**Katie Morse MSW, LICSW**

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**Phone- 206-499-5584**

**PURPOSE OF THIS AGREEMENT**

Licensed Clinical Social Workers are required by state law to provide you with information about their practices to prospective clients. This agreement provides you with an outline of some background information on your therapist, rights and responsibilities of the client and information regarding fees. There is a signature page for you to sign, stating that you have read and understand this agreement.

**YOUR THERAPIST**

I, Katie Morse will be your therapist. I endorse a client centered and collaborative approach to therapy and focus on the individual needs of each client. I received my MSW from University of Washington in 2007 and completed three years of post graduate clinical work, supervision and passing of national board exams to obtain my Licensed Independent Clinical Social Worker license. I have worked in the mental health setting since 2000, working in varying aspects of clinical settings, hospitals and research. I have been a practicum instructor for University of Washington, supervising MSW students in their graduate internships. I have taken place in research studies looking at PTSD and women with substance abuse in conjunction with University of Washington and Columbia University in New York and have worked extensively in the field of addiction in both inpatient and outptatient settings. I currently work with individuals, couples and families. I see psychotherapy as a joint collaboration between therapist and client and strive to empower each client in their journey of inner exploration, mental, spiritual and physical healing. I strive to create a safe and trusting environment that is conducive to insightful awareness and positive change. Throughout therapy I will help you find their inner strength in order to formulate goals and help you make the positive changes that you would like to see. I utilize a varying approach of modalities such as (but not limited to) solution focused, cognitive behavioral, strengths based and psychodynamic.

**OFFICE PROCEDURES**

Our first session together, we will spend identifying goals for your therapy. Our sessions together will be 50 minutes unless otherwise specified. My standard fee is $130/session for individual and $140/session for couples or families. Our first session is billed at $175. Any outside administrative work (ie letter writing) will be billed at $100/hour. If you have insurance, I will ask for your insurance information as the billing company I use will submit the insurance claims directly to your insurance company. I accept all forms of insurance and can bill out of network for those plans where I am not a participating provider. You will be responsible for any portion of your co-pay or deductible at each of our sessions in the form of cash, check or visa. In the instance that you have an outstanding balance, the billing company will submit these outstanding balances to a collection agency after proper notification to you. Any unpaid balance past 30 days due will incur a 3% late payment fee. If you are privately paying, I will collect the amount per session at the time of our session. If you are unable to keep your appointment, please provide at minimum a 24 hr notice. If you have not provided 24 hr notice, you will be billed the full session fee, as I would otherwise be able to use that time for another client. I understand there are emergencies that arise, please let me know if so.

**CONFIDENTIALITY**

Information discussed during our sessions is confidential by law. Information may be released only with written consent except in the following cases: If there is suspected child or dependent adult abuse or neglect, if there is a threat of imminent danger of harm to one’s self or others, when ordered to do so by the court or if your insurance company has a signed waiver from you and requests information.

I am compliant with the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient’s rights with regard to personal health care information. `

**PROFESSIONAL STANDARDS**

Successful therapy requires the effort of both the therapist and the client. You have the right to refuse therapy services and a responsibility to choose a therapist which best suits your needs. I am a member of the National Association of Social Workers and I am accountable for my work with you and agree to provide services to you in a ethical and professionally competent manner. You have the right to discuss with me at any times, any questions you have about your therapy, changing therapists or terminating therapy. I am more than willing to provide names of other therapists in the area as well. You can also contact the association of Social Work Boards (800) 225-6880 or Washington State Department of Health (800) 525-0127 with any concerns.

I have a voice messaging system in which you can leave a voice mail 24hr/day. If you have a life threatening emergency, please call 911 or go to your nearest ER. You can also call the 24hr crisis clinic 866-427-2727. When I am out of town, I will leave a name of a therapist on my voicemail that you can contact if you need assistance.

I look forward to working with you in my practice. Please sign below if you have read, understand and accept this agreement as well as received and read a copy of the Notice of Practices.

Client Signature Katie Morse MSW, LICSW Date