Samaritan
Center of Puget Sound

formerly Presbyterian Counseling Service

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

Welcome to Samaritan Center of Puget Sound.

We are pleased that you have chosen Samaritan 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.

Parking at the Ravenna Office:
Off-street parking is available in the lot adjacent to the Church, as well as along Ravenna Blvd.

Young Children:
Please do not leave young children unattended in the waiting room. We cannot be responsible for their safety.

Crisis Calls:
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 9am-6:30pm), 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.

Non-Crisis Calls:
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 the following pages you will find information that will ensure that your needs as an informed client are met. This includes the training, professional background of your therapist, his or her theoretical orientation and approach to therapy, the rights of clients in therapy, and information about confidentiality.

DISCLOSURE STATEMENT

MARCH GUNDERSON

Training and professional background:

March Gunderson received her Bachelor's Degree from the University of Montana, a Master's of Divinity from Yale Divinity School in 1981 and a Master's Degree in Pastoral Counseling from the University of Puget Sound in tandem with a practicum at Christian Counseling Service, Tacoma, WA. She has been in clinical practice since 1985. She is a member of the American Association of Pastoral Counselors and the Washington Pastoral counselors Association. March is a licensed Mental Health counselor, (No. 020703 LH0003859).

Theoretical orientation and approach to counseling:

The approach will vary according to the needs, issues and personality of the client, couple, family, or group. March employs the use of various therapeutic models, internal family systems, family of origin, object relations, Gestalt, narrative, Jungian, and theological reflection in spiritual direction as she works with the client. A goal for this work is that it will move each person and system toward fullness of living. That each will come to appreciate who they are and how they are living in a world that is full of hopes and expectations.

Rights of Clients

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

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 therapists to continually 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 President/CEO. If you suspect that your therapist's conduct has been unprofessional (as defined by RCW 18.130.180), you may contact the Department of Health by phone at 360-236-4700 or mail : Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857.

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 the 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. In general, it is the client or the guardian of a minor child (age 12 and under) guardian, not the therapist, who determines whether protected health information may be released outside Samaritan Center of Puget Sound. However, there are some exceptions to this rule:

1. Washington State Law requires that suspected abuse or neglect of a child (anyone under the age of 18) be reported.

2. Washington State Law requires that suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults be reported.

3. Washington State Law requires that others be informed if your therapist has reasonable cause to believe that you are gravely disabled or present an imminent likelihood of serious harm to yourself or others. If a threat against others is perceived to be serious, the proper individuals must be contacted; this may include the individual against whom the threat is made.

4. Washington State Law requires that behavior by healthcare professionals which is unprofessional or poses a clear and present danger to patients or clients be reported to the Washington Department of Health.

5. In the event of a medical emergency, emergency personnel may be given necessary information.

6. If you bring a complaint against your therapist with the State of Washington Department of Health, information will be released.

7. In the event of a court order, therapists may be required to disclose information in the presence of a judge.

8. In the event of your death or disability, the information may be released if your personal representative or the beneficiary of an insurance policy on your life signs a release authorizing disclosure.

9. In order to ensure the highest quality of care, your therapist may seek consultation and supervision from other therapists; in these circumstances, identifying information is protected and confidentiality rules bind the consultants.

10. Health information, excluding Psychotherapy Notes, may be disclosed without written authorization from you for the purposes of treatment, payment, and health care operations. Examples of these types of disclosures are listed in Section I of the Notice of Privacy Practices for Samaritan Center of Puget Sound.

11. If you provide written authorization to disclose information to an identified third party for a specified purpose, your therapist will disclose it. You may revoke this authorization in writing at any time. When you revoke an authorization it will only impact shared health information from that point on.

By my signature below, I acknowledge that I have received, read, and understand the Disclosure Statement.

Signature of Client or Personal Representative_____ Date _____

Signature of Client or Personal Representative_____ Date _____

Therapist Signature _____ Date _____
March Gunderson, M.Div., M.Ed., LMHC

By my signature below, I acknowledge that I received a copy of the Notice of Privacy Practices for Samaritan Center of 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 one copy of this form and one will be kept in your Samaritan record.

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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:_____

_____

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