

Sharon Sanborn, MA, LMHC, ATR-BC, CHT

18 W. Mercer St., Suite 360, Seattle, WA 98119

(206) 283-9767

Sharon@SharonSanborn.com

www.SharonSanborn.com

Personal Disclosure Statement and Notice of Privacy Practices

For in-office visits when the building or elevator is locked (usually only after 6 PM weekdays and on Saturdays and Sundays), please call Sharon at 206-283-9767 or ring the top suite 360 buzzer to the left of the building door one time and Sharon will come down and let you in the building. Note: I can usually only respond to the buzzer 10 minutes before our scheduled time as I might have other appointments before you.

Fees, Appointments and Cancellations Payment for services is due at the beginning of each session with check, cash or debit/credit/HSA card, unless you have made other arrangements. You can make a payment with your credit/debit/HSA card in the office with Square or at www.SharonSanborn.com by going to the "Payment" page or by clicking "Pay Now". On the left of the Pay Pal page you can click "continue" and enter your card information or go to the right side to use your Pay Pal account or set one up. You will be responsible for a transaction fee of \$2 for amounts under \$50 and \$5 for amounts over \$50. When asked to enter a dollar amount, put in the total including transaction fee and click "Update Totals". For help, call Pay Pal at 1-888-221-1161 or inform me. A charge will be assessed for returned checks based on bank costs to me. Phone calls longer than 10 minutes will be charged for at a rate of \$30.00 per 15 minute block of time. All unpaid bills will be sent to medical collections after ninety (90) days of nonpayment. A \$75 collection fee will be added to your account for expenses incurred by sending your account to collections. I offer some sliding scale options.

Your appointment is held exclusively for you. If you arrive late, your appointment time will not be extended. If you are more than 15 minutes late without notice to me, the session will be cancelled and considered a "No Show" for which you will be charged the full session fee or \$120. For an appointment cancelled less than 24 hours before appointment time you will be charged a fee of \$65. Should you be unable to keep your appointment for any reason, give me at least 24 hours notice, as I appreciate as much notice as possible. I can be reached by email, but I check my phone voice mail and text messages more frequently.

My Approach My approach to working with clients is clear and direct, as well as supportive and nurturing. I work with clients in a practical, action-oriented manner to broaden options, gain insights and understanding into the problem(s) for which they are seeking help. In addition to helping people identify the causes of their pain or distress and the feelings, thoughts and behaviors associated with this, I work with each person to identify the goals they have for relationships and life. Often we then collaboratively develop a unique toolbox of coping strategies and personal habits that facilitate healing and growth. As a psychotherapist, art therapist, life and relationship coach and hypnotherapist, I strive to provide a safe and effective therapeutic environment for my clients. In my work talking, as well as images, writings and the creative process are vehicles for self-expression, increased awareness, values clarification and improved communication. Many clients also benefit from an exploration of a deep relaxed state of mind with hypnotherapy.

My work is rooted in a postmodern Narrative orientation. This means I focus on a client's strengths, their unique view of the world and their present life experiences. I often use

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Cognitive Behavioral techniques as well. My belief that human experience is shaped by race, class, sex, gender, culture and age informs my work. Psychotherapy involves both benefits and risks; it often leads to significant reduction in distress, increased self-esteem, better relationships and the resolution of specific problems. However, risks sometimes include experiencing uncomfortable feelings and/or working with unpleasant life events. I view the counseling relationship as a collaboration between you and me. I welcome your comments, feedback and your efforts in and between sessions.

My Background I am a Licensed Mental Health Counselor in Washington state (#LH00009318) and have a B.A. in Art and Psychology from Western Washington University, an M.A. in Psychology from SUNY at Buffalo and a Post-Masters Certification in Art Therapy from Antioch University Seattle. I am a Registered Art Therapist (ATR) and Certified Hypnotherapist (CHT) and Life and Relationship Coach, have experience in crisis intervention, inpatient and outpatient mental health settings and have been in private practice since 01/01/2005. I have taught classes at the university and community college level and lead workshops and offer groups on various topics (see my web site for current offerings).

Your Legal Rights, Privacy and Confidentiality You as an individual have a right to choose a counselor that best suits your needs and your purposes. You have the right to considerate and respectful treatment, in a manner that promotes dignity and self-respect regardless of race, age, religion, sexual orientation, political ideology, economic status or gender identity. You have the right to refuse and/or end treatment at any time. I ask that you please discuss termination of therapy with me and inform me if this is your plan.

I keep a record of dates of service, fees charged and paid, as well as notes to assist me in my work. All issues discussed in the course of therapy are strictly confidential, including the fact that you are or have been a therapy client, except as explained below. It is my policy and practice to keep confidential all information that you discuss with me and to not reveal it to any other person or agency without your permission. Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, you have the right to revoke this permission. The exceptions to this policy are:

- A) Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person;
- B) Where there is clear threat to do serious bodily harm to yourself or others;
- C) In response to a subpoena issued by the Department of Health that is associated with a regulatory complaint;
- D) If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to our sessions. If this should occur, I would prefer to work with you to prevent or limit such action and to best serve you in any way.

If you believe that I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Secretary of the Department of Health and Human Services. I will not retaliate against you for filing such a complaint.

For emergencies, call 911 or the King County Crisis Clinic at (206) 461-3222 or 1-866-4 CRISIS

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**Personal Disclosure Statement and Notice of Privacy Practices
Treatment Contract**

By signing below, I acknowledge that I have read and agree to all the terms of the Personal Disclosure Statement and Notice of Privacy Practices statement. I also acknowledge that I have had an opportunity to ask questions and to clarify the conditions under which I consent to treatment.

I understand that payment is due at the time of each session. If I am utilizing Health Insurance benefits, I understand that should my insurance company deny my claim or refuse payment because I am not eligible for benefits, I am responsible for payment of services provided to me. I understand that I will be billed for the full amount due and that all unpaid bills will be sent to collections after ninety (90) days of nonpayment with an additional \$75 fee.

I agree that Sharon will store my artwork or photos of my artwork for a maximum of 6 months following termination of therapeutic services or contact. If I do not request it back, my artwork will be destroyed in a confidential manner.

I understand that by signing below, it confirms this document to represent an agreement between myself and Sharon Sanborn.

Client/Parent/ Guardian

Date

Client/Parent/ Guardian

Date

