

Intake and Disclosure

Name (s) _____ Date _____

Home Phone (s) _____

Cell Phone (s) _____

Email Address (H) _____

Home Address (s)

Preferred Method of Communication: Phone _____ or Email _____ Text _____

Occupation (s) _____

Date (s) & Place (s) of Birth _____

Briefly describe what you hope to accomplish in therapy

How were you referred (please list name of contact or referral source)?

Google/Website

Friend/Family: _____

Psychology Today

Other: _____

Appointment Cancellation Policy: Please Read Closely

Appointments cancelled with less than 72-hour notice will be charged full fee. True emergencies do not include changes in your work schedule. **If you want to cancel or reschedule an appointment that is within 72 hours do not use the Therapy Notes Client Portal.** Please contact me by directly by phone if you need to cancel or reschedule an appointment that will occur within 72 hours.

DISCLOSURE STATEMENT

Washington State law requires that all marriage & family therapists present to new clients a disclosure statement that specifies the therapist's background, experience, theoretical orientation, and approach to therapeutic services. This disclosure statement is intended to help you become an informed consumer about these aspects of my clinical practice and your rights as a client.

THERAPEUTIC APPROACH

Joseph is an Attachment based Emotion Focused Therapist (EFT). He is a fully certified Emotionally Focused Couples Therapist and a Level 2 Emotion Focused Individual Therapist. His approach is rooted in assisting clients to become fully aware of unrecognized, unshared primary emotions and reactive disconnecting secondary emotions. His goal in therapy is to help couples; men and women cultivate a greater awareness and acceptance of emotion. He can help you develop the ability to communicate these primary emotions in ways that will foster increased intimacy with partners, spouses and other relationships.

As an EFT therapist he helps couples and individuals gain greater awareness of their core identities. Working with his clients he assists them develop deeply meaningful ways of how we interact with others. In gentle and powerful ways he helps his clients understand how they have become distant from once cherished loved ones.

He will work with you individually or as a couple to become more aware of the emotions, thoughts and behaviors that have shaped you and continue to play out in your life. Together, he will help you grow a safer, more accepting and secure connection to yourself and to those with whom you are in relationship.

Joseph is also a member of King County Collaborative Law. As such he updates his training in the emerging field of Collaborative Law, as a Collaborative Divorce Coach. He can help you negotiate the difficult task of divorce.

He is open and affirming to all races, ethnicity, sexual identities and orientations.

Education

- MA, Couple, Family Therapy, Antioch University, Seattle, WA 2010
- BS, Communication, University of Utah, Salt Lake City, UT, 1980
- Collaborative Dispute Resolution: King County Collaborative Law, 2007-2008.
- Providence of Seattle Hospice, Patient Care Volunteer, 2006-2008.

Recent On Going Education

- International Centre of Excellence in Emotionally Focused Therapy:
 - Certified Emotionally Focused Couples Therapist
- Antioch University:
 - Level 2 Emotion Focused Therapy with Individuals

Risks and Benefits of Therapy

I would like you to be aware that therapy does have its benefits and its risks. It is very important to note that you do not have to change. Progress can come, if you choose, from simply becoming more aware. With increased awareness change can happen. As therapy progresses, clients may experience some temporary uncomfortable feelings such as anger, frustration, sadness, loneliness, and helplessness. As increased awareness results, clients typically report positive results from therapy including better relationships, solutions to specific problems, and reductions in their feelings of distress. Change can happen, it does not have to be forced, but it can take time.

PROFESSIONAL CREDENTIAL

WA State: Licensed Marriage & Family Therapist: LF 60307414

CLIENT RIGHTS

As a client, you have the right choose a therapist who best suits your needs and goals. If you work with me, you have a right to raise questions about my therapeutic approach and to request a referral if you believe you might make more progress with another therapist. If you believe I have engaged in unethical or unprofessional conduct, you also have the right to report your concerns to the WA state Department of Health by calling 360-236-4902.

You have the right to confidentiality. I am bound not to release any information to anyone without your written permission. For this reason, if the client desires that I release information about their participation in therapy to anyone, I will require their signed "Release of Confidential Information." This confidentiality has the following exceptions as provided by law (RCW 18.19.180 1-6):

- (1) In the event of a medical emergency, emergency personal or services may be given necessary information
- (2) In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
- (3) In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
- (4) If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
- (5) If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
- (6) If records are subpoenaed by an attorney in the State of Washington they will be released, unless you file a Protective Order within 14 days of the subpoena.
- (7) In the event of a client's death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
- (8) In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriated authorities.
- (9) In the event of a minor client, information indicating that the client was the victim of a crime may be released to the proper authorities.

(10) If I see you together with your partner or with other family members, confidentiality extends to all those involved in therapy and I will not release to third parties any information without first obtaining signed releases from everyone involved. However, I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and discussions. This means I reserve the right to discuss in joint sessions information that you have shared in individual sessions and discussions if I believe it helps facilitate the achievement of the goals set forth in therapy.

Implication of Effectiveness of Treatment

"Counselors practicing for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment." (RCW 18.19)

Termination of Therapy

The conclusion of a therapeutic relationship is best served through the planning for and scheduling of a closing session or two. To best serve your needs I want to work with you to plan for closing. Closing well can help review and consolidate the gains made in therapy. Conversely, if therapy is not helping you move forward I will want to discuss this with you. If needed, I will provide referrals to another therapist(s). If economic factors are becoming a challenge I will want to discuss this with you. Finally, if merited I will also work with you to reduce my fees for a closing session.

ACKNOWLEDGEMENT OF DISCLOSURE

I (we) understand the information and agree to the terms set forth in the above disclosure statement.

Client(s) Signature(s) & Date

Insurance:

All fees must be paid at the time of service

If Joseph A. Losi is providing you a diagnostic or procedure code for your use to obtain reimbursement from your insurance plan, your policy is a contract between you and your insurance company; therefore, you are responsible for payment whether or not your insurance company reimburses you. It is your responsibility to contact your insurance company regarding reimbursement. All insurance companies differ in their policies regarding reimbursement.

I understand that I am financially responsible for all charges whether or not paid by insurance.

Divorce or Custody Litigation:

Clinical vs. Forensic Role:

In order to avoid dual relationships and conflicts of interest, I will provide you or partner/spouse/child with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise your ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption home studies or provide evaluations of parental fitness to adoption agencies or State entities. By signing this document, you agree:

- That my role is limited to providing clinical treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;
- That you will not ask for my participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody, custody arrangements, or visitation;
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Signature of Client, Parent or Guardian & Date

Please print name of Client, Parent or Guardian & Date

Provider's Signature & Date

PRACTICE STANDARDS AND FINANCIAL POLICY:

My fee for service is:

Individual Counseling

- \$150.00 for a sixty-minute session
- Each Additional 15 mins over 60 minutes will be billed at 40.00 per every 15 minutes.

Couples Counseling & Divorce Coaching

- \$195.00 for a 70-75 min session
- Each Additional 15 mins over the standard 70-75 min session will be billed at 50.00 per 15 minutes.

I am happy to discuss my fees with you during our initial in-person, or phone consultation.

I do offer 3 sliding scale slots for clients who need financial assistance. Unless there is a prior arrangement, full payment is required at the beginning of each session.

Since regularly keeping appointments is essential to effective therapy, I emphasize the importance of attending all scheduled sessions.

Appointment Cancellation Policy: Please Read Closely

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In the event of an emergency, you may try to reach me day or night, until 8pm, at (206) 595-2577. Since I am frequently unavailable directly, leave a voice mail and I will return your call promptly. If you are in crisis and need immediate attention please call The Crisis Clinic at (206) 461-3222 (24 hours) or 911.

I have read and agree to the terms set forth in the above financial policy. I am financially responsible for any balance due.

Signature of Client, Parent or Guardian & Date:

Please print name of Client, Parent or Guardian & Date:

CONSULTATION & CONSENT TO RECORD

I currently consult with Jean Shirkoff, MSW, LMFT, and at times with EFT consult groups. With this authorization I will present video or audio recording of identified sessions to my supervisor, or to my EFT consult groups. Identification of all members of these EFT consults groups can be made available upon your request. Unless you indicate otherwise your signature on this disclosure form indicates your consent to video or audio tape our sessions. If you would like a separate audio and video release one will be provided.

SOCIAL MEDIA

I do not accept Facebook friend requests from past or current clients. As the organizer of three Facebook professional pages; my therapy practice professional page, Revolution in Relationship and Hold Me Tight Seattle, I accept "likes" on those pages from all members of the public. I will consider Linked In or Twitter invitations from past clients.

On occasion I write fictionalized and confidential representations of therapeutic exchanges. I publish these accounts on the three Facebook pages mentioned above. If you would rather not have any fictionalized and confidential representation of your therapeutic process used please initial here:

Do Not Use _____ / _____ Date _____ / _____

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