



My intention for our work together is to create a space for you to come to know yourself more fully and to live a life with meaning, connection, creativity, humor, and wonder.

My Approach

Your life is unique and so my approach to you is unique as well. The first principle of my work is mindful listening: being present to what *is* in this moment. Specifically, I encourage the nonjudgmental awareness of your sensations, emotions, and thoughts. I respond to you with empathy and honesty. I help you find your deepest values, and clarify your thoughts.

I trust that everything you need is inside you already, the way the oak tree is in the acorn. My job is to help you create the conditions for that tree to thrive. I am also aware that our lives are seasonal and that thriving requires different things at different times. I deeply believe that the suffering of our lives, while difficult to bear, is a catalyst for awareness and compassion.

In practice my work is eclectic and experiential. I integrate pieces from divergent sources, including existential and gestalt therapy, family systems approaches, depths traditions, and somatic practices. I often look for ways for people to do experiments or activities in sessions that give them a new *experience* of themselves.

Some tools that I use in my work are: mindfulness meditation, parts work from Internal Family Systems, Nonviolent Communication, writing and journaling, cognitive-behavioral exercises, family constellations, visualizations, the Enneagram, and the practice of Hakomi therapy.

I often offer suggestions of things for clients to explore between sessions.

Credentials and Education

I am a Licensed Mental Health Counselor in the State of Washington. I have been working as a solo practitioner in private practice since April 2011. I received a BA from Whitman College in Biology and Theology in 1988 and an MA in Systems Counseling from the Leadership Institute of Seattle in June 2010. I completed an additional two years of study in Hakomi Therapy and was certified as a Hakomi therapist in January 2013. Spiritual awareness has always been important to me, and I have trained in a variety of practices over the past 20 years. I have been a student of the arts including dance, writing, and visual art. Some of my greatest teachers have been my husband, the farm I grew up on, and the natural world.

Fees and Cancellation Policy

My fee for individual counseling is **\$90 for a 60-minute session**. Longer sessions will be billed at a rate of \$20/15-min increments. Fees are payable by cash or check. I ask that we take care of payment and scheduling at the beginning of the session, to leave the time at the end for integrating the work that you do during the hour. Full payment is due at each session and I do not allow debts of more than a single session to accrue. In order for you to make a decision about working with me, I offer a free 30-minute consultation.

I am available by phone between sessions; calls that last more than 15 minutes will be charged at my hourly rate. Likewise, any work such as writing letters on your behalf or talking to



other care providers will also be charged at my hourly rate. I will endeavor to get agreement from you for any billable hours outside our session before I do the work. I adjust my rates periodically and will give you 30-days notice of any fee increases.

If you must cancel your appointment please contact me at least 24 hours in advance. This ensures I can see other clients in the opening and can plan accordingly. **You will be responsible for the fee when cancellations are received less than 24 hours in advance.** Note that health insurance companies will not pay for missed sessions, nor will they pay for telephone calls, reports, letters, or interactions with attorneys and others.

You are not responsible for any costs incurred prior to receiving this statement.

Discontinuing Therapy

You have the right to terminate therapy at any time. If you are ever dissatisfied with my services, I encourage you to speak to me directly about the problem you are having. I have found that this may be a very important part of the therapy process itself.

If you intend to discontinue therapy for any reason, please notify me. This allows us to do whichever of the following is relevant: 1) to address any issues that may have therapeutic value for you, 2) to provide closure for our work together, 3) to provide you with referrals you may want for continuing care, and 4) to ensure that I am aware of your safety.

Emergency Contact

In case of an emergency, if you cannot reach me at my phone number, contact the crisis line at 866-4CRISIS or 206-461-3222. If I am going to be out of contact for some time, I will provide a backup contact number for another therapist.

Ethics and Professional Standards

Supervision of my work: As part of my continuing education as a therapist, I seek on-going supervision from experienced therapists in order to bring you the best possible care. This means that I may share pieces of your story with a supervisor or a supervisory group. When sharing such information, I will protect your privacy and not share identifying information.

Client Rights: As a client receiving counseling services in the State of Washington, you have the right to: 1) Choose the counselor and treatment approach that best suits your needs and purposes; 2) have full and complete knowledge of your counselor's qualifications and training; 3) be fully informed as to the terms under which services will be provided; and 4) refuse treatment.

Confidentiality: As a counseling client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. You can waive this privilege with your written consent. I will act to maximize your privacy even when you waive your confidentiality. Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.



The following are exceptions to your right to confidentiality:

- 1) If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- 2) If I believe that you may be physically or sexually abusing or neglecting either a minor child (under 18 years of age) or a vulnerable adult (one who is dependent on another adult for care), or if you report information to me about the possible abuse of a minor child or vulnerable adult, I am required by law to report this to Child Protective Services or Adult Protective Services.
- 3) If information is required by a court.

In addition, you also received my Notice of Privacy Practices (posted at www.katietalbott.com) which describes how I might use your health information for the purposes of providing you integrated treatment with other providers, billing for services, or operating my business. In all cases, my intent is to provide you with the highest level of confidentiality possible under the law.

Our work together is intended to have therapeutic value for you. In order to maintain this intention, I ask that you not subpoena me or my records in any family court action.

In order to protect your right to confidentiality, I will not acknowledge you if I see you outside the office, unless you acknowledge me first.

Complaints: If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access on-line forms and information at www.doh.wa.gov/hsqa.

Referral Resources: If for any reason, you wish a referral to another counselor you can ask me for a reference or contact Women's Therapy Referral Service (www.therapyreferral.org) or Therapy Search (www.therapysearch.net).

Record Keeping: By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification.



Consent for participation in counseling services provided by Katie Talbott, LMHC
Credential Number: **LH 60459215**

I have received and reviewed the ___ Disclosure Statement and ___ Notice of Privacy Practices. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

Client Signature

Date

Name (Please Print)

Phone

Counselor Signature

Date