



Anne K. Luopa, M.T.S., L.M.H.C.

406 Main St., Suite 102b
Edmonds, Washington 98020
206-427-4524

Welcome. Thank you for choosing me as your Health & Wellness Psychotherapist. I have prepared this document so you will have important information about my services as a counselor. You have a right to know about my qualifications and how I do my work. You have the right to choose a counselor who best suits your needs and purposes. You also have the right to receive treatment that is non-discriminatory and sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socio-economic status, marital status, and sexual orientation. After you have read the following, do not hesitate to ask any further questions you may have. Please keep this information for future reference.

Theory of practice

I am a licensed Mental Health Counselor with a Masters of Theological Studies and a concentration in Clinical Psychology. My approach to counseling is based on a variety of theoretical perspectives including client-centered therapy, cognitive-behavioral techniques, family systems theory, and existential (meaning-based) therapy. I provide short term crisis intervention and longer term insight-oriented counseling. I begin with the establishment of a respectful, nonjudgmental relationship and spend the first few sessions identifying, assessing, and clarifying your areas of concern and developing treatment goals. These goals may be clarified and/or modified throughout our work together. Although my therapeutic focus centers on your current circumstances, I believe individuals are impacted by childhood and family experiences. The recognition of how these wider experiences may still affect us can lead to a greater understanding and freedom in the present. All individuals are capable of healing through loss, transition, and change, but as this is often a difficult process that may be assisted by a trusted counseling relationship, it is ultimately your responsibility and choice. You may stop therapy at any time or request a referral to another therapist. By the same token, if I believe your issues are outside my range of expertise, I will work with you to find an appropriate referral.

While I offer a range of counseling services for individuals and groups, my specialized interests and training include coping with chronic illness, serious illness, end-of-life issues, depression, anxiety, and a wide range of grief and loss issues including sudden and traumatic loss, anticipatory grief, caregiver support, relationship loss, parent or child loss, and pregnancy loss and stillbirth. My practice may include a variety of therapeutic methods: talk therapy, artistic expression, journaling, home exercises, creative visualization, role-playing, and guided meditation.

Appointments

Most appointments are generally 50 or 55+ minutes in length. This time has been reserved exclusively for you. Sessions begin at the time scheduled, not at the time of arrival. If you are unable to keep your appointment, please call me, or leave a message, at 206-427-4524. I require 24 hour advance notice to cancel; otherwise a flat fee of \$100.00 will be charged.

The professionals in this office space have separate and independent practices. Only the physical facilities are shared. Therefore, your professional relationship here is solely with me as therapist.

Fees and payment

My basic fee structure is as follows, for individuals and/or families:

Intake session:	\$150.00
55 minute session:	\$120.00
50 minute session:	\$110.00

Full payment must be made at the time of the session and may be paid with personal check or cash. For cash payment, please have exact change. A fee of \$25.00 is charged for a returned check.

Confidentiality

All issues discussed in the course of counseling are kept strictly confidential. I will not give information to anyone about your treatment, or attendance in counseling, without your written permission. The only exceptions are required by law, and are as follows:

1. If you provide me with written permission to disclose certain information; or in the case of death or disability, your personal representative provides me with written permission.
2. If I become aware of incidents of abuse or neglect of a child, elder, or vulnerable adult, I must report the situation to the appropriate authorities.
3. If you are in danger of hurting yourself, I must notify the appropriate authorities in order to protect your safety.
4. If you threaten to harm another person, I must warn that person, and notify the appropriate authorities.
5. In certain legal proceedings, I may be required to reveal information in response to a court or administrative agency order, and in certain cases in response to a subpoena, discovery request, or other legal process.
6. Please be aware that both custodial and non-custodial parents may have access to the treatment records of their minor children (under the age of 18).
7. I have the right to disclose protected client information in any legal proceedings involving my license.
8. I may have to disclose certain protected client information in the course of a regulatory investigation by the Secretary of the Washington State Department of Health, but only in response to a subpoena from the Secretary.

I am involved in periodic consultation with other licensed clinical therapists. This consultation assists me in providing you with consistently appropriate services.

However, the guidelines concerning confidentiality are strictly obeyed within the confines of these professional relationships. If you have any concerns or questions about my consultation with other professionals, please discuss them with me.

Office hours and emergency services

Office hours are available Monday - Fridays from 9 a.m. to 5:30 p.m. I listen to my voicemail daily during weekdays and attempt to answer all calls by the end of the next business day. If you need to speak with someone before I am able to return your call, please call the appropriate crisis line, especially during the night when I do not listen to my voicemail messages.

King County Crisis Line: 206-461-3222 or 800-244-5767

Snohomish County Crisis Line: 425-258-4357 or 800-584-3578

If you are dealing with a life-threatening emergency, please call 911 or go to the emergency room of your medical care provider.

Problems with progress

There probably will be times when you feel you are not making any progress. You may get annoyed with something I say, or feel that I don't really understand how you feel inside. It can be extremely helpful to talk about these feelings with me, even though it isn't always easy. You may be averse to conflict or concerned about hurting my feelings. If you do not tell me how you feel, however, those feelings may interfere with your progress. I believe that a frank discussion of your feelings will often lead to an unexpected therapeutic breakthrough.

Completing counseling

The counseling relationship is one that models what relationships are like in life, and I believe it is important to say goodbye when our time together ends. Please give me at least two weeks' notice before you end our counseling sessions. This will give us the opportunity to review your progress and explore the subject of healthy and complete endings.

State disclosure requirements

In addition to the information already provided in this document, Washington State law requires that I provide you with the following contact information for the Department of Health, so that you may obtain a copy of the acts of unprofessional conduct listed under RCW18.130.180:

Health Professions Quality Assurance
Customer Service Center
P.O. Box 47865
Olympia, WA 98504
360-236-4700

Washington State law also requires that I inform you that "Counselors practicing counseling for a fee must be licensed with the Department of Licensing for the protection of public health and safety. Licensure of an individual does not include

recognition of any practice standards nor necessarily implies the effectiveness of any treatment.” I am a licensed Mental Health Counselor in the state of Washington (License #LH00007262).

Social Media Policy

This page outlines my policies related to the use of 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 messaging 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.

If you need to contact me between sessions, the best way to do so is by phone, especially in the case of an emergency. I return phone calls received during the work week within 24 hours, and weekend calls will be returned on Monday. I may not check my email until the end of the business day, so may not be able to respond within my usual timeframe.

Friending

I do not accept friend or contact requests 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 your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Following

At this point in time, I do not have a blog or Twitter stream.

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 Bing 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 well-being. If I ever have to resort to such means, I will fully document it and discuss it when we next meet.

Statement of agreement

I have read this document, understand its contents, and have had an opportunity to ask questions and clarify any concerns.

I agree to the following fee arrangement; I will pay _____per session, payable at the time of service.

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 Anne Luopa, M.T.S. and myself. This authorization constitutes informed consent without exception. I have received a copy of this agreement.

Client signature

Date

Counselor signature

Date

Anne K. Luopa, M.T.S., L.M.H.C.

406 Main Street, Suite 102b
Edmonds, WA 98020
anneklupa@gmail.com
anneklupacounseling.com

Client’s copy

Statement of agreement

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Counselor’s copy