



DAWN DICKSON PSYCHOTHERAPY

(206) 777-5283

dawndickson1@comcast.net

www.dawndicksonpsychotherapy.com



It is my pleasure to welcome you to my psychotherapy practice. The goal of psychotherapy is to develop a deeper understanding of oneself with the purpose of relieving symptoms of distress, enhancing coping and functioning, and to work toward living authentically with greater life satisfaction. I have prepared this document so you will have important information readily available about services, procedures, and expectations. You have the right to know my qualifications and how I do my work. After you have read the following, please ask any questions, and then keep it for future reference. You will be asked to indicate that you have read this material when you sign the statement of agreement form.

I. Professional Qualifications

I am a licensed independent clinical social worker, earning my masters' degree from the University of Washington in 1993 and a bachelor of science in psychology from the UW in 1991. I have twenty years experience providing counseling, therapy, and group process in multiple settings focused on acute and chronic illness, grief and loss, depression, anxiety, stress management, life transitions, trauma, and adjustment to change. I have specialized training in psychodynamic therapy, eye-movement desensitization and reprocessing (EMDR) therapy, grief & loss, coping with illness, dream work, and mindfulness practices. I have a long history of personal study in Jungian psychology.

II. Therapeutic Approach and Process

I use a combination of depth psychology with a Jungian focus and mindfulness based therapeutic practices. In a Jungian therapeutic approach, clients are invited to examine unexplored aspects of themselves in an effort toward wholeness. This is done with dream interpretation, engagement in active imagination, and an exploration of archetypal influences. Mindfulness practices are based on the development of awareness of what is occurring in the present moment. It is a cognitive-behavioral approach that has been proven to help with anxiety, worry, and stress. I draw from these modalities and others to tailor therapy to the individual to help them meet their therapy goals. I also provide EMDR treatment (eye movement desensitization and reprocessing) for concerns related to trauma and significant distress (see the My Approaches and Resources pages of my website for more information).

Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. I encourage you to discuss these feelings with me as they come up in our sessions. Building awareness of these feelings and others in therapy often leads to better relationships, solutions to specific problems, a significant reduction in feelings of distress, and a sense of freedom derived from honest self-assessment and communication. My approach is founded on the belief that individuals have strengths and resources for their own empowerment, and that there is a reciprocal relationship between the client, their therapist and the environment in which he/she lives. In couples' therapy, we focus on communication patterns, roles, assumptions, expectations, attachment concerns, and the point of view that each member in the couple is a separate individual with their own thoughts, feelings and beliefs. I normally conduct an evaluation that will last from one to two sessions. During this time, we can each decide if I am the best person to provide the services you need in order to meet your treatment goals. Therapy sessions are 50 minutes in duration. Clients paying privately can opt to arrange for longer sessions. The frequency of sessions and the duration of treatment will be decided between us, however please know that you may refuse or end treatment at any time.

III. Your Rights as a Client

You have the right to ask questions about any procedures used during therapy. You have the right to decide at anytime not to receive therapy from me. If you wish, I will provide you with the names of other qualified professionals whose services you might prefer. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued. See the document titled Notice of Privacy. To protect your privacy, should I see you in public, I will not acknowledge that I know you. If you approach me, I can then acknowledge that I know you, but will not disclose my relationship to you.

IV. Contact Information

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, you will be able to leave a voicemail for me at (206) 777-5283, which I monitor frequently. I will make every effort to return your call the same day you make it, with the exception of weekends, holidays, and vacations. If you are unable to reach me and need immediate help, please call the **Seattle Crisis Line at 1-(866) 427-4747 or call 911**. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary. Please talk to me if you have any concerns about being able to contact me. Email communication is for **non-clinical and non-emergencies only**. It may be used for appointment changes, referrals and non-clinical questions. I check my emails as often as possible, but if you are canceling an appointment with less than 48 hours notice, please call my cell phone number. As your therapist, it is my expectation that you will respond to my calls and emails in a reasonably prompt manner. Please respond to my inquiries within 24 hours.

V. Electronic Communication Policy:

This information outlines my policies related to the use of electronic communication and social media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. As new technology develops, and my use of the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Texting and Emailing: I prefer using mobile phone text and email only to arrange or modify appointments. Please do not text or email me content related to your therapy, as these modes of communication are not secure or confidential. Please know that any email sent from a computer in a place of work is legally accessible by an employer. **If you need to contact me between sessions, the best way to do so is by phone, especially in case of an emergency.** I return calls received during the workweek within 24 hours, and weekend calls will be returned on Monday. I may not check my email until the end of a business day, so may not be able to respond within my usual timeframe.

Friending: I do not accept friend or contact from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as contacts on these sites can compromise confidentiality and our respective privacy. It may also blur the boundaries of our professional relationship.

Fanning or Following: I do not follow current or former clients on blogs or Twitter. I believe that viewing your online activities without a specific agreement between us could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our therapy sessions where we can view and explore them together.

Use of Search Engines: It is not part of my practice to search for clients on Google or other search engines unless there is a clinical need to do so, as in the case of a crisis, or to assure your physical wellbeing. If I ever have to resort to such means, I will fully document it and discuss it when we next meet.

I participate in various social networks and have an online presence so there is a possibility that you may encounter me by accident. If that occurs, please feel free to discuss it with me during our therapy session. I believe that any communications with clients online have a high potential to compromise the professional relationship.

Tele-health Services: I offer tele-health services for psychotherapy when appropriate and needed. I use a secure online platform called Spruce Health or I use Zoom for Healthcare Professionals. I will send you a tele-health consent form that will outline security/privacy, pros/cons, and risks of use.

Data Management: I use a secure platform called Therapy Notes for data management. Your medical records, forms, and progress notes will be filed in this system. I keep records for 10 years after which time they are destroyed. I do not keep hand-written notes. If I take notes during our session, those notes are shredded after the progress note is logged into Therapy Notes. I keep my schedule in Therapy Notes as well. The system will send you an appointment reminder email 48 hours prior to your appointment. I also bill insurance through Therapy Notes. I keep financial records with Quickbooks with no identifying information, just your initials. I use Ivy Pay for the collection of fees which is a program designed for therapists that holds your bank information securely (I never see it) so that I can charge you and you only need to supply the information once (unless your card information changes).

VI. Termination

Ending a therapeutic relationship is best done in person rather than over the phone or email. I recommend at least one, and often up to three, sessions to properly bring your therapy to a close. You have the right to discontinue therapy at any time. Although the client is generally the one who decides when to end therapy, I also reserve the right to do so, allowing at least one session for closure. If, however, the client verbally or physically threatens or harasses my family or me, I reserve the right to terminate treatment immediately.

I maintain a referral list of other counselors with a range of specialties. I will provide you with a referral to another counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

VII. Cancellation Policy

When we schedule an appointment, I am committing to holding that time for you. If you are unable to keep your appointment for any reason, please give me 48 hours advance notice or you will be charged the full amount of the time reserved for you. I may be able to wave my fee if I can fill your appointment time or reschedule you within the same week. Also, please note that if are more than 10 minutes late for your appointment, I am not ethically or legally able to provide a statement for your insurance company for the session. If you are late for your appointment, you will be charged the same fee as a missed appointment (\$155.00).

VIII. Insurance Fees, Acknowledgement and Agreement

I am out of network with all insurance companies. I do not bill insurance companies directly. I will provide a statement or super-bill for you to submit for out-of-network reimbursement if you have mental health coverage and mental health medical necessity. **Please note that clients are responsible for fees accrued should your insurance company deny your claim.** You should be aware that your contract with your health insurance company requires that I provide information relevant to the services I provide you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plan summaries or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. I will provide you with a copy of any report I submit if you request it. By signing the **Acknowledgment of Receipt of LICSW-Client Services Agreement**, you agree that I can provide requested information to your carrier. If I raise my fees, I will give you two-months' notice. Whether or not you are present to begin your session on time, I will need to end at the scheduled time. If I am late in beginning the session, I will make up the time for you. If I need to cancel with you without 48 hours notice, I will forgive a late cancellation for you.

The undersigned, by providing his/her signature in the space below agrees to accept the therapy services provided by Dawn Dickson, MSW, LICSW in accordance with and pursuant to the terms and conditions set forth herein.

The fee for your initial evaluation and subsequent sessions has been set at \$165 per 50-minute session. If your session goes longer than an hour or if you are participating in intensive therapy, your fee for this service will be negotiated with your therapist and the amount agreed will be charged to you card at the end of each therapy session.

A therapy hour is fifty minutes to an hour. If you are unable to attend your scheduled appointment, you must call 48 hours in advance, or you will be charged a full session fee.

Payments are required at the time of your appointment unless other arrangements have been made in advance. I am accepting credit/debit/HSA cards only. I use a credit card processing app called Ivy Pay. It is a secure platform designed for therapists. I will send a text from Ivy at our first session, and you will enter your credit card information. I will not see this information. You will not need to enter it again unless your card info changes.

The undersigned hereby authorizes Dawn Dickson, MSW, LICSW to charge my credit card. I am also authorizing Dawn Dickson, MSW, LICSW to charge my card when I do not show up for my scheduled appointment or if I cancel in less than 48-hours' notice. The charge for a "no show or late cancellation" is the same as a full session fee, agreed upon in this document.

IX. Litigation

Having your treatment records exposed to any third party has significant clinical implications. By consenting to treatment with me, you also agree you (or your responsible party) will not subpoena your treatment records for the purpose of any kind of legal proceeding as either defendant, plaintiff, or interested party, including custody, divorce, or disability proceedings. Should this occur, I reserve the right to charge my customary fee for the time required to prepare your record for submission, including but not limited to phone calls, depositions, or any other personal or electronic contact regarding your request. By signing this document you acknowledge your understanding of the clinical risks associated with any exposure of your treatment record to anyone other than you and me.

X. Fees for Services Outside of Office Hours

If your insurance company requests documentation, I will charge the contracted amount for printing and mailing. Any other work that includes documentation, printing, reviewing documentation, mailing, and contact with agencies or individuals requested by the client will be charged to the client at my hourly rate, prorated, of \$155.00.

XI. Signatures

Understanding and Consent for Treatment

I have read and fully understand the disclosures, terms and conditions above. I have had the opportunity to ask questions and clarify any concerns. I understand my rights and responsibilities as a client, and my counselor's responsibilities to me. Any changes to this agreement are indicated on this document, dated, and initialed by Dawn Dickson, MSW, LICSW and myself. This authorization constitutes informed consent without exception. I have received a copy of this agreement. By signing this document, I am consenting to participation in the therapy services provided by Dawn Dickson, MSW, LICSW.

Signature: _____

Date: _____

Signature: _____

Date: _____

Parent or Legal Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____