



Relationship Counseling for Couples, Men & Women Divorce Coach

Joseph A. Losi, MA, LMFT
Certified EFT Couples & Individual Therapist

WA [LF 60307414](#)

Intake & Disclosure:

Date: _____

Name: _____/_____

Mobile: _____/_____

Email: _____/_____

Address: _____/_____

City: _____/_____

State: _____/_____ Zip: _____/_____

Preferred Method of Communication: Phone _____ Email _____ Text _____

Occupation: _____/_____

Date & Place 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: _____

Cancellation Policy:

Important 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. **When using Therapy Notes to cancel please email me a brief description of the reason.**

Disclosure Statement/Informed Consent:

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 fully certified in Emotionally Focused Couples Therapy by the International Center for Excellence in Emotionally Focused Therapy (ICEEFT), and a Level 2 Emotion Focused Individual Therapist, trained by Dr. Leslie Greenberg, the founder of Emotion Focused Therapy for Individuals.

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 emotional identities. Working with his clients he assists them develop emotionally authentic ways of how we interact with others and the patterns we get stuck in. In gentle and powerful ways, he helps his clients understand the sources of their reactive emotions and 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 trained Discernment Therapist & Divorce Coach. He uses an amalgam of EFT, Discernment Counseling and Collaborative Divorce Coach to guide couples in all phases of couple's work, discernment, and if need be: conscious uncoupling. If in uncoupling his referral network includes, if needed, experienced divorce mediators and attorneys, both collaborative and traditional.

Beginning in 2013 Joseph has been a co-facilitator of Hold Me Tight Seattle, a 2-day Relationship Enhancement Couples Workshop, based on EFT principals.

He is open and affirming to all races, ethnicity, sexual identities and orientations and is experienced in working with same sex couples and couples exploring poly relationships

Since 2003 he has been a member of the Mankind Project, a global men's org dedicated to fostering male emotional maturity.

Professional Credentials :

WA State: Licensed Marriage & Family Therapist:

[LF 60307414](#)

Certified EFT Couples Therapist: [ICEEFT](#)

Level 2 EFT Individual Therapist: [Individual EFT](#)

[Past Member King County Collaborative Law](#)

Education:

- MA, Couple, Family Therapy, Antioch University, Seattle, WA 2010
- BS, Communication, University of Utah, Salt Lake City, UT, 1980
- Collaborative Dispute Resolution Training: King County Collaborative Law, 2007-2012
- Providence of Seattle Hospice, Patient Care Volunteer, 2006-2008.

Recent Continuing Education/Speaking 2019:

Working with Highly Escalated Couples with Dr. Susan Johnson

Flying into the Storm with Difficult Couples with Dr. Susan Johnson

Care of Souls Conference: Deepening Into the Affect of Our Clients

What is Masculinity? Act Now Mantra – Speaker/Presenter

Decoding Toxic Masculinity: Presentation for Seattle Counselors Association

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.

Clients 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.

No Progress? Let's please do talk...

If therapy is not helping you move forward, I will likely sense this and want to check. I do want to discuss this with you. Please know this can happen. I am human, and I can hear this. 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/Informed Consent:

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

Client(s) Signature(s) _____/_____

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.

Super Bills: Have All the Right Numbers Your Insurance Plan Requires If you are trying for a reimbursement:

You Must Tell Me You Want One....

If you want one, I will provide you a "Super Bill" 1x per month, which you can present to your plan to attempt a % reimbursement. Some of my clients are able to achieve at least a 50% reimbursement. I/We want a Superbill: Yes _____, No _____

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

Client(s) Signature(s) _____/_____

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 (s) Parents (s) or Guardian **Date _____:**

_____/_____
_____/_____

Please print name of Client(s) Parents(s) or Guardian **Date _____**

_____/_____
_____/_____

Cost of My Service:

Individual Counseling:

➤ **\$160.00 for a sixty-minute session**

- **Each additional 15 mins over 60 minutes will be billed at 40.00 per 15 minutes.**

Couples Counseling/Discernment/Couples Divorce Coaching:

➤ **\$220.00 for a 75 min session**

- **Each additional 15 mins over the standard 75 min session will be billed at 50.00 per 15 minutes.**
- **90 min or over sessions are possible via special arrangement**

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.

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

Appointment Cancellation Policy: Important Please Read Closely:

Appointments cancelled with less than 72-hour notice will be charged full fee, unless of illness or a true emergency. 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 directly by phone if you need to cancel or reschedule an appointment that will occur within 72 hours.

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 (s) Parent (s) or Guardian:

_____ / _____

_____ / _____

Emergencies: This is Important Read Closely:

In the event of an emergency, text me until 8pm, at (206) 595-2577. Since I am frequently unavailable, leave a text. 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, or go to your nearest Emergency Room:

Consent to Record:

I currently consult with Jean Shirkoff, MSW, LMFT, Jim Thomas, LMFT, and at times with EFT consult groups. With your authorization, I will present video or audio recordings of 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.

Signature of Client (s) Parent (s) or Guardian

_____ / _____

_____ / _____

Social Media:

I do not accept Facebook friend requests from past or current clients. As the organizer of three Facebook professional pages; my therapy practices 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:

Initial(s) Do Not Use _____ / _____



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[My Website](#)**