

Greg Kiper Counseling

Greg Kiper, SUDP, LMHC
greg@kipercounseling.com 425-260-1767

Informed Consent and Practice Policies

The Washington Administrative Code requires that I, Greg Kiper, SUDP, LMHC, inform you of the form of treatment I provide, my fee, and educational background, including experience. This document provides you with important information about my professional services and office policies. Although it may seem like a lot of information, it is very important for you to carefully read this agreement and the other handouts I have included so we can discuss any questions you may have. At the end of this document, I have asked you to sign it indicating that you have read, understand and accept this agreement and the other documents I have included with it. You can revoke this agreement in writing at any time. Generally, I will consider your written revocation request as binding except in a few circumstances. These are: (1) If I have taken action in reliance on the agreement; (2) if you have not satisfied financial obligations you have incurred with me.

Degrees, Registration and Licenses:

I am a licensed mental health counselor and I am registered with the State of Washington Department of Health as required by law, and I currently meet all of the Washington State requirements for Licensed Mental Health Counseling. I hold a Master's Degree in Counseling Psychology from Saybrook University, a Bachelor's Degree in Business Administration from Kansas University and a Certificate in Chemical Dependency Counseling from Bellevue College. I meet all the Washington State requirements for Substance Use Disorder Counseling and for Licensed Mental Health Counseling.

Licensed Mental Health Counselor # LH60917633
Substance Use Disorder Counselor # 60682694

My education and training is in mental health counseling, chemical dependency counseling and marriage and family therapy. I have training and experience in the area of addictions and relapse prevention with adults, teens and families. I also have experience and training in grief and loss, anxiety, depression and codependency counseling. I have received training in Gottman Method Relationship Therapy. I have been in the field of counseling since 2014.

Experience:

I have a combined total of 6 years of experience providing mental health counseling, couples and family therapy and chemical dependency treatment to adolescents and adults in outpatient settings. My experience encompasses work in community-based agencies in Seattle and Bellevue, and private agencies in Bellevue.

Approach:

Effective psychotherapy is a collaborative effort between client and therapist and my style reflects this. I have a strong commitment to offering individuals and families professional mental health services designed to meet their specific needs. To that end, I use a variety of techniques which take an individualized, holistic approach.

Traditional Talk Psychotherapy: This approach includes psychoanalytic/psychodynamic, cognitive/behavioral, dialectical behavioral developmental, educational, narrative, humanistic, existential, family systems and humanistic therapies that utilize a strength perspective to match the individual needs of the client. I might use cognitive techniques to help you think differently about yourself and your situation; I might use insight and interpretive techniques to help you understand yourself and your emotions better; or, I might provide you with communication tools to use to improve relationships.

Non-traditional Therapies: Non-traditional therapies are based on a variety of traditions, which tap into different levels of mind-body-spirit healing. These therapies involve elements from different traditions of healing as well as from the field of transpersonal psychology. I draw from mindfulness, somatic psychology, mindsight, and guided imagery.

Effective therapy requires openness, an attitude of collaboration, and your willingness to invest both time and effort between sessions in working toward personal and/or family change. The success of therapy cannot be guaranteed by any clinician because the outcome is, in part, the patient's responsibility. Although I cannot guarantee a particular outcome, I can promise that I will give my full attention to working with you in a responsible, caring, thoughtful and professional manner.

My intent is to listen, validate, and empower your internal abilities, helping you to discover ways to improve your emotional and mental health. Working collaboratively, the therapist and client are co-learners with the central focus being the client's life. Feedback from the therapist to the client, and from the client to the therapist is extremely important. This energy in working together provides momentum for new ideas and possibilities. The length of time you spend in therapy is solely up to you. I will give you input in this regard. As a consumer, you have the right to ask questions and be responsible for your therapy.

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You have a right to make decisions for your treatment and our relationship is to collaborate in defining the goals for your counseling and treatment. It is important that I help you to do the following:

- Define what brought you here for help
- Determine how you will know you are accomplishing your goals
- Define the outcome you are hoping for

Confidentiality:

The session content and all relevant materials to the client's treatment will be held confidential unless 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 are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens 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.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and #4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

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.

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.

Confidentiality with Minors:

Effective therapy requires that session information remain confidential. If your child is 13 years and older, I cannot disclose information without the child's consent (according to Washington state regulations). I invite youth clients to work collaboratively in determining with their parent/guardians what information should and can be shared.

Disclosure for Families/Couples:

As a therapist, I exercise a "no secrets" policy. This means that clients in family and/or couple therapy should discuss matters during therapy sessions and not with me privately, whenever possible. Some exceptions may apply. Additionally, I will not testify for or against any client in matters of divorce, child custody, etc.

How to reach me:

By telephone:

You may reach me by leaving a message at the office line of 425-260-1767. I am in the office Tuesday through Friday, but I do not answer telephone calls when I am with a patient(s). The phone is answered by a voicemail system that is monitored daily on weekdays. I will make every effort to return your call within 24 hours of receiving your message. In order to expedite this, when leaving a telephone message, please leave times when you will be available for a phone call and the best telephone number to contact you at.

If you are unable to reach me and are experiencing a crisis or feel that you cannot wait for me to return your call, contact your family physician or the Crisis Clinic at 866-427-4747. You may also go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact, if necessary.

By email or text:

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. greg@kipercounseling.com

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Fees, Billing and Payment Policy:

- I operate my practice on a self-pay model as well as insurance. At the end of each session, the client is responsible for payment for the agreed upon rate. Individual sessions with the duration of 50 minutes are \$150. Couple and family sessions are \$150 for a session length of 50 minutes. Longer or shorter sessions may be scheduled in advance with additional fees. I offer a limited number of sliding scale fees for clients.
- I accept cash, check, credit card, or PayPal. If seeking to pay with check, please have it made out to 'Greg Kiper' before the start of each session.
- I do accept some insurance. You can submit for reimbursement from your insurance company if your insurance plan covers "out-of-network" providers. Please, let me know if you are seeking to do this in order to provide you with a 'superbill of services' rendered.
- A \$20.00 service charge will be charged for any checks returned for any reason for special handling. If you have any concerns regarding finances, please feel free to ask.

A note about gifts: I cannot accept any form of financial or material gifts as a therapist, no matter how small. It goes against my professional code of ethics.

All fees are due and payable at the start of the services provided; this includes individual, family, couples and group therapy unless alternate arrangements are made in advance. If you'd like to use insurance to cover your sessions, it's important to check with your insurance company directly.

Urinalysis may be a part of your therapy process and will be provided only if paid for in advance of the service. Fees are charged in accordance with the fee schedule and are due at the time of service.

Scheduling and Cancellation:

Therapy sessions last 50 minutes for individual sessions and 50 minutes for family and couples' sessions unless other arrangements have been made. Once an appointment is scheduled you will be expected to pay for the full cost of the session unless you provide 48 hours advance notice of cancellation not including weekends and holidays. If it is possible, I will try to find another time to reschedule the appointment within my limited workweek. If no alternative time is available during that week, you are responsible for the cancelled appointment. This is necessary as a time commitment is made to you and the time is held exclusively for you. If you are late for a session, you may lose some of that session time.

Independent Practice:

I am a solo practitioner, one of a number of independent practitioners who share facilities at a common business address. My practice is separate and independent from the other clinicians in this office suite.

Referrals for Adjunct Services:

The nature of addiction and mental health treatment will, at times, make it necessary for me to make referrals to other providers for services I am unable to provide to you such as detoxification, medication, medical services, acupuncture, psychiatric evaluation, nutritional evaluation, etc.

In order to meet your goals for treatment it is important that you follow through on pursuing these services in a timely manner. If you are finding it difficult to do so we will discuss this in therapy and will determine the best solution to help you achieve your goal.

Complaints/Disputes:

Please bear in mind that a complaint is a very serious action and should be made if and when you believe *professional misconduct* has taken place. It is important to me that we resolve difficulties together should a problem arise. Part of therapy/treatment is learning new methods to communicate effectively. Before making your decision to report a health care provider, keep in mind that many common complaints such as scheduling problems, personality conflicts, or disputes over bills or insurance are usually not within the Department or board's legal authority to take action. Reports involving fees or insurance claims are only investigated if there appears to be fraud involved.

If you believe that I have caused you harm or have violated your rights, you are asked and encouraged to contact me so that we may discuss the situation. I can be reached by telephone at 425-260-1767 or a written complaint may be mailed to me at 103 Main Ave S., Suite 211, North Bend, WA 98045. If it is not possible to resolve an issue or a complaint in a way that you find satisfactory, a formal complaint can be made with the Washington State Department of Health at the address below.

Washington State Department of Health Professions Quality Assurance^{SEP}
P.O. Box 47865, Olympia, WA 98504-7865

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Certainly, you have the right to accept, refuse or discontinue therapy or to ask for a referral to another therapist at any time. If you choose to do this, please discuss your decision with me before ending therapy. This will allow us a valuable opportunity to discuss the reasons for your decision and will provide a sense of a more thoughtful ending.

I have read Greg Kiper Counseling Informed Consent and Practice Policies

Patient Signature

Date

Parent or Guardian

Date