



Therapy for Individuals, Couples and Families

Shellie Gravitt, MA, LMFT

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Philosophy and Approach

I believe that creating and maintaining meaningful and successful relationships leads to a fulfilling life. Each person has a collection of unique experiences that impacts their behavior, their thinking and their way of interacting. In my work, I strive to connect to all the people in the room and to truly understand each person's perspective. I provide a safe and collaborative environment for exploration that encourages each person to better understand themselves, one another and to strategize how to make desired changes. In therapy, I help clients to accept where they've been so that they can move forward with intention. Working on one's self in therapy often leads to gained self-awareness, increased self-acceptance, and clarity on what is wanted from interpersonal relationships. These discoveries can provide individuals, couples and families with a renewed sense of purpose.

I work from a humanistic, strengths-based approach which assumes that people are experts on their own lives. I believe that everyone is capable of making desired changes in their lives and that therapy provides a safe and collaborative space for finding creative solutions, experiencing one's self differently, and finding effective ways to improve relationships. When working with couples, I utilize Emotionally Focused Therapy (EFT). This approach allows couples to move out of harmful cycles and move closer to one another by increasing connection and strengthening bonds.

Education and Professional Credentialing

Master's of Art in Psychology, CFT (Couple and Family Therapy) - Antioch University Seattle
Bachelor's of Art in Dance - University of Memphis
Washington State License Number: #LF60727738

Informed Consent

Counseling is understood to be a choice you have made among available options such as, other counselors, other therapies, support groups, self-help resources, and other modes of treatment. Counseling can have benefits and risks. Facing feelings or thoughts and sharing them with another can be a vulnerable experience. Making adjustments in your beliefs or behaviors can be scary and may impact the relationships you already have. Participating in therapy may bring about uncomfortable feelings and reactions. Through the therapeutic process, you will learn to understand and process these feelings and I will be here to support you as you do. Most people who take these risks find that these experiences are helpful.

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This structure helps to create the safety to take risks and the support to explore change. As a client, you have certain rights and responsibilities. There are also certain limitations to those rights that you should be aware of. Your therapist has corresponding responsibilities to you.

As a participant in therapy you can expect respect, validation, care, encouragement, honesty, and moments of respectful challenge from me. You have the right to ask me questions and bring up any points of confusion or dissatisfaction about your treatment or any other policies concerning your care. You are free to discuss your therapy with anyone, and you do not have any responsibility to maintain confidentiality about your therapeutic experience. You have the right to terminate therapy at any time and I will refer you to another competent therapist if you request this.

Confidentiality

I am providing you with a copy of my *Notice of Privacy Practices* which describes how I may use and disclose your health information. In this document I will highlight some of those disclosures: (1) to report suspected abuse of a child, of a developmentally disabled person, or of a dependent adult; (2) to interrupt potential suicidal behavior; (3) to intervene against threatened harm to another; and (4) when required by court order or other compulsory process.

Confidentiality extends to all members involved in therapy. This means, I will not release to any third party any information prior to obtaining a signed ***Release of Information*** from each member. Additionally, when working with couples and families, I encourage open and honest communication with all members. I do not hold secrets between family members and will work with you in order to support you in revealing difficult material to your spouse and/or children (when appropriate). Thus, I reserve the right to discuss in joint sessions information shared in individual sessions, if I believe doing so will facilitate the identified outcomes and goals of therapy.

Disclosures may also be made if (a) you sign a written authorization permitting disclosure; (b) you file a complaint against me; (c) you make payment by check, which permits bank employees to view names of my clients; (d) you have caller identification on your phone and my name appears on the monitor; and if (d) a contracted third-party agent contacts you by mail or phone to receive payment for a balance due that exceeds 90 days.

As a licensed marriage and family therapist, I engage in ongoing supervision with Roy Hodgson, MA, LMCH, LMFT. In addition, I participate in peer review and case consultation with other professional therapists. I consult with other therapists regarding my cases because I believe our collective knowledge may help me provide you the best counseling services possible. I do not disclose names or details that would allow identification of my clients during these processes.

Professional Boundaries

I refrain from entering into a dual relationship with any of my clients. This means the therapeutic relationship is a professional one, not a social or business relationship. Once a therapeutic relationship is established, any other relationship would potentially compromise the efficacy and the outcome plan for therapy. Therefore, if we see each other outside of the therapy setting, I will not

acknowledge the nature of our relationship. Additionally, I will not engage in any social media contact with any client during the duration of therapy or after therapy has been terminated.

Appointments Times and Fees

Typically, it is recommended that therapy happen once a week. Individual sessions are 50-minutes long and charged at \$120. Couple or family sessions are 80-minutes and are charged at \$150. Discernment sessions are 1 hour and 50 minutes long and are charged at \$220. You will be provided with the recommended course of therapy at the conclusion of your first appointment. The recommended time for the course of treatment is dependent on many factors and we will discuss the best course for you during your first appointment.

Twenty-four hours notice is required when **rescheduling or canceling appointments to avoid paying full fee for your appointment.** With the exception of emergencies, missed appointments are charged at full costs of the appointment. If you miss two consecutive sessions without prior notification, I will assume you no longer wish to obtain therapeutic services and may send you a letter acknowledging the end of therapeutic services.

Scheduling Appointments and After-Hours Contact

To schedule appointments, please call me at 206.659.7179, email me at connect@shelliegravitt.com or schedule online at www.shelliegravitt.com. If you wish to speak to me between appointments, please leave a message at 206.659.7179. I check my voicemail regularly during normal business hours. If you are experiencing a clinical emergency, contact 911 or the Crisis Clinic at 206.461.3222.

I cannot guarantee that the contents of electronic communication will remain confidential. I will do my best to keep communications private; however, email usage can be monitored and others may read the content of personal messages. If you are concerned about the content of your email being read by someone other than me, you should contact me by phone. While I check my email often during regular office hours, I may not receive your message immediately. Therefore, please do not send email you consider urgent and expect an immediate reply. I do not offer online therapy nor do I engage in communication via social media with clients or families of clients.

Vacations

I will give you reasonable notice before taking vacation leave. If you anticipate needing continuing treatment during this time, I will help you make arrangements with another therapist in advance. If you are experiencing an emergency while I am unavailable please contact 911 or King County Mental Health Services, 206.461.3222.

Record Keeping

I keep very brief records, noting only that you have met with me, what interventions happened in session, and the topics discussed. If you prefer that I keep no treatment records, you must submit a written request to that effect. Once received, I will place your request in your file and retain

only the following records: your name and signed disclosure statement, the session date and fee for service.

Client Rights

As a client in therapy, you have specific rights in addition to the right of confidentiality. These rights include:

The right to ask me questions about my qualifications and experience;

The right to ask questions about any procedures I use in therapy with you;

The right to refuse a particular treatment method or testing;

The right to discuss your therapeutic progress and treatment goals;

The right to refuse any psychological testing I recommend;

The right to request referral to another therapist;

The right to terminate or suspend therapy at any time without my permission or agreement;

The right to file a complaint with the Washington State Department of Health if you believe I have behaved in an unprofessional or unethical manner and decide that a resolution to the problem cannot be reached. (Please see the attached Department of Health Brochure, *Counseling or Hypnotherapy Clients* for information regarding how to file a complaint).

You also have specific rights pertaining to how I maintain personal information about you and your health (please review the *Notice of Privacy Practices*).

Clinical vs. Forensic Role

In order to avoid dual relationships and conflicts of interest, I will provide you and/or you and your spouse with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise your ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption home studies or provide evaluations of parental fitness to adoption agencies or State entities. By signing this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;
- That you will not ask for my participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the sessions, including agreed upon goals, topic of session, time/date of session and inter-

ventions utilized. I will not include recommendations concerning custody, custody arrangements, or visitation;

- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Terminating Treatment

My goal is to assist you in obtaining your desired therapeutic outcomes. If you have any questions or concerns about any aspect of your therapy, please do not hesitate to bring them up with me. I encourage this type of dialogue and will listen carefully and do my best to understand your concerns. Therapy is most effective when participants feel they can honestly explore. A respectful relationship is the catalyst for such safety.

If I have not heard from you in 30 days, I will send you a termination letter. This letter will acknowledge that therapy has been terminated. Treatment can always be restarted, if both you and I are in agreement that we would like to work together again.

I have read this statement, had sufficient time to be sure that I considered it carefully, and asked any questions that I needed to. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Shellie Gravitt MA, LMFT. I know I can end therapy at any time I wish and that I can refuse any suggestions made by

Shellie Gravitt.

Client _____ Date _____

Client _____ Date _____

Client _____ Date _____

Therapist _____ Date _____

COUNSELING OR HYPNOTHERAPY CLIENTS

Client and Counselor Responsibilities and Rights

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

If you have concerns about being dependent upon your counselor or hypnotherapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your counselor or hypnotherapist is doing or plans to do.

Requirement for Registration or Licensure

Your counselor or hypnotherapist must be either registered under chapter 18.19 RCW or certified under chapter 18.25 through the Washington State Department of Health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become licensed, a person fills out an application form and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or certified because they are exempt from the law. You should ask your counselor or hypnotherapist if he or she is registered or licensed and discuss his or her qualifications to be your counselor or hypnotherapist.

Definitions

Counseling means using therapeutic techniques to help another person deal with mental, emotional and behavioral problems or to develop human awareness and potential. A registered or certified counselor is a person who gets paid for providing counseling services.

Confidentiality

Your counselor or hypnotherapist cannot disclose any information you've told them during a counseling session except as authorized by RCW 18.19.180:

1. With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary or an insurance policy on the person's life, health, or physical condition;
2. That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
3. If the person is a minor, and the information acquired by the person registered or certified under this chapter indicates that the minor was the victim or subject of a crime, the per-

son registered or certified may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;

4. If the person waives the privilege by bringing charges against the person registered or certified under this chapter;
5. In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
6. As required under chapter 26.44 RCW.

Assurance of Professional Conduct

Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilty of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purpose of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
 - . (a) Not furnishing any papers or documents:
 - . (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 - . (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings;
 - . (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
18. The procuring, or aiding or abetting in procuring, a criminal abortion;
19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
20. The willful betrayal of a practitioner-patient privilege as recognized by law;
21. Violation of chapter 19.68 RCW;
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
23. Current misuse of:
 - . (a) Alcohol;
 - . (b) Controlled substances; or
 - . (c) Legend drugs
24. Abuse of a client or patient or sexual contact with a client or patient;
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

This publication should not be considered as the final source of information. If you want more information about the law regulating counselors and hypnotherapists or want to file a com-

plaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington 98405-7869.

If you want to contact someone by phone to discuss the law or talk about a possible complaint, call 206.898.8450, Monday through Friday, 8:00 a.m. to 5:00 p.m.

_____, _____ (Initial and Date Here)