

Lively Mental Health
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Informed Consent for Psychotherapy and Clinical Disclosure Statement

General Information

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. Feel free to discuss any of this with me.

Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

The Therapeutic Process

You have taken a very 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. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

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 themselves 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.

About the therapist

This information is given in compliance with a Washington State regulation requirement. I am a Washington State Licensed Independent Clinical Social Worker and my license number is SWI.LW.61374691.

My education includes a Master's degree in Social Work from the Smith College Graduate School of Clinical Social Work. The goal of my work is to help people in emotional distress gain relief from their distress through short and long-term psychotherapy.

Education

Master of Clinical Social Work

Smith College Graduate School for Social Work, 2018

Master of Early Childhood and Special Education

Touro College Graduate School of Education, 2016

Bachelor of Science in Educational Theater, minor Creative Writing

New York University, 2013

My clinical practice is based on psychodynamic theory, which promotes the idea that in therapy, emotional relief comes from increasing insight, perspective, and awareness generated by discussions between therapist and client(s) during the therapy hour. I welcome your questions about the benefits and risks of treatment as well as alternative therapies you may also find useful.

Payment: My fee is \$200 per 50-minute session for work with individuals and \$225 per 50-minute session to work with couples. Family therapy is \$225 per 50-minute session with \$25 added per session per family member past two people. The Intake, the first, session are \$225 per 50-minute sessions for work with individuals and \$250 for couples. For Family Therapy, I require an intake session with each family member at \$250 per 50/minute intake.

Fees for collaboration with other professionals, court-related activity, and inpatient psychotherapy may be higher. A sliding fee scale is sometimes available for patients with limited incomes.

Payment is due at the end of each session. I require that you keep a credit card on file with my practice. I will charge your card after each session.

I do not work directly with insurance companies but many policies will reimburse your work with me under an "out-of-network" benefit. I cannot, however, guarantee reimbursement. I recommend contacting your insurance provider to verify coverage of counseling services from an "out-of-network" provider.

Session Fees are reviewed and modified in August of each year. Clients are notified of any change in fee at least 30 days prior to it taking effect.

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

Signature

Date

Signature

Date