

**Jana Ekdahl, MA, LMHC Psychotherapist
Transformational Unfolding**

The foundation of our work will be that of mutual respect and clear expectations. To facilitate this, I have prepared the following information for your review. I request that you ask any questions and raise any concerns you may have.

TRAINING: I received my MA in Psychology from Antioch University Seattle, with an emphasis on depth psychology. Multi-cultural perspectives are always an important consideration in any work that I do, and I am experienced in working with clients through their individual transitional and identity issues.

METHODS: I will be primarily client-centered and humanistic in my approach; beyond this, I will use family of origin, transactional, developmental, coaching, spirituality, and process work. Utilizing these tools for: relationship issues, life transitions, personal evolvment, conflict resolution, as well as work and career concerns.

FEES: The initial fee is \$225 for an 80-minute session or \$150 for a 50-minute session. Subsequent 50-minute session fees are \$150. You may qualify for a lower fee, based on the following sliding fee scale if you do not have or choose not to use insurance coverage.

Sliding Fee Scale based on GAI (Gross Annual Income)
Please check the appropriate income level.

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| <input type="checkbox"/> GAI \$100,000 or more = Full Fee, \$150 per session | <input type="checkbox"/> GAI \$40-55,000 = \$110 per session |
| <input type="checkbox"/> GAI \$85-100,000 = \$140 per session | <input type="checkbox"/> GAI \$40,000 or less = \$100 per session |
| <input type="checkbox"/> GAI \$70-85,000 = \$130 per session | <input type="checkbox"/> Students or seniors = \$80 per session |
| <input type="checkbox"/> GAI \$55-70,000 = \$120 per session | |

Note: Cancellations must be made by telephone. Clients cancelling less than 24 hours prior to appointment time will be charged one half of the session fee.

CONFIDENTIALITY: Clients are assured confidentiality except where limited by law (as in a reasonable belief of imminent danger to self or others, or regulatory investigation) or with their written authorization (or that of client's personal representative in cases of death or disability). However, be aware that for the purpose of consultation and supervision, some information about a client's circumstances may be shared; in which case, every effort is made to fully protect the identity of the client and anyone they may speak about. Please note that clients who elect to use their health insurance benefits to pay for service may have their diagnosis and symptoms become part of their permanent medical records. These records are often accessible to other insurance companies and may be accessible to employers and/or private investigators. *Note: I rarely keep treatment notes beyond the first two sessions. Signing this agreement acknowledges that you agree to this.*

ACKNOWLEDGEMENT: State law requires that clients understand that they have the responsibility and the right to choose the kind of treatment they want and the right to terminate treatment at any time. If you have any questions about professional conduct, you may contact Washington State DOH, Health Professional Quality Assurance, 310 Israel Road, PO Box 47860, Tumwater, WA 98501 or visit <https://fortress.wa.gov/doh/hpqa/>. When you have read and understand this disclosure statement, then all parties are required to sign and date this document.

Counselors practicing counseling for a fee in Washington State must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Jana Ekdahl's State of Washington Mental Health Counselor License number is LH00007721.

(client signature)

(date)

(therapist signature)

(date)