

Dan Abshere, LMHCA #61317966

Camano Island Health System & Camano Counseling, Consulting, and Wellness

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<https://camanocounseling.clientsecure.me>

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek counseling. The outcome of our work together depends largely on your willingness to engage in this process, which may at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Learning to accept these uncomfortable feelings is a part of the growth process.

There are no miracle cures, but I can tell you that I am committed to do my very best to listen to you, help you clarify what it is that you want for yourself, give you tools to make the improvements you seek, and support you as your hard work leads to gains.

Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist in the State of Washington, and are itemized below:

- 1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.**
- 2. If a client threatens grave bodily harm or death to another person which may include knowledge that the client is HIV positive when there is an unwillingness to inform individuals with whom the client is intimately involved.**

3. **If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse or neglect of children under the age of 18 years or a developmentally-disabled person or dependent adult.**
4. **In some cases, a court of law may issue a legitimate subpoena for information stated on the subpoena, or if information is obtained for the purpose of rendering an expert's report to an attorney.**

Although I may be required to provide information as detailed above, I cannot provide services specifically for legal proceedings. If called to provide information by a court or attorney, the rate is \$500 per hour.

Occasionally I consult with other professionals in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

As a licensed mental health counselor associate, I have a supervisor, Carol Missel LMHC #60338731, 4500 9th Ave, Suite 300, Seattle, WA 98105, 206-717-8809, carol@TheTherapistCorner.com. My supervisor is liable for my clinical work, and I will be consulting her for your clinical care. If there is ever a concern, you are welcome to contact her.

Contact outside of the office

If we happen to see each other outside of therapy, HIPAA requires that I not acknowledge you first, because your right to privacy and confidentiality is of the utmost importance, but you are welcome to acknowledge me first, and then we are free to engage in non-clinical conversation.

For the same reason, I don't follow clients on social media, and cannot accept friend requests.

Correspondence

The simple practice client portal messaging system is the best way to communicate with me to protect your information. Standard email is not HIPAA-compliant.

My business phone does allow texting, but we can only use that for non-therapy-related communication.

If I am concerned about your mental/emotional stability or safety at any time, I will inform you of my concern and I will contact your emergency contact person(s) to make them aware of your need for additional support. I require that all clients fill out an Intake Questionnaire & Emergency Contact ROI Form.

Scheduling

Appointments generally happen on a routine basis, typically weekly or bi-weekly, on the same day of the week and at the same time of day. It is your responsibility to schedule sessions via the client portal at <https://camanocounseling.clientsecure.me> or while we are in session together. Please cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.