

Client Agreement

My Training and Approach to Counseling & Coaching

My educational background includes a Bachelor of Science in Psychology from the University of Washington; Masters of Arts in Psychology, Mental Health Counseling from Antioch University, Seattle; and training in hypnotherapy.

My practice involves working with individuals, couples, families & groups. My approach to counseling & coaching combines many therapeutic philosophies and methods including those that: build skills, delve into personal history, focus on current behavior, and draw attention to the importance of social systems and the impact they have on our lives and personalities. Which skills are used at any given time is determined by client needs.

My goal is to help people develop healthy relationships with themselves and others. I support and trust that the keys to change lie within you, the client. My job is to challenge, coach, support, and, guide you to discover those keys and unlock your potential. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them.

You are responsible to set goals, communicate your experience and goals, follow through with homework to the extent you desire, and change whatever you are ready to change. I see you as the one who sets the course for your own life and as the one responsible for the decisions and life changes you make. While I may make suggestions, give opinions and offer advice, you are in charge of what choices you make and how you implement them. I cannot guarantee that specific changes will occur as a result of our sessions.

Silverstream Unlimited, PLLC ascribes and adheres to the Code of Ethics of the American Counselors Association and the International Association of Coaches; and must also answer to the ethical and professional standards of the Washington State Omnibus Credentialing Act of Counselors and the Uniform Disciplinary Act for the Regulation of Health Professions.

Confidentiality

You have privileged confidential communication with me with the exception of the situations listed below. I will always act to maximize your privacy even when you waive your right to confidentiality. The following situations are exceptions to your right of confidentiality:

1. If I believe that you are likely to do harm to yourself or another person.
2. If you reveal that you have committed or are contemplating committing a crime.
3. If I believe 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 unreported abuse or neglect of a child.
4. If you are currently in litigation, or become involved in litigation.
5. If you are seeing me in couples or family counseling/coaching, and you, your partner, or another family member sees me in a related individual session, information shared with me in that meeting may be shared by me in joint sessions.

Appointments and Fees

Appointments are held by phone or in person. My fee is \$70 per hour. Partial hours are charged in 5-minute increments. Payment is due at the end of each appointment. I accept cash, checks, and credit cards. A \$35 processing fee is charged for returned checks.

All work performed as part of your counseling/coaching, including reading & responding to emails, requested research, travel time, and between-appointment phone check-ins, are charged in 5-minute increments.

The scheduled time for your appointment is set aside for you. **If you miss an appointment without canceling, or if you cancel with less than 24-hours notice, you are responsible for paying the full payment of the missed appointment.** If you are late for an appointment, you will receive the remainder of your scheduled time and charged for the full appointment. If I am late, you will receive your full appointment.

Quality of Service

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that we can talk about it and clarify or resolve the situation. If you see that this does not resolve the issue, you may contact the Washington State Department of Health, Health Professions Quality Assurance, 310 Israel Rd, P.O. Box 47860, Tumwater WA 98501-7860; Email: hpqa.csc@doh.wa.gov; Phone: (360) 236 – 4700.

Termination of Service

It is every client's right to choose a practitioner and methods which best suits their needs. You are free to terminate counseling/coaching at any time, however, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled appointment.

Client Consent to Counseling/Coaching & Financial Agreement

I have read, or have had satisfactorily explained to me, this Silverstream Unlimited, PLLC Client Agreement and understand it. I have asked any questions that I had about this and about payment policies. (For clients under the age of 18, a parent or legal guardian must give consent.) I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling/coaching under the terms described above.

_____ / _____	_____ / _____		
Client Signature	Date	Signature, Ann Silvers	Date
_____ / _____	_____ / _____	Counselor/Personal & Relationship Coach	
Parent/Guardian Signature	Date	Manager, Silverstream Unlimited, PLLC	

Ann Silvers: Registered Counselor, State of Washington #RC00041593

Counselors must be registered or certified with the Department of Health. This requirement and description of client rights and counselor responsibilities are described in chapter 18.19 of the RCW (see <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.19.010>). Registration with the Department does not include recognition of any practice standards, nor imply the effectiveness of any treatment.

I encourage you to read more online or in the related brochure prepared by the Department of Health.