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INFORMATION FOR MY CLIENTS

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. I will do all that I can to provide you with the best of care. In order to do so, I provide you with the following information about my professional background, my practice policies, and your rights and responsibilities as a client. It is important that you read this form and ask me any questions you might have before signing it. After you read this form we can discuss, in person, how these issues apply to your own situation.

Education/Training/Experience: I received my doctoral degree in clinical psychology from Washington School of Professional Psychology at Argosy University in Seattle. As part of my training, I completed a 12 month, full-time APA (American Psychological Association) accredited internship at Washington State University Counseling and Testing Services. I am a licensed clinical psychologist in Washington, which means I have attended an accredited training program and have passed the national written examination and the jurisprudence examination given by the Washington State Examining Board of Psychology. I have received much training and experience in psychotherapy with adults and adolescents. I have also worked with children, couples, and families.

Description of Methods and Techniques Used in Counseling: My approach to therapy is based on an integration of contemporary psychodynamic psychotherapy, cognitive-behavioral methods, and family system approaches. This integrative approach allows me to draw on a number of treatment modalities based on your individual needs. I take an active, solution-focused role in the therapy relationship while drawing on the depth and breadth of these modalities. Research has shown that psychotherapy works best when the therapist and client have formed a working alliance in which together they can explore the client's thoughts, feelings, and motivations as well as life patterns and relationships. As a client you should expect me to comment on or question statements, emotions, and behaviors in a respectful and competent but also an honest manner.

Course of Treatment: Therapy will begin with an assessment of your needs, with an emphasis on understanding what you are currently experiencing and why you have sought therapy at this time. We will then work together on setting treatment goals for therapy. This may involve discussing such background information as needed for us to plan your treatment. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy. Therapy ends at your request or when your treatment goals are met. The process of ending therapy, called "termination," can be a very valuable part of our work. We will review your goals, the work we have done, any future work that needs to be done, and our choices. For example, if you would like to take a "time out" from therapy to try it on your own, we should discuss this. We can often make such a "time out" be more helpful. I encourage you to ask questions about your treatment as they arise. Also, please feel free to ask me questions about this or any other form that I give you during the course of therapy.

Client Rights: You have rights and choices as a consumer of psychological services. You have the right to respectful treatment that will be helpful to you. You have the right to ask me about your progress in therapy. You have the right to request a change in the form of treatment, to be referred to another therapist, or to stop therapy at any time. You have the right to get information about my qualifications, including licenses, education, training, experience, membership in professional organizations, special areas of practice, and limits on practice. It seems any relationship can have problems at times and I encourage you to bring up any concern you may have about services, fees, or policies. This way we can clarify the issue and probably resolve it. You may ask me anything about

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therapy—and, if after doing this you feel a major problem needs further review, you have the option of contacting the Department of Health, P.O. Box 47869, Olympia, WA, 98504.

Confidentiality: I will treat what you tell me with great care. My professional ethics (that is, my profession’s rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. However, the law does require the release of confidential information under limited and specific circumstances when there is suspected abuse or neglect of children or dependent adults, a danger to self or others, the inability to meet basic personal needs, a duty to warn a potential victim, a court order, or to law enforcement officers, public health officials, personnel of the department of corrections, or the indeterminate sentence review board for clients committed to their custody. Additionally, the terms of agreement with any insurance you may have may require that your records be released for review by the insurance company or managed care company to insure that the treatment being given is adequate and appropriate according to their guidelines. You or your legal guardian may request disclosure of your records by authorizing it on the release of information form. Any release of information will be discussed with you before being released. You may ask me for a copy of the record of mental health services I provide you. You may also ask me to correct that record.

Emergencies: I cannot promise that I will be available at all times. Although I am in the office much of the time, I usually do not take phone calls when I am with a client. You can always leave a message with the front desk or on my voice mail, and I will return your call as soon as I can. Generally, I will return messages daily except on weekends and holidays. If you have an emergency or crisis, tell this to the front desk person, who will try to contact me. If you have a behavioral or emotional crisis and cannot reach me or the front desk person immediately by telephone, you or your family members should call the Crisis Clinic at (425) 258-4357 or 911, or go to your designated Hospital emergency room.

Fees: The cost of a therapy session is \$150 for a 50-minute session. My fee for the initial intake session is \$250. I accept cash, checks, or credit card and your fee for service or co-pay is due at the beginning of each session. Charges for other services including phone calls (longer than 10 minutes) with you or other professionals on your behalf, psychological assessments, and preparation of reports to be sent to other professionals on your behalf will be \$120 (pro-rated) an hour.

Appointments and Cancellations: Your appointment time is held especially for you. If for some reason you are unable to keep your appointment, please give me as much notice as possible. If you do not give me at least 24 hours notice, you will be charged a no show fee of \$85 for which you will be responsible. Your insurance will not cover the cost of missed appointments.

Tax Status: Fees paid for psychological services may be tax deductible as a medical expense if you itemize deductions.

Contact with Your Referring Physician: If a physician referred you, it may be important for me to communicate with that physician regarding your diagnosis and treatment plan. Attached is a consent form that allows me to communicate with your physician.

I have read and I understand the agreement for provision of psychological services and have received a copy for myself.

Date

Signature