

COUNSELING WEST SEATTLE
Gayle Zeller, LMHC
Licensed Mental Health Counselors
Individual, Couple, Children, Family Counseling

DISCLOSURE STATEMENT

Thank you for choosing Counseling West Seattle for services. The following information is for Gayle Zeller and is provided to help you determine if her service as a therapist match your needs as a client. It contains information about her therapeutic philosophy, education, fees and your rights as a client. Please read the following and ask any questions that would help you determine whether working with her at Counseling West Seattle would be a good choice for you.

INTRODUCTION

My name is Gayle Zeller and I am a Mental Health Counselor licensed by the State of Washington (LH00007534). I received my BA in Political Science and Sociology, with a minor in Religion, from Pacific Lutheran University in 1989 and my Master's in Counseling Psychology from St. Martin's University in 1997. I have been a professional mental health clinician and a child mental health specialist since 1992.

TREATMENT PHILOSOPHY

My primary philosophy is grounded in Jungian and relational psychology. This means that I believe that the therapeutic relationship that develops is crucial to the process and progress that is made by individuals. In addition, I believe that each person has a story to be told and witnessed. My main objective is to help clients find the approach or technique that will be most effective, which may include a variety of interventions or suggestions, such as cognitive behavioral therapy, dialectical behavioral therapy, and narrative therapy. I try to help clients identify and change unhealthy, and often irrational thoughts that can contribute to problems with mood, anxiety and interpersonal relationships. We may also look to change behaviors that are non-productive and self-defeating in nature.

Therapy will often involve me challenging one's perceptions and beliefs and discussing alternative ideas, explanations, and frames of reference. Therapy could include relaxation training, motivational work, basic problem solving, systematic desensitization, and the use of art and/or play (especially with younger clients).

I am also strongly of the belief that some mental health problems cannot be solved satisfactorily without the involvement of family and/or significant others. For this reason, I will often suggest that family or couples work be part of the treatment. And because I recognize some mental health problems as having strong biological underpinnings, I may suggest that a medical doctor, often a psychiatrist, be involved in one's treatment.

Lastly, I recognize that mental health therapy is an extremely personal endeavor and that each individual's needs are unique. For this reason, I try to be as flexible in my approach as possible without going outside my areas of strength and competency.

APPOINTMENT AND FEES

Therapy sessions are scheduled as follows: Intakes of 60-75 minutes at \$175.00 and ongoing Regular Sessions of 50-60 minute at \$150.00. I will notify you if I have to cancel or change appointments with 24 hours' notice unless an emergency. If you are unable to keep your appointment for any reason, please contact **Gayle Zeller at 253-495-6925**. You must give at least 24 hours advance notice, or you will be charged the full amount. Please be aware that insurance companies do not reimburse for missed sessions. Payment is due at the time of service.

Occasionally I find it necessary to increase my fee. If this occurs during the client's treatment, he/she will be given a one month notice prior to the increase. If the client has any question regarding payments, I encourage him/her to ask.

INSURANCE INFO

It is the member's responsibility to discover benefits prior to services. The contact number and/or website address are on the back side of your insurance card. Every insurance plan is unique, therefore when you contact member services you will want to ask specifically for outpatient mental health benefits, in network and/or out of network, number of visits allowed, annual deductible, and co-payment and/or co-insurance amounts, if applicable. On the second visit, if the client does not have the insurance information including the co-payment or deductible amount a retainer fee of \$150 will be collected. This amount will be used for co-payment or deductible or will be refunded to the client.

CONFIDENTIALITY

I treat information exchanged between us as confidential. There are certain circumstances; however, under which information may be released. I may release such information when you provide me with a written RELEASE OF INFORMATION. I may also release information to a health care provider or insurance company who is providing treatment to you if that person needs to know that information. Under law, however, I am also required to release confidential information without your consent in special cases such as: suspected child or elder abuse; potential suicidal behavior by you; or threats of harm to another person. In addition, in certain select circumstances, my records are subject to subpoena and I may be required to release information without your consent.

CLIENT RECORD

I do keep brief, written records of your treatment and the services that I provide to you. Under law, you may ask me to see and copy that record. You may ask me to correct the record, I will not disclose your records to others unless you direct me to do so or unless the law authorizes or compels me to do so. If you request records or written information to be released there will be a fee of \$50.00 for paperwork and time spent.

YOUR LEGAL PROTECTION

You have the right both to receive appropriate care and treatment, and to refuse any proposed treatment. The State of Washington has asked all therapists to convey the following information to their clients: "Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

CRISES

If you or your child is having a mental health crisis that **DOES NOT REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS**, leave a message and I'll call back as soon as possible. I check my voice mail frequently. If unable to reach me in person during a crisis, a call may be made to the Crisis Clinic's 24-hour hot line at 206-461-3222 or you may choose to go to the emergency room of a local hospital if appropriate. For any mental health crisis that **DOES REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS** call 911.