

**Susan Tesch, M.S., L.M.F.T.**  
**Licensed Psychotherapist (No. LF00001106)**  
**406 Main St., Suite 110**  
**(425) 771-9461**

Disclosure Statement

Before we begin psychotherapy, Washington state law requires I inform you about my training, education, treatment modality, scheduling and cancellation policies and your rights as a client of psychotherapy. Please read this information carefully so you can make an informed decision about our working together.

Education, Licensing & Certification

1996: Licensed in Washington as Marriage and Family Therapist  
1993: Licensed in California as Marriage, Family and Child Counselor  
1991: M.S. in Counseling Psychology from California State University at Northridge  
1987: B.A. in Psychology from University of California at Los Angeles

Treatment Modality

I work from a psychodynamic perspective. This modality is influenced by psychoanalytic thinking, is intensive, and sometimes requires coming more than once a week to be most effective. My clinical work emphasizes personal development through self-awareness and greater self-acceptance. I'll try to help you understand your motives and behavior so that you can make better choices in your life, improving the overall quality of your life and allowing for greater fulfillment, especially in relationships with others. This is not a "quick-fix" form of therapy, and does require commitment over time to be effective.

In an effort to understand your current issues, we will need to talk about the family in which you grew up and how that affects you now. We'll try to identify conscious and unconscious patterns of self-defeating behavior that are rooted in the past but playing out in the present.

Working in this intensive manner is at times greatly comforting, and at other times uncomfortable, but from my experience, it leads to the most lasting growth and the greatest emotional and psychological fluidity. As with any endeavor, hard work always pays off.

I believe that the client-therapist relationship we form is of critical importance to your ability to change. I'll sometimes use your feelings about me or the work we are doing as a means of understanding your issues.

Because I believe your ability to depend on me is of great importance, I'll almost never cancel a session, except in the rare event of an emergency, and I'll almost always greet you right at your scheduled appointment time.

For over 25 years, I've had extensive experience helping individuals who are depressed or anxious (with or without panic attacks). I work with many other issues as well, including relationship challenges, grief, coping with chronic illness, career struggles, abuse suffered in childhood, autistic spectrum disorders, and issues with adult adoptees.

### General Information

Sessions are fifty minutes in length. The session time(s) that you and I agree upon will be your ongoing, weekly time(s) that I will keep reserved for you.

My fee is \$120 per session. Payment will be due at the time of each session, though we may agree to alter this arrangement. I'll provide you with a statement at the end of the month reflecting what has been paid and other information you'll need if you'd like to submit the bill for out-of-network benefits to your insurance company. I do not bill insurance directly.

If you are in crisis and need to reach me outside of our scheduled time, please feel free to contact me by leaving a message at my office phone as listed above, or through emailing me at [susantesch@gmail.com](mailto:susantesch@gmail.com). I'll get back with you as soon as possible. Please note that email is not a secure medium, and I cannot guarantee that information transmitted will remain confidential, though I will always do my best to ensure confidentiality.

I will let you know in advance of any time I may be taking off for holidays or vacations; I generally take off major holidays, a week in spring, 1-2 weeks at Christmas, and 2-3 weeks during summer, though there may be some variance in this.

Though I share a waiting room with other practitioners, I practice as a solo practitioner and neither am employed by nor employ others in my practice.

Your medical records are confidentially maintained in a locked file drawer and/or electronically stored with password protection.

### Cancellation Policy (Please read carefully):

You may cancel per calendar year up to two sessions without charge. These cancellations must be made at least 24 hours in advance of your scheduled session time or you will be billed at my usual rate. After these first two cancellations, the next two cancellations made with 48 hour notice will be billed at half my hourly rate. After this, you'll be charged my full fee for any cancellations, regardless of the reason for the cancellation. I reserve

your session time for you without fail. This means that with rare exception, you can count on me to be available to you at your scheduled time and place. I never double-book patients and show up late to meet you. Excepting serious snow days or rare personal emergencies, I don't cancel at the last minute. In other words, I work very hard to arrange my work day to be consistently available to you at your appointed hour, all year, and for this reason, I need to be compensated.

If you are in psychoanalytic psychotherapy with me, coming 3-4 times a week, you may cancel up to a week's worth of sessions without charge, per calendar year.

Though I do encourage you to work very hard to consistently attend your sessions, I do understand that things come up which may interfere with your sessions, thus I'm always willing to try to reschedule your appointment to a different hour, given 24 hour's notice, though this may not always be possible.

#### Further Consumer Information

I will hold all information you disclose to me in confidence unless:

1. You are in danger of harming yourself;
2. You are at risk of harming another;
3. You report to me abuse of a dependent elderly person or child;
4. I receive a court order to release my records, or if you choose to waive your rights to confidentiality.

In those instances I will release only the minimum information necessary to protect you or another person, or as required by law.

If you have an insurance plan which requests information about treatment, I will disclose only the minimum necessary information. Likewise, if I need to consult with your physician or another healthcare professional regarding your treatment, I will disclose only the minimum necessary information that allows for adequate communication.

If you would like to obtain a list of acts of unprofessional conduct as outlined under RCW 18.130.180, you may contact Washington State Legislature's website as follows: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.180>. You may file a complaint at Washington State's HSQA Complaint Intake Office, which can be reached at Post Office Box 47857; Olympia, WA 98504-7857; phone: 360-236-4700.

This subsection does not grant clients new rights and is not intended to supersede state or federal laws and regulations, or professional standards.

You have the right to refuse treatment at any time as well as to determine for yourself which provider and treatment modality best suit your needs. By signing below, you're acknowledging that you've read and understand the above material:

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Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Address

\_\_\_\_\_  
Client Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Susan Tesch, M.S., L.M.F.T.

\_\_\_\_\_  
Date