC is licensed in the states of Washington and California.

Go to this link to understand how to use the SimplePractice Video Office platform:

<https://support.simplepractice.com/hc/en-us/articles/360003183011-Telehealth-FAQs-for-clients#howtojoino>  
(<https://support.simplepractice.com/hc/en-us/articles/360003183011-Telehealth-FAQs-for-clients#howtojoino>)

Video sessions are not an emergency service. In the case of an emergency please call 911, go to your nearest emergency room or contact a crisis hotline.

<https://suicidepreventionlifeline.org>

1-800-273-TALK (8255)

## HOW TO MAXIMIZE THE VIDEO SESSIONS

Have excellent lighting behind the camera to make sure I am able to see your facial expressions. Make sure that I can see you from the shoulders up and have a clear view of your face. For couples, please make sure that **both are in the same room** and are fully within the frame from mid-torso to the top of your head.

Test your microphone and camera connection in the 10 min prior to session

A reminder email or text, depending on the preferences you set up when completing your personal information form, will be sent to you the day before or 10 minutes prior to the start of session. This email or text will include the link for your session. If you did not receive it, please contact me by email or phone so that I can send you the link as soon as possible.

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## CONSENT TO RECORD

### Permission to Record Counseling Sessions

- Allowing me to record our sessions may offer you several advantages. Recordings allow me an unparalleled way to review and reflect on our progress toward your therapeutic goals. Research indicates this type of review can lead to increased positive outcomes for you. Recordings also facilitate consultations with other mental health professionals, who are legally bound to the same confidentiality guidelines as me, so you may benefit from additional professional expertise regarding your situation.
- Additionally, recordings assist me in my continuing professional consultation, education, and development as a therapist. During these viewings no identifying information will be presented about you. If by chance someone in the consultation or training group was to know you or a member of your family, they will be asked immediately to leave the group and will not be permitted to participate in the portion of the meeting involving your case. Your case information and the copy of your recorded session will remain with me and will not be reproduced or shared at any point. Once the review has taken place, your session file and/or dvd copy of your session will be deleted permanently.
- You are under no obligation to permit me to audio- or video-record our work together. Additionally, you may decide to withdraw any permission previously given by letting me know in writing. In either case, your choices will not affect your ability to receive, or continue receiving, counseling services from me.
- Recordings are not part of your client file. They are kept in secure storage and used only for approved clinical and professional development purposes. I reserve the right to delete any recordings I have created if I no longer think they have continuing clinical value.
- This agreement does not guarantee that I will record our sessions. I will ask you in session for your permission to record. If you agree to be recorded I will send you a separate form - Release for Video Recording - to review and sign.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.