Samaritan
Center of Puget Sound
formerly Presbyterian Counseling Service

restoring hope . . . reconciling relationships . . . transforming lives

Welcome to "The Clinic" at Samaritan Center of Puget Sound

We are pleased that you have chosen Samaritan Center for assistance at this time in your life. We hope that you will find this to be a positive and useful experience.

About Samaritan Center

Samaritan Center of Puget Sound is accredited by the Samaritan Institute and affiliated with the Presbytery of Seattle. Our therapists come from a variety of Christian faith perspectives and represent a wide range of ages and life experiences. They are interested in and respectful of the spiritual values, beliefs and cultural heritage of all persons.

In providing therapy, we seek to engage in a process that is attentive to the integration of mind, body and spirit. We believe that healing occurs on multiple levels – mind, body, spirit and soul – and are always willing to consider with our clients the physical and spiritual as well as psychological aspects of healing. We are curious about the part that spirituality plays in wrestling with life's dilemmas and transition points, and we bring our own heartfelt responses to the situations in which our clients find themselves. We endeavor to promote growth and well-being in our clients, engaging with them in a collaborative manner to make the changes that they desire in their lives.

APPOINTMENTS

Sessions are 50 minutes in length. Consistency in keeping appointments is integral to the counseling process. If you are unable to keep an appointment, your counselor must have 24 hours notice or you will be charged for the session.

FEES

Clients in The Clinic at Samaritan Center are seen on a fee-for-service basis only and may not use insurance benefits to see a clinic provider. Counseling fees are based on client income and are agreed upon during the first therapy session. Payment is made at each session.

YOUNG CHILDREN:

Please do not leave young children unattended in the waiting room. We cannot guarantee their safety. If childcare is a concern for you, you can contact your therapist for more information.

EMERGENCIES:

In the event of a personal crisis, clients may call Samaritan's on-call therapist at 206-527-2266. To leave a message for the on-call therapist during office hours (M-F 9-6), clients should press 0 during the recorded message, or, if the call is made outside of office hours, press 6. If the call is not returned by the on-call therapist after a half hour, clients should call the Crisis Clinic at 206-461-3222.

To leave a non-crisis message, to cancel or change an appointment with your therapist, call 206-527-2266 and follow the voice prompt.

On these pages you will find information that will ensure that your needs as an informed client are met. This includes the training and professional background of your counselor, the rights of clients in counseling, and information about confidentiality.

DISCLOSURE STATEMENT

Kristin O'Hara

THE RIGHTS OF CLIENTS IN COUNSELING

It is appropriate for clients to raise questions about the counselor, the therapeutic approach, the progress of therapy and the cost. As informed consumers, it is the client's responsibility to choose the counselor and counseling modality which best suits their needs. Clients have the right to request a change in counseling approach, referral to another counselor or termination at any time.

All therapists at Samaritan Center of Puget Sound are bound by the ethical codes of their professional organizations, by the laws of the State of Washington, as well as by agency policy regarding the special nature of the therapist-client relationship. This agency expects all counselors continually to be aware of the influential position they hold in the relationship with clients, using this influence in a constructive way. If a client thinks his/her therapist is not meeting this ethical responsibility, he/she is strongly encouraged to address this with the therapist and/or bring it to the attention of the agency's clinical director.

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless that law authorizes or compels us to do so. To see your record or get more information about it contact your therapist.

CONFIDENTIALITY

Counseling sessions are held in strict confidence. It is the client, not the therapist, who determines whether information may be released to persons outside Samaritan, and then only with a release signed by the client. Exceptions to this rule: Washington state law mandates that there is no confidentiality when child abuse or abuse of a developmentally disabled adult has occurred within the last seven years. The counselor may also be required to break confidentiality in life-threatening situations when the client poses a clear and present danger to self or others or is unable to provide minimum life-sustaining self-care. If this occurs, the counselor will take the steps necessary to secure the safety of the client or others.

TRAINING AND PROFESSIONAL BACKGROUND OF YOUR COUNSELOR

Kristin O'Hara holds a Masters of Counseling Psychology from Pacifica Graduate Institute in California. She is an LMFTA – a Washington State Licensed Marriage and Family Therapist Associate (MG 60660744) – and is supervised at Samaritan Center by Kay Abramson, LMFT. Kristin believes that being in a safe and trusting environment with a counselor can give people the strength and courage they need to explore painful life experiences, beliefs, and patterns that can be too daunting on their own. This process can help people overcome obstacles, improve communication and coping mechanisms, and improve overall functioning in all areas of a person's life.

Kristin views her clients as her partners in the therapeutic process. She believes clients are the experts regarding their lives, though they sometimes need assistance during difficult times. Helping the client identify and build on their strengths is also an important aspect of the treatment process. Kristin believes parental involvement is important and works to incorporate parents in the child/youth's therapy whenever possible and appropriate.

THE USE OF AUDIO-VISUAL RECORDINGS

In order to help you most effectively, we may ask you to videotape counseling sessions. These tapes are used by your counselor to double-check their understandings of your concerns.

All records, tapes, or other identifying materials are kept confidential. The use of observation, taping, and supervision is an integral part of our training program and allows for instruction and/or supervisory input ensuring you the highest quality services possible. If you have any questions about these practices, please discuss them with your counselor.

RISKS OF COUNSELING

We are committed to helping you make informed choices as we work with you to address your concerns. This participation includes determining how counseling might benefit you and what techniques to use to help with your concerns. At any time you may ask us to explain why we're gathering information or prescribing a new approach. We will be glad to explain the purpose behind our techniques.

The greatest risk of counseling is that it may not by itself resolve your problem or concern. Thus, we do our best to assess progress on a week-to-week basis. Chronic non-improvement is treated as a reason for immediate referral.

As a professional training facility, we keep close track of research on how to help families most efficiently with least risk. We have learned from research, for example, to minimize conflict and steer around loaded issues early in therapy. You can trust that we will use such trusted information to help you. Should we fail to help you, we'll work with you to find someone who can.

APPOINTMENT POLICY: I understand that consistency in keeping appointments is integral to the counseling process. If I am unable to keep an appointment, my therapist must have 24 hours notice or I will be charged for the session.

FEE POLICY: I understand that having a reduced fee in the Samaritan Clinic means that I will not use any insurance benefits when seeing a clinic provider. I understand that the fee which is arranged at the first session may be adjusted as my financial circumstances change. I agree to pay my full fee to the therapist at each session. I understand that, if I fall behind in my payments, I cannot schedule additional appointments until overdue payments have been paid.

I agree that my fee for each counseling session is $_____ Please initial here _____

Your Consent:

When you have read to this point and asked for clarification if necessary, please read the paragraph below and sign on the lines underneath it.

I have received and read the Disclosure Statement. I have read and understand the above statement on audio-visual recordings and risks of counseling. I consent to participating as a client with a student counselor-in-training, and understand that my therapist will be reviewing recordings or sessions within the context of scheduled supervision sessions. My signature below indicates that I give my full and informed consent to receive services.

_____ _____
Client Signature Date

_____ _____
Client Signature Date

_____ _____
Therapist Signature: Date

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Samaritan Center for Puget Sound.

_____ _____
Signature of client (or personal representative) Date

_____ _____
Signature of client (or personal representative) Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

You will receive a copy of this form and one will be kept in your Samaritan records.

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Name_____ Date_____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

PHQ-9	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself – or that you are a failure to have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐

If you checked off <u>any</u> problems on this questionnaire so far, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult ☐

_ _____

GAD-7	Not at all	Several Days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2. Not being able to stop or control worrying	☐	☐	☐	☐
3. Worrying too much about different things	☐	☐	☐	☐
4. Trouble relaxing	☐	☐	☐	☐
5. Being so restless it's hard to sit still	☐	☐	☐	☐
6. Becoming easily annoyed or irritable	☐	☐	☐	☐
7. Feeling afraid as if something awful might happen	☐	☐	☐	☐

If you checked off <u>any</u> problems on this questionnaire so far, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult ☐

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During the past 12 months…

Do you have concerns about your drug/alcohol use?	Yes	No
How many alcoholic drinks do you have daily/ Weekly?		
Did you spend time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	Yes	No
Did your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	Yes	No
Did you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?	Yes	No
Is somebody close to you concerned about your alcohol consumption or drug use?	Yes	No

Over the past <u>2 months</u>, please rate on a 0-7 scale to what extent these symptoms have being a problem for you. (0= not problem at all; 7= major problem).

____Depressed mood
____Low motivation
____Anger: aggressive/abusive
____Anger: irritability/temper/yelling
____Anxiety: (symptoms of o.c.d.)
____Anxiety: panic
____Anxiety: phobic
____Anxiety: worry
____Body image problems
____Compulsive behavior
____Pain
____Health problems (specify):_____

____Diminished capacity for pleasure
____Diminished sexual interest
____Eating and food problems
____Fatigue
____Financial problems
____Gambling problems
____Grief, loss
____Guilt thoughts/feelings
____Impaired attention/concentration
____Intrusive thoughts
____ Self-esteem difficulties

____Manic/hypo-manic
____Mood swings
____Obsessive thinking
____Pessimism
____Poor impulse control
____Procrastination/avoidance
____Regret/remorse/shame
____Relationship/interpersonal problems
____Sleep disturbance

____Other (specify):_____

Comments:_____

_____

_____