



*SHEILA SIMPSON-CREPS* MA, LMHC, MFA  
360-293-3489 Office: 1004 7th St. #207, Anacortes, WA 98221  
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Mail address: P.O. Box 83 Lopez Island, WA 98261

## CLIENT-THERAPIST AGREEMENT

### Client Rights and Responsibilities

Psychotherapy provides a safe environment in which a person may clarify issues, identify thoughts, and feelings associated with issues of concern and to increase insight, awareness and understanding of oneself. You have the right to choose a therapist who best suits your needs and purposes. You have the right to be treated with respect. You have the right to privacy. You have the right, as well as the responsibility, to ask questions about your therapy and to participate in developing the goals of your work in therapy. It is important that any preferences, concerns or issues that arise regarding your therapy be brought into the therapeutic conversation with your therapist to optimize the benefit to you. Your personal growth and the rate at which you make the desired changes in your life are your responsibility. It is important to understand that participation in therapy is not an assurance that desired outcomes will be realized.

### Therapist Responsibilities

It is my responsibility to provide a safe and confidential setting for you to explore and expand your understandings of your life and relationships. It is also my responsibility to provide you with service that is professional and respectful of you, including your values, beliefs, life experiences and relationships. You will find that as a part of the therapeutic process your beliefs, perceptions and behaviors may be challenged as a matter of course.

### Confidentiality

Therapeutic conversations are confidential and will be disclosed only with your written consent, except for confidential consultation with other clinicians.

**Disclosures required or permitted by law** include, but are not limited to:

- 1) court ordered** information, records or testimony;
- 2) mandatory reporting** of suspected **abuse, neglect or exploitation;**
- 3) threat of serious bodily injury or threat to any person's life.**

**Other exceptions to confidentiality** occur when you choose to **a) use a cell phone or email** to communicate with your therapist or **b) use reimbursement systems** provided by your **insurance** company. Since insurance companies routinely require disclosure of a diagnosis, dates and types of service for reimbursement and may conduct an audit of a client's record, complete confidentiality cannot be assured when you choose to use insurance benefits.

### Records

I keep written records of our sessions. You may request, in writing, that information about your therapy be shared with another professional. I will not disclose your record to others unless you direct me to do so, or the law authorizes or compels me to do so.

**NOTE:** If you are planning to participate in individual, family, or couples therapy, it is important to note, that **any participant in individual or conjoint therapy, or legal guardian of a child engaged in individual or family therapy may decide to request records or have records subpoenaed for court actions. Such legal scrutiny runs counter to the therapeutic process and is seriously advised against by this therapist.**

### Appointments

Therapy services are by appointment only and generally run 50-60 minutes. Parent Child Attachment Enhancement sessions are a fixed fee per session at the 60-minute rate. These sessions may run between 45-60 minutes depending on the age of the child, and agreed upon with the therapist and parent. The fee for the initial meeting for all clients will be charged at the intake rate. It is important to conclude sessions in a timely manner, even when material remains to be addressed. You may leave messages for me anytime, day or night. I pick up



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messages regularly and your call will be returned at the earliest opportunity or if left after hours, on the next business day. In the event of an emergency, you are advised to call either 911 or the **Crisis Line at 1-800-584-3578** for immediate assistance.

**Fee Agreement**

I understand that my fee for therapy is, \$100 for a 45 minute session, \$125 for a 60-minute session, or \$135.00 for an initial, or family session, or in agreement with the therapist.

I agree to give 24 hours' notice when canceling an appointment and understand that in the absence of this notice, I will be charged the full fee. Missed sessions aren't covered by insurance.

I understand that brief telephone calls, up to 10 minutes, are not billed; however, telephone conversations or email exchanges taking longer than 10 minutes will be billed at the hourly rate.

**Email shall be used solely for establishing contact and arranging appointments, not for therapy.**

Email is not a completely confidential mode of communication and will be used sparingly.

I understand that I am responsible for the full fee, even if I have insurance that I am relying on to cover the cost of the therapy. I agree to pay in a timely manner any amounts not paid by my insurance company.

I understand that I may request submission of a claim for insurance reimbursement in the event that my therapist is an out-of-network provider with my insurance carrier. I agree to pay the full fee at the time of my session and accept insurance reimbursement coming directly to me.

- My signature indicates:**
- 1)** my agreement to the terms described in this document;
  - 2)** my permission for my therapist, Sheila Simpson-Creps, to claim reimbursement from my insurance company for services rendered;
  - 3)** I have received or reviewed my therapist's "Disclosure Statement" (see page 4) and "Notice of Privacy Practices" and also indicates;
  - 4)** I have been provided or have reviewed online "RCW 18.130.180 Unprofessional Conduct" cited here: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.180>.

\_\_\_\_\_  
 Client Signature Date

\_\_\_\_\_  
 Client partner/spouse Signature Date

\_\_\_\_\_  
 Parent Signature (parent with medical decision-making rights) Date

\_\_\_\_\_  
 Sheila Simpson-Creps, MA, LMHC, MFA Date

My office is located at 1004 7<sup>th</sup> St. #207, Anacortes, WA. There is an elevator for those who require one. Parking is on the street, or behind the building in the Burton parking lot. To access the parking lot you use the alley between 6<sup>th</sup> and 7<sup>th</sup> entering from either "O" or Commercial St.

2 License # LH60389084 For Office Use Only: Client Name



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## Therapist Disclosure Statement

### Education and Training

I hold a dual Master of Arts degree in Psychology and Art therapy from Antioch University, Seattle (2010). I also hold a Master of Fine Arts in Painting from the University of Oregon (1991). Art has been a part of my professional life for 30 years. I am a Licensed Mental Health Counselor with the State of Washington.

I currently have an individual, counseling practice in Anacortes, Washington. I have provided counseling and art therapy for individuals and groups such as, a chemical dependency group, a group for clients with depression, an art therapy group for Hospice volunteers, and a stress reduction group at a hospital community wellness program. I provide limited counseling services to the residents of the Anacortes Family Center.

My specialties are: Grief and Loss, Trauma Recovery (PTSD), Stress Reduction, and I provide a 12-week Attachment Enhancement Program, working with a parent/child (3-6 years old) pair in an art based process to improve emotional ties.

### Therapeutic Orientation

I provide counseling services for individuals, children ages 3+, and adults. My approach is primarily a humanistic client-centered one, with the understanding that you, the client are the expert on yourself. I consider each individual to have an innate healing component to their psyches, and that the dialogue with a therapist facilitates each client's healing.

In addition to talk therapy, I also have been trained as an Art Therapist, Sandplay, and Play Therapist. I encourage the use of creativity, art and imagination, to explore issues that concern the client. **None of these tools are required to be used by clients.** If a client is curious about expressive therapies, no previous skills are required, simply an attitude and willingness to explore and play with images. I use the following approaches: Art Therapy, CBT, Child-centered Play Therapy, Jungian-oriented psychotherapy, and Sandplay. Although I am not an analyst, my therapeutic approach is greatly impacted by the comprehensive work of the eminent analyst Carl. G. Jung.

Although workshops, trainings, and certifications are useful tools to deepen the psychological work, they do not guarantee nor replace the rapport between therapist and client, which research shows, is the most important aspect of successful psychotherapy.

### Professional Associations

I am a member of the following professional psychology organizations

- American Art Therapy Association
- Jungian Psychotherapists Association
- Sandplay Therapists of America