**Amanda Sappington, MS, LMFTA**

Licensed Marriage and Family Therapy Associate (MG60328581)

1414 N. 42nd St., Seattle, WA 98103 | 206-679-6823

sappingtonmft@gmail.com

**Disclosure of Practices/Therapy Contract**

**Purpose of Disclosure:** The purpose of this disclosure is to ensure that your rights as a client are clear to you from the beginning of our therapeutic relationship, and that you feel empowered through therapy. First of all, the services I provide are strictly on a voluntary basis. It is your right to terminate therapy at any point that you choose, though I prefer to have some notice so that we may plan a termination session where we can review our goals and the progress we have made together. Secondly, you always have the right to ask me questions regarding the therapeutic process, and to inform me if you do not like an approach I take.

I am licensed by the Washington State Department of Health as a Marriage and Family Therapy Associate. However, this is not a guarantee by the Department of Health that treatment will be effective, nor a recognition of practice standards. It is up to you, as the client, to determine if my approach to the therapeutic process will fit with your needs.

The purpose of licensure in Washington is to make sure that clients have someone looking out for their health and safety. If you ever feel I have behaved in an unprofessional manner, or have questions about the ethical implications or the legality of what happens in therapy, it is your right to contact the Washington State Department of Health. Their mailing address is PO Box 47890 Olympia, WA 98504-7890, and their phone number is (360) 236-4700.

**Education and Experience:** I graduated from Seattle Pacific University in August 2012, with my MS in Marriage and Family Therapy. During my time in the program, I was a clinical intern at Compass Health in Smokey Point for eighteen months, where I saw individual adults, children, teenagers, and families. I also saw premarital couples at Seattle University during this time. Prior to attending SPU, I received my BA in Psychology from Biola University in La Mirada, California.

**Confidentiality**

Our relationship is confidential in nature, which means that I will not discuss anything that could identify you to others without your written consent. As part of therapy and treatment I may ask to communicate with your primary care physician or other people pertinent to your treatment, but will not do so without your permission. I may at times consult on cases with colleagues to ensure that I deliver the best quality of care possible. However, I will not give out identifying information like your last name or address. The only times I may break confidentiality and release your information and information we discussed are in the following situations:

* + If I have reason to believe you are planning to seriously harm yourself.
  + If I have reason to believe you are planning to harm another person, I am required by law to warn that person as well as to contact the police.
  + If you tell me about any abuse or neglect of a child under age eighteen, either by you or another person, I am required by law to contact Child Protective Services. Likewise, any abuse or neglect of a dependent adult will be reported to the authorities.
  + If I am court ordered to communicate with a judge or lawyer about you.

**About Me**

I approach therapy in a collaborative manner, addressing the client’s holistic needs by utilizing the strengths of both the client and the therapist. I also work with clients to identify resources and supports which can help them improve their quality of life. I use a variety of therapeutic approaches and techniques such as: family therapy, parenting support and education, play therapy with children, and other client-centered approaches. While I may utilize many different theories during our time together, my main orientation for working with you in the therapeutic relationship is through a Narrative Therapy lens, which will be reflected in my approach.

Therapy is based on a relationship built from mutual trust and respect, and so the first few sessions will be spent getting to know you and finding out your strengths as well as what areas you need support in. While you may stop therapy at any time, I generally like to plan for eight sessions together. At that point, we can reassess what your needs are and figure out a plan that works for you as an individual client. Each session will usually be 50 minutes.

**Emergency Contacts**

If you are in an emergency situation in which you or another person is in danger, call 911. If you are having a personal crisis and cannot reach me on my office phone or after hour line, the Care Crisis Line is available at 206-461-3222. They will be able to listen to you, walk you through your crisis and help you figure out what you need to do next.

**Financial Arrangements**

I do not accept insurance. I charge $85 for each individual 50 minute session, and $130 for a 90 minute couple or family session. I charge a full session fee for any cancellation that is made without giving 24 hours notice. All fees should be paid by the beginning of session, unless we have discussed other arrangements. It is up to my discretion to charge a sliding scale fee according to your income. I can accept cash, check, or major credit cards, though there is a $2.00 fee for credit or debit card. I also charge for telephone calls and other services I may provide, and that charge is equivalent to the percentage of a session spent on these services, billed to the five-minute increment.

**Signatures**

If you choose to sign below, you are acknowledging that you have read and understand this form and you are voluntarily choosing to accept the conditions of therapy. My signature states that I have gone over any areas of this form with you that you did not understand, and that I am committing to follow the conditions laid out for myself as the therapist.

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**Client’s Signature Amanda Sappington, LMFTA Date**

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