

**Sharon Eiler, MA, LMFT**

206-396-2118

123 Ericksen Ave. NE, Bainbridge Island, WA 98110

216 1<sup>st</sup> Ave. S. #410, Seattle, WA, 98104

## **Practice Disclosure and Client Agreement**

Provision of the following information and written acknowledgement of its receipts are required by Washington State law. Please read it carefully. I welcome any questions you may have regarding this agreement or my services.

### **Professional Profile, Therapeutic Orientation, and Process of Therapy**

I adhere to the code of ethics of the American Association for Marriage and Family Therapists (AAMFT). I have worked in the mental health field since 1990. I received my Master's degree in Marriage and Family Therapy from Pacific Lutheran University in 2003 and became licensed in 2006. I regularly attend professional trainings and consult groups to deepen my knowledge and enhance my therapeutic skills. My therapeutic work has centered around adults, couples, children, adolescents and families.

I use individual, couples, family, and group therapy to facilitate the desired changes and goals as expressed by my clients. I am trained in a broad range of therapies and perspectives, which allows me to approach your difficulties flexibly. Together, we'll consider the "inner" and "outer" components of your discomfort and their involvement in your body-mind system.

I am particularly impressed with therapies that specifically address how your physical and energetic bodies hold past experiences and old patterns that may now be holding you back. For this reason, Lifespan Integration, CIMBS, and other mindfulness practices, attachment theory, and energetic/intuitive work (including Reiki) are modalities I find most effectively and efficiently transformative. These are compatible with recent developments in neuropsychology. Anecdotal evidence suggests they are significantly more efficient, effective, and permanent than conventional talk-therapy in healing most emotional complaints, including but not limited to anxiety, depression, trauma, anger, and relational difficulties. Our goal is to physically and energetically create patterns of wellness in your body-mind, creating a sense of clarity, stability, lightness, and ease—even joy. Practice of these patterns embeds them and allows "spontaneous" behavior changes. You don't have to remember to be different—you *are* different.

Ultimately, we are each responsible for our own growth and change. I cannot guarantee a particular outcome from therapy, but I will partner fully with you in the process. I will devote my full attention to you during our time together and bring all my education and experience to guide and support your desire for a more satisfying, joyful, and productive life.

### **Confidentiality and Client Rights**

Except in the situations listed below, you have the right to have information you share with me held in strict confidence. This information includes the fact that you are receiving counseling and applies to any information disclosed during the course of our meetings. Information can only be released with your signed written consent. The following are exceptions to your right of confidentiality:

1. If you state directly, or I believe from your statements, that you are likely to do harm to yourself or to another person, I must take steps to protect you and/or persons.
2. If I receive first hand information about the physical abuse, sexual abuse or neglect of a minor child or vulnerable adult, I am required by law to report this to the appropriate governmental agency and/or the police.
3. If you are currently in litigation or other court action, you may be asked and/or required to disclose information regarding your therapy. Although I will request your consent to release information, I can be obligated by court order to turn over my records in these situations.
4. If you are paying with insurance, I can be required to show records to cooperate with audits, to verify services, and to otherwise meet company requirements for payment.
5. If you are seeing me in family or couples therapy and you or a family member should see me in an individual session as part of the therapy, information shared with me in that meeting may be shared in the joint session. In all situations, I will first have a conversation with the person disclosing the information. Non-disclosing options will be available as well, but may mean that I'm unable to see you as a group until the matter is resolved.
6. If you are a minor child, or dependent on another to provide transportation, I will provide session dates and times to the person providing transportation in order to facilitate scheduling or rescheduling of appointments.

You have the right to refuse treatment and the right to choose a practitioner and method of treatment. It is important to me that our work together meets your needs. If you believe you are not being helped, please tell me so we can decide the best course of action. If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the issue can be clarified and resolved. If you feel after a discussion the issue is still not resolved, you may contact the State of Washington, Dept. of Health. For a list of acts of unprofessional conduct, contact Health Professions Quality Assurance, Customer Service Center, Box 47865, Olympia, WA 98504. Email: [hpqa.csc@doh.wa.gov](mailto:hpqa.csc@doh.wa.gov). Phone: 360-236-4700. Please read my "Notice of Privacy Practices," available at [www.sharoneiler.com](http://www.sharoneiler.com).

### **Appointments/Cancellation**

Therapy sessions are typically 45 minutes, 60 minutes, or 90 minutes in length, as pre-arranged. As a courtesy to others, your session cannot be extended in the event of a late arrival. If you are unable to keep an appointment, please call to cancel as soon as possible.

Sessions cancelled less than 48 hours in advance will be billed at the full rate. Insurance will not typically cover missed appointments, so you will be responsible for the full fee. If you do not arrive or call within 20 minutes of your scheduled appointment, your session is considered canceled and payment will be required. Less notice is acceptable as necessary in the case of illness, but please bring your full integrity to use of sick days, as it impacts the integrity and effectiveness of our relationship.

Therapy is an ongoing, cumulative process, and significantly more effective when engaged regularly, in a committed relationship. My time, and the weekly promise of my time, is the tangible element of this service. When I commit a time slot to you, I am unable to offer it to another client, because they would also deserve my ongoing commitment of that time. For this reason, I

commit to you the schedule we agree upon (typically a weekly meeting), and ask that you commit to this schedule as well. Rescheduling as available is an option.

**Fees**

I charge a standard fee of \$125 for a 50-minute session. I discount \$15 for uncomplicated payment at time of service. Peripheral services you request are billed at \$125/hour, pro-rated. There is no charge for phone conversations less than 10 minutes in length, unless we discuss otherwise. You are responsible for fees incurred in the collection of past due bills, typically 50% of the original bill. I accept cash and personal check. Payment at the beginning of a session allows us the maximum time for therapy.

**Insurance**

I am an in-network provider for Premera, Regence, Lifewise, First Choice, most Blue Cross Blue Shield networks, and others. I am reimbursable by other insurances out-of-network. It is your responsibility to confirm the extent of your insurance coverage in my care. You are ultimately responsible for services you request. For out-of-network usage, payment is due at time of service unless otherwise arranged. I will provide a monthly receipt which you may submit to your insurance company for direct reimbursement.

**Availability**

I am often not immediately available by telephone, as I do not answer it when I am in session. My telephone is connected to a 24-hour, confidential voice messaging system that I monitor frequently. I will make every effort to return your call as quickly as possible, typically within 24 hours, excluding weekends and holidays. For a more immediate response, call the King County Crisis Clinic, 24 hours every day, at 1-800-244-5767. If I am to be unavailable for an extended period of time, I will provide you with the contact information of a colleague you may contact if necessary.

**Client Consent to Engage in Therapy**

I have read Sharon Eiler’s Disclosure and understand its contents. I have asked any questions I have about this statement. I consent to therapy under the terms described above, and understand that I have the right to terminate therapy at any time. My signature on this document attests that I have read the above information, that I consent to therapy, that I agree to the terms in this document, and that I have received a copy of this agreement and of Sharon Eiler’s Privacy Practices.

_____	_____	_____	_____
Client (13 and older)	Date	Participant or Parent/Guardian	Date
_____	_____	_____	_____
Participant or Parent/Guardian	Date	Sharon Eiler, MA, LMFT	Date

“Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.” **LMFT is the state’s highest designation (beyond Registered Counselor or Licensed Associate) and carries educational, experiential, testing, and continuing education requirements.**  
MFT License # LF00002456