



Kat Allen, MA, LMHC
Psychotherapist-Yoga Therapist
www.fouraims.com

Client Information

Today's Date:

Client's full name(s)

Mailing Address

zip

Telephone

Home :

Other:

Is it okay to leave messages at either number? Yes_____ No_____

Email:

Kat's email newsletter, which contains important info about her therapy practice, workshops, articles she has written, new findings from relationship studies, yoga and spirituality, is sent out *only 4 times a year*. This is a confidential list, and will never be sold or dispersed. Would you like to receive this? Yes_____ No_____

Client Date of Birth:

Age:

Nuclear Family (the one most relevant at this time) members names and ages:

How were you referred to me?

In the case of an emergency, please notify:

Describe Profession:

Name of Employer:

Work contact number:

Is work contributing to problems with relationship, substance abuse, or impacting you in any other way?

Health Information

Name of your Primary Care Physician or Important Medical Contact:

Phone:

Have there been any major health (physical or mental-emotional) issues, including any addictions or compulsive behaviors, or other stressors (financial, separation-divorce or death), for you or family members within the past two years?

Counseling What brings you to counseling now?

Have you ever sought counseling or therapy before, and for what reason(s)?

How effective or satisfying was it? 0 1 2 3 4 5 6 7 8 9 10

Any historical, Family of Origin, or any other information that would be helpful in an assessing where you are now, and where you would like to go? (Including intentions for therapy):

Disclosure Statement and Office Procedures

I am a Licensed Mental Health Counselor in the State of Washington #LC60146925, a Certified Sex Coach, and a Certified Yoga Therapist (American Viniyoga Institute). I graduated from the Leadership Institute of Seattle (LIOS) at Bastyr University with a Master's Degree in Applied Behavioral Science, with a specialization in Systems (Family and Relationship) Counseling. I practice a whole person-whole systems approach to psychology and yoga therapy that acknowledges the vital role of body, energy, spirit and culture in creating a sense of well-being. I work with the latest findings and applications of the mind/body approaches, such as Interpersonal Neurobiology, Integrative Body Psychotherapy and Mindfulness practices, as well as draw upon several therapeutic approaches that are standard within the counseling field, including the Family Systems models, Cognitive-Behavioral Therapy, Attachment theory, and the Voice Dialogue method for working with our different inner "selves.". For Couples work I rely upon the empirically-based studies and method of John and Julie Gottman, Emotionally Focused Couples Therapy, The Imago model for communication, and approaches developed by Doug and Naomi Moseley, and Gay and Kathleen Hendricks.

Should the use of medications be indicated, I am able to collaborate with a spectrum of medical personnel, including alternative practitioners when preferred. In working with children my approach utilizes non-directive play therapy as well as stress-reduction through self-soothing and inner focusing, with time spent in family sessions to assess the family dynamics as well.

Clients should be aware that I am under clinical supervision with a licensed therapist/supervisor, and a large part of supervision includes the confidential sharing of cases. You have the right to request that I do not discuss your case in supervision.

Financial Agreement

Fees

I charge \$110 an hour for individuals, and \$130 for couples and families, payable at the time of session. I accept checks, cash and Square.

For those committing to 5 consecutive sessions (to be used in 7 weeks), the fees are reduced to \$100-120 an hour:

One hour sessions	\$500 ind/ \$600 couples
1.25 hour sessions	\$625 ind/ \$750 couples
1.5 hour sessions	\$750 ind/ \$885 couples

At this time I do not bill for insurance, but clients are able to receive out-of-Network reimbursement, by submitting an invoice of my services provided directly to their insurance companies. I also offer my services on a sliding-scale basis for those in need. For any NSF check returned by a bank there will be a \$20 fee.

Missed Appointments

Your appointment reserves a full session for you. **If you must cancel an appointment, a 24-hour notice is required to avoid a \$100 charge,** except in the case of illness or an emergency.

Your Rights Regarding Treatment

1. You have the right to request a change of therapy, referral to another therapist or to discontinue therapy at any time.
2. You have the right and responsibility to be informed about your treatment. It is appropriate to raise questions about your therapist's training, her therapeutic approach, and your progress.
3. A record of the health care service you are provided is kept, and you may request to see and/or copy your record time. You may request that notes of your session are not kept, however Washington State law requires documentation of each session date and diagnosis. You may also ask to correct your record. Regular charges accrue for time spent with your therapist reviewing your record, should you decide to do so, as well as fees for copying. Most often your therapist will write a treatment report summarizing treatment and if necessary, send it to the appropriate referral. Please speak to your therapist if you would like more information about reviewing your record.
4. The registration or licensing process within Washington State exists to insure competent and ethical practice in psychology. Registration of any individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. If you feel that your therapist has been irresponsible, unprofessional, or unethical, you may contact the Department of Health at HPQA Customer Service Center, P.O. Box 47865, Olympia, WA 98504, or call (360) 236-4700.

Confidentiality

No information about you is released to anyone without your written consent, except as is required by law or court order. Exceptions to confidentiality include reports of suspected child abuse, sexual abuse of a minor, abuse of an elderly or disabled person; if a person presents a clear danger to themselves or others; or if your therapist receives a court order from a judge to disclose information. In this case your therapist is

obligated by the laws of Washington State to disclose the required information.

Crisis or Emergency

In the event of an emergency or crisis, **please contact the Crisis Care line at (206) 461-3222 or dial 911**

Treatment Agreement and Consent for Treatment

I have read or received the above written statements regarding my financial obligations to psychotherapy, my rights regarding treatment, Kat Allen's qualifications, confidentiality in treatment, grievance procedures, and crisis/emergency procedures. I understand that if there is anything that I need clarification on, or do not understand, I may ask Kat Allen.

I voluntarily consent to treatment with Kat Allen, MA, LMHC. I acknowledge that no guarantees have been made to me as to the effect of such treatment, or care of my condition. I will receive an explanation of the treatment and possible risks involved. I also understand that I may refuse any and all services at any time.

I understand that all clinical information will be kept confidential, except as stipulated by Washington State statutes. I understand that should I have a complaint or grievance regarding services, I understand that I will be assisted in having the grievance procedure explained and having my grievance addressed in a timely fashion.

I understand that I am ultimately responsible for any financial obligation to my therapist, as there is no guarantee that my insurance company (if applicable) will make payment.

Client Signature _____ Date _____

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Therapist Signature _____ Date _____