

Aresu Kehlhofer, M.A., LMFT
Telephone 206-384-3072
Web Site: <http://www.aresu.us>
Email aresu.kehlhofer@comcast.net

PSYCHOTHERAPY INFORMED CONSENT DISCLOSURE STATEMENT

This statement is provided as required by law, to assist you in making an informed decision about your participation in the psychotherapy process.

WASHINGTON STATE LICENSE

Licensed Marriage and Family Therapist LF00002333

PROFESSIONAL ORIENTATION

Philosophically I am most influenced by Attachment Theory, Object Relations Theory, Systemic Theories, and Jungian Depth Psychology. Over time I have added eclectic methods to work most effectively with a variety of clients. I believe that therapy is a form of art supported by clinical knowledge and experience. Following my clinical intuition I find the best possible technique to help my client achieve and sustain change.

Your reasons for seeking psychotherapy may be brief or situational such as a career or life stage transition or relationship conflict. They may also be more entrenched thought processes, beliefs and behavioral patterns, which affect your important relationships and work. It is important to explore current concerns and relevant historical influences. Although there are common general patterns, which apply to many people, your hopes, beliefs and life experiences are unique.

I work with individuals, children, teen, couples, and families. Psychotherapy can be very rewarding but there are no guaranteed outcomes. If you have any concerns about the process, please discuss them with me. Should you feel I have not maintained professional standards, you may contact the Department of Health in Olympia, Washington.

PROFESSIONAL TRAINING AND EDUCATION

I have received my B. A. in Psychology in University of Salzburg, in Salzburg, Austria. My Master in Marriage and Family Therapy is from California Graduate Institute, Irvine, California. After graduate school I had four years of specialized clinical supervision to qualify for Clinical Membership in the American Association for Marriage and Family Therapy. I have worked in variety of settings, both in Clinics and private practice with diverse population. I have been trained in Depth Psychology Gestalt therapy, Satir Experiential, Internal Family System, Art therapy, and Sand tray, and Cognitive Behavioral Therapy. I have come up with some of my own techniques, which are Jungian in nature to work with teens.

I have run my own private practice specializing in life transitions, multicultural, and diversity issues. I am a member of the American Association for Marriage and Family Therapy, C.G. Jung Society, and Bainbridge Island Psychotherapy Guild.

FEES AND APPOINTMENTS

Please consult me in person for the current hourly fee. Extended or brief appointments are billed pro rata. I do not charge for brief telephone calls. Telephone consultation longer than 15 minutes will be billed pro rata. Payment for service is to be paid at the time of service unless other arrangements are made. I am a preferred provider for Premera Blue Shield, and KPS. For all the other insurance companies, I will provide you with a statement, which includes all information necessary for you to seek reimbursement. 24-hour notification of appointment cancellation is required or the full appointment fee will be charged. I do not provide oral or written opinions regarding child custody, special reports or narratives for the court, or court-ordered treatment. In the event I am subpoenaed, my normal hourly fee will be charged for all written reports, oral testimony and travel/waiting time. I will provide written reports for accident claims or Social Security applications at my normal hourly fee.

CONFIDENTIALITY

The tradition of psychotherapist, client confidentiality is one I highly respect. Because I am a licensed Marriage and Family Therapist, it is also protected by law. I will not communicate with physicians, attorneys, family members or other professionals in your life without your written permission. The only exceptions to your right to confidentiality are when you, the client, are deemed to be; mentally incapacitated, an imminent threat to self or others, physically or sexually abusive to a minor child, elderly or disabled person. Should you choose to sign away your right to confidentiality to an attorney, insurance company, employer or other source, I cannot be held responsible for what that entity does with the information you give them access to.

CONSENT FOR SERVICES

My/Our signature(s) on this disclosure statement indicates I/We have read and understood the conditions of the consultation services outlined. I/We have had the opportunity to clarify any questions or agree to the terms described above before receiving services. I/We have been provided with a copy of this disclosure statement.

Client Signature _____ Date _____
Client Signature _____ Date _____
Therapist Signature _____ Date _____