



CHARLOTTE UNDERWOOD

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Client Information Brochure

This brochure describes my practice and policies as well as some general information about how therapy works. After you read this brochure, we can talk in person about how these issues apply to you and I can answer any questions you might have. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

Description of My Practice and Training

There are many different theories and approaches that can inform an approach to psychotherapy. Depending on your needs, it is my intention to work in a way that is most effective and comfortable for you. My education and training have included: cognitive-behavioral psychology, attachment and relational psychotherapy, interpersonal neurobiology, focusing oriented psychotherapy, and somatic-body oriented approaches to treating anxiety, depression, and trauma.

I also bring to my practice extensive education and experience in the field of interpersonal communication, conflict facilitation, and group process. I have a double Bachelor of Arts degree from the University of Washington in Psychology and Speech Communication (Rhetoric) and a Master of Counseling Psychology degree at Pacifica Graduate Institute. My continuing education courses, training, and experience have focused on depression, post-traumatic disorder (PTSD), neural/brain theory, attachment theory, grief, and somatic (body) psychotherapy.

The Therapeutic Process

By the end of our first or second session, I will share with you how I see your situation and suggest some ways that we might best work together. I view therapy as a partnership between us and it is important that you let me know if you do not like the direction we are taking or if you are uncomfortable for any reason. Any suggestions that I make for action, change, things to try or practice, etc. are just that – suggestions for you to consider and try out, it's always your choice to follow my suggestions. We will periodically review how our time together is working for you and if any changes need to be made in how we are approaching your care.



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There are some risks that come with the many benefits of therapy. Therapy may bring up uncomfortable levels of sadness, guilt, anxiety, anger, or other negative feelings inside of the therapy session and outside of it. As you make important changes in your life, important relationships may also undergo stress or change. Most of these risks are to be expected when people are making important changes in their lives. It is important that you keep me informed as to how you are feeling.

We will periodically assess how you think the therapy is working and when the time comes to end therapy, we will discuss this process. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree to meet for at least one session to discuss this and review our work together. We will review your goals, the work we have done, and any future work that needs to be done. Sometimes it is necessary or can be helpful to take a “time out” from therapy, we should discuss this so that your “time out” be as helpful and supportive as possible.

If you could benefit from a treatment I cannot provide, I may make suggestions that will help you to get it. You have a right to ask me about such other treatments, the risks, and the benefits. Based on what I learned about your problems, I may recommend a medical exam or the use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will work to coordinate my services with them and with your own medical team.

If for some reason your treatment with me is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.



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State laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure.

As part of my effort to maintain your privacy, if we meet on the street or socially, I may not say hello or engage in a conversation with you unless you initiate it. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. I will, of course, respond if you approach me.

In your best interest, and following the APA’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. That is why I may ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. I will not reveal that you are receiving treatment from me unless you give me permission or in a few rare situations listed below. Your confidentiality is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or another person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.



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2. If I believe a child or a dependent elder has been or will be abused or neglected, I am legally required to report this to the authorities.
3. If you are suing someone or being sued or if you are you being charged with a crime. If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

There are two situations in which I might talk about part of your case with another therapist. First, when I am away from the office for an emergency, illness, or extended vacation, I may have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies if you wish, or I believe, you are in danger. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I sometimes consult other therapists or professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation. It may also be beneficial for me to confer with your primary care physician about your psychological treatment or to discuss any medical problems for which you are receiving treatment and I would consult with you before speaking with your other medical providers.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled by the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believed that the information will be harmful to you, but I will discuss this with you.

Please tell me if you want me to send mail, email, or phone you at a more private address or number than, say, your home or workplace.



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About Our Appointments

We will usually meet for a 50-minute session once or twice a week to begin and then less often as necessary. Unless it is a personal emergency, I will tell you in advance when I am planning a vacation or any other times we cannot meet. An appointment is a commitment to yourself, to me, and to our work. We agree to meet on time and if one of us is running late, we will call or text with an estimate of how late we will be. If I am ever unable to start on time, I ask for your understanding as I may have an emergency with another client. If you have a scheduled appointment with me and I am not there or available online within 15 minutes after the start of your appointment time, please knock on the door, text, or call me before you leave. If you are late, I will wait 15 minutes before I assume you are not coming. If you show up late we may not be able to meet for the full time because it is likely that I will have another appointment after yours.

Regarding cancellations: I consider our meetings very important and prepare for them. I ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please call me at least 24 hours or more in advance of your appointment. Your session time is reserved for you. I am rarely able to fill a canceled session unless I know in advance. Unless I can fill the time slot you will be charged the full fee for sessions canceled with less than 24 hours' notice, for other than the most serious reasons. Your insurance will not cover this charge. If it snows and you or I are unable to make it to my office, we will reschedule your appointment or arrange for your session over the phone.

Exchange, Payments, and Billing

Services are provided in exchange for a fee that supports me in this work with you, and it also expresses your commitment to your own healing. It is an important part of any professional relationship and especially true in therapy as we seek to become more mature and responsible in all relationships.

My current fee for a 50-minute session is \$130.00. You will be given advance notice if my fees change. This fee (or your copay &/or co-insurance if your insurance is being billed) is due at the end of each session. I accept payment in cash, checks, via Venmo, Paypal, or credit card.



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I will assume that our agreed-upon fee-exchange relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship. Because I expect all payments at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 5 days of when you receive it. You can request a statement from me at any time. If you think you may have trouble paying your bills on time, please discuss this with me. Clients who owe money and fail to make arrangements with me to pay may be referred to a collection agency. A late fee of 15% of the unpaid balance will be charged each month. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

Health Insurance Coverage

If you are using your health insurance, you are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Please contact them to ask about coverage for "Outpatient Mental or Behavioral Health Therapy." If your health insurance pays part of my fee, I will bill your insurance directly if possible. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will expect this payment from you. I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail, email, or by fax.

If You Need to Contact Me

I cannot promise that I will be always available to answer a call, but you can always leave a message on my private voice mail and I will return your call as soon as I can. If you have an emergency or crisis, please state this in your message to me. If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call 911 or go to your nearest hospital.



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If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you. I am also required to contact this person or the authorities if I become concerned about your harming someone else. I will ask that you include the name and information of your chosen contact person on the Confidential Client Information form I will give you to fill out.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the



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subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues, and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of the client (or person acting for client)

Date

Printed name

Relationship to client:

- Self Parent Legal guardian
 Health care custodial parent of a minor (less than 14 years of age)
 Other person authorized to act on behalf of the client - specify: _____

Initials here to show that you have read this page: _____



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I, the therapist, agree to meet with this client (and/or his or her parent or guardian) and will have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist/Charlotte Underwood

Date

I truly appreciate the chance you have given me to be of professional service to you and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client

Copy kept by therapist