**TRACEY GRADY, MA, LMHCA**

**Tracey Grady Counseling & Body Based Healing**

420 Bell Street #202, Edmonds, WA 98020

6512 20th Street Court West, Suite B, Fircrest, WA 98466

**DISCLOSURE OF INFORMATION, POLICIES, AND CLIENT AGREEMENT**

*The next few pages will give you more information about me, my approach to therapy and treatment, as well as your rights and responsibility as a client. Please let me know if you have any questions about anything in this document.*

**Education, Training, & Experience**

I am a mental health counselor trained to work with children, adolescents, adults, couples, and families. I received my Master of Arts in Counseling and Psychology from the Seattle School of Theology and Psychology in June 2015. I have more than 200 hours of practicum experience and over 400 hours of clinical internship hours working in individual and group settings. I continually participate in ongoing professional training and education. I am also a Registered Yoga Teacher at the 200 hour level and am currently enrolled in a 500 hour training program.

**Therapist’s orientation, methods, techniques**

My role as a therapist is to provide you with a safe, empathetic, non-judgmental environment where together we can begin to address your areas of concern. My practice is grounded in an integrated and holistic mind-body-spirit centered approach. I draw on a variety of modalities including psychotherapy, relational therapy, neurobiology, attachment theory, play & art therapy, mindfulness, and cognitive behavioral techniques. I place great value on the therapist-client relationship as a vehicle for enhancing emotional well being and developing self-understanding and awareness. My training as a yoga instructor allows me to incorporate techniques from this tradition for symptom management and stress reduction.

When working with children, my work will largely be done through play therapy techniques since play is the natural language of children and is how children make sense of their experiences. It is important that I meet with parents periodically to discuss concerns as well as the child’s progress.

I offer a trauma-informed protocol called PATCH (Parenting Adopted and Traumatized Children) designed as a therapeutic intervention for parents and children in situations where the child has been involved with the foster-care system, has been adopted, and/or has a history of trauma.

As therapy involves dealing with difficult subjects and emotions it is important to be aware that you may feel worse before you feel better. Know that this is part of the healing process; change can be difficult but deeply rewarding.

**Beginning and ending therapy**

You have right to stop therapy at any time and/or refuse to participate in a particular activity. In the event I am unable to meet a need that arises during our work together, I will do my best to provide a referral for you, either to see a specialist in addition to our work or a therapist better suited to your needs.

The length of therapy can vary greatly. You have the freedom to end this process at any time. However, I believe the ending process to be a significant aspect of therapy and we will work together to make this transition as smooth as possible. Please know that you may return to therapy at any point in the future.

**Transfer of files in the event of disability or death of therapist**

Tracey Grady, LMHCA designates colleague Kelly Ebels, LMHCA ( to assume responsibility of client records, as well as contacting said clients to inform them of Tracey’s disability/death. Clients are free to choose whether to continue therapy with Kelly Ebels, or discontinue therapy.

**Confidentiality**

Content of all therapy sessions are confidential. Both verbal communication and written records about a client cannot be shared with another party without written consent of the client or the legal guardian.

The following situations are **exceptions** to your right of confidentiality:

1. If you disclose intentions or a plan to **harm another person**, I am required to warn the intended victim and report this information to legal authorities. If you disclose or imply a **plan for suicide**, I am required to notify legal authorities and make reasonable attempts to notify your family.
2. If you state or suggest that you may be physically or sexually **abusing or neglecting a minor child or vulnerable adult**, or if you report information to me about the possible abuse or neglect of a child or vulnerable adult, I am required by law to report this to Children’s Protective Services or Adult Protective Services.
3. If you are currently in **litigation** or become involved in litigation during treatment or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Please inform me as soon as you know that you are likely to be in such a legal situation so that I can exercise due caution to protect your privacy.
4. If you submit claims to your **insurance company**, they will likely require some information regarding your treatment with me. Most insurance companies require only basic information, often including psychiatric diagnosis. You have the right to know the diagnosis that I use in any communication with your insurance company or other third-party payer or agency.
5. If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (court, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents agreement to this requirement.

In some cases it will be useful to the treatment for me to discuss your situation with others such as your physician, your former therapist, etc. I will require your written permission prior to this exchange of information.

As an LMHCA, I am required to meet with a licensed supervisor to discuss my work with clients. I also participate in consulting groups in order to better serve my clients. There will be times when I will share with these entities about our work together. I do not provide any identifying information about you in these consultations.

**HIPAA and WA State notice of privacy practices**

Please take some time to read over the HIPAA Notice of Privacy Practices and sign acknowledgment of receipt of this document.

**Email and phone communication**

To protect your privacy, all emails and texts should be limited to scheduling and billing concerns. When I receive communication from you via email or phone, I will respond within 24 hours, acknowledging receipt. Please keep your messages brief, as therapeutic content is reserved for your scheduled time.

**Crises**

If you find yourself a danger to yourself or others or in a crisis situation, please call one of the numbers below **immediately**.

|  |  |
| --- | --- |
| **General Emergencies** | **911** |
| **Care Crisis Response Service** (a 24-hour crisis line offering emotional support, crisis intervention, and referral assistance through Volunteers of America | **800-584-3578**  **425-258-4357** |
| **Pierce County Crisis Clinic** (provides crisis intervention, information, and referrals to all people of Pierce County) | **800-576-7764** |

If you need additional therapeutic support between our regularly scheduled sessions, please contact me to set up an appointment. If I am unavailable in the interim, I will arrange for you to be seen by another therapist in my office.

**Rates**

My fees are as follows:

|  |  |  |
| --- | --- | --- |
|  | **Fee at time of service (non-insurance)** | **Insurance rates** |
| 90-minute intake session | $150 | $185 |
| 55-minute individual session | $110 | $145 |
| 55-minute family session | $110 | $145 |
| Missed appointment fee | $75 | $75 |

Payment is due at the time of service and can be made by cash, check, or credit card.

Please refer to my financial policy document for more detailed information.

**Complaints**

If you have any concerns about our work together, I hope you will let me know. I take such concerns seriously and treat them with care and respect. You may also contact the Washington State Department of Health at:

1112 SE Quince Street PO BOX 47890

Olympia, Washington 98504-7890

DOH Consumer Hotline - (800) 525-0127

Health Profession Licensing - (360) 236 - 4700

**Scheduling**

I require 24 hours’ notice if you need to cancel or reschedule your appointment. If you miss an appointment, you will be billed $75 for your missed appointment. I will try to reschedule you during an opening, but this is subject to availability and is not guaranteed. If you are late to your session, you will have a shorter session that day. Please be aware that cancelled appointments are not covered by insurance and will need to be paid out of pocket.

**Social Considerations**

It is considered unethical for me to accept contact requests from current or former clients on any social or professional networking sites. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy.

Also in respect to your privacy, if we encounter each other in a public setting, I will leave it up to you to determine if you want to initiate contact.

**Client consent to treatment**

I have read and I understand Tracey Grady LLC’s Disclosure of Information, Policies, and Client Agreement. I understand and agree to the terms of confidentiality and its exceptions as stated above. I consent to counseling with Tracey Grady LMHCA/Tracey Grady LLC, under the terms described above and understand that I have the right to terminate counseling at any time. My signature below indicates that I have received a copy of this agreement. For clients under the age of 13, consent must be given and this form must be signed by a parent or legal guardians.

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Client name (please print)

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Client signature Date

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Parent/guardian #1 signature (see above) Date

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Parent/guardian #2 signature (see above) Date

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Tracey Grady LLC Date

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