

Aletheia Therapeutics, PLLC
Michael Sibrava, NCC, LMHC
Policies & Agreement

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, or is gravely disabled or when client's family members communicate to me that the client presents a danger to others.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me.

Emergencies: If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I may also contact the person whose name you have provided on the biographical sheet.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Consultation: I consult regularly with other professionals regarding my clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

EMAILS, CELL PHONES, COMPUTERS, FAXES: It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, my e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Please notify me if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell-phone, text messages or Faxes. You can request at any time that I do not send appointment reminders by email. I will decide on a case-by-case basis whether to reply via electronic mail (to a communication initiated by you.) Although the scheduling system does send reminder text messages, my phone does not receive texts messages – do not use text in order to communicate with me.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message on my business cell phone at (206)473-2435 and your call will be returned as soon as possible. I check my messages several times daily, unless I am out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call the King County Crisis Clinic at (206)461-3222. Please do not use e-mail or faxes for emergencies. I do not always check e-mail daily.

PAYMENTS & FEES: Clients are expected to pay the standard fee of \$165.00 per 55 minute session at the time of service unless other arrangements have been made. Returned checks will be subject to a \$20.00 service fee. Effective January 1, 2024 the fee schedule is as follows:

45 Minute Counseling Session: \$130

Diagnostic Evaluations (45-75 minutes): \$185

60 Minute Counseling Sessions: \$165

Group Psychotherapy: \$50

Phone calls longer than 10 minutes will be billed \$40 per 15 minute increment. (*example: A 20 minute phone call stretches through one 15 minute increment into a second resulting in a bill for \$80.*) Insurance companies typically do not reimburse for phone call contacts.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of myself and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in King County, WA, in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy/counseling requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy/counseling may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy/counseling will yield positive or intended results. I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

Termination: As set forth above, after the first few meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals who you can contact. If at any point during psychotherapy/counseling I assess that I am not effective in helping you reach the therapeutic goals, I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee (\$130) will be charged for sessions missed without such notification.

By signing below I acknowledge that I have received and can request a copy at any time of:

The above Office **Policies & Agreement**

Aletheia Therapeutic's **Notice of Privacy Practices**

Michael Sibrava's **Professional Disclosure**

I have been informed about the limits of confidentiality in counseling sessions, agree to the fees for services as stated, and I request and give consent to receive counseling services as provided by Michael Sibrava.

Client Name (print)	Date	Signature
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Michael Sibrava, NCC, LMHC

Date

Aletheia Therapeutics, PLLC
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