



Gabrielle N. Clayton, MA, LMHC

Mailing address: PO Box 6396, Olympia, WA 98507

Phone: (360) 888-5291

Office hours by appointment

gabi@gabiclayton.com

<http://www.gabiclayton.com/gnc-ma.htm>

Contents of this Intake Packet

For Your Information: Your Right To Know ~ six pages

Washington state law requires all counselors to disclose certain information to you. I have that information on these pages, as well as your copies of the three page Therapy Understandings which I get you to sign for me (below).

My copies of the Therapy Understandings ~ three Pages

Please sign and return these to me.

COUNSELING OR HYPNOTHERAPY CLIENTS: Client and Counselor Responsibilities and Rights. Information from the State of Washington ~ three pages

My Intake Form ~ three pages

Please fill these out and return these to me.

Thank you,
Gabi Clayton



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For Your Information

Your right to know:

Counselors practicing counseling for a fee must be registered or licensed with the department of health for the protection of the public health and safety. Registration or licensure of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

Washington state law requires all counselors to disclose certain information to you. I have listed that information below. If you have any question, please feel free to ask me.

My Washington State License #: LH00005056

My Theoretical Orientation, Methods or Techniques Employed:

I do existential, humanistic, eclectic process-based talk and expressive counseling with work with individuals, couples, families, and small groups on a variety of issues including life transitions, post-traumatic and work related stress, stress management, relationship/communication issues, situation-based depression, grief and loss, parenting and adolescent development, healing from trauma for crime victims, family of origin issues, self-esteem, personal growth, and case consultations for therapists.

I believe that the work of therapy is about developing a healthy relationship with oneself and with other people in the community in order to live a good and meaningful life. It is about finding ways to live in balance and with integrity in what can be a complicated and difficult world that does not always make that easy.

My Education:

M.A., Counseling Psychology; Saint Martin's College, Lacey, WA ~ May 1993

Coursework included: Marriage and Family Therapy, Child and Adolescent Counseling, Abusive Relationships, Treatment of Gender and Ethnicity Issues, Individual Counseling, Group Counseling, Crisis Intervention, Assessment and Treatment Planning, Psychopathology, Mental Health Consultation, Community Psychology, and a 600 hour Internship/Practicum

B.A. Liberal Arts: The Evergreen State College, Olympia, WA ~ June 1989
with an emphasis in Art and Film/Video Production

Addition Continuing Education Trainings and Experience:

- War and the Soul: Healing Post-traumatic Stress Disorder
- Burnout, Stress & Fatigue
- Internal Family Systems Psychotherapy (IFS)
- Compassionate Listening: Healing Our World from the Inside Out
- The Psychology of Cancer
- Living with Grief: Before and After the
 - ❖ The Dying Process: Understanding Anticipatory Grief and Anticipatory Mourning
 - ❖ Grief: New Insights and Developments
 - ❖ Implications for Practice
 - ❖ The Importance of Self-Care
- Psychotherapy with People in the Arts

- Conflict Management
- Disaster Mental Health Intervention: Practical Front-line Assistance and Support for Healing
- Law, Ethics and Confidentiality in Behavioral Health
- Saying It Out Loud ~ Rights and Recovery: Promoting GLBTQ Wellness in a Changing Environment
 - ❖ Chemical Dependency/Mental Health Counseling Needs of GLBTQ Community
 - ❖ Working with Transgendered Clients
- Pathways to Possibility with Difficult Cases: Working with "Resistant, Unmotivated, or Mandated Clients"
- Self-Injurious Behavior: Assessment, Treatment, and the Recovery Process
- Schopenhauer's Porcupines: Intimacy and Its Dilemmas
- Healing Plots: The Narrative Basis of Psychotherapy
- Forgiveness is a Choice
- Dealing with Dilemmas: Ethical Issues and the Older Adult
- Northwest Institute for Community Health Educators (NICHE) - for professionals who work as sexuality, family life, HIV/AIDS, and family planning educators - sessions on life-long sexuality, effective sexuality education and teaching methods, learning theory, learner diversity, sexuality education ethics, and more - Advanced Track
- Understanding the Stages of Change in Addiction and Recovery
- Trauma and the Media
- Clinical Dilemmas in Feminist Therapy Practice
- The Many Faces of Grief - How to Help Others Through Loss
- Effective Strategies for Helping Couples and Families
- Legal & Ethical issues in Counseling, Social Work & Mental Health
- Understanding and Working with Sexual Minority Youth
- Attention Deficit & Co-Disorders Through the Lifespan
- Intensive Journal Workshop: Life Context/Depth Contact
- Interactive Guided Imagery
- Eye Movement Desensitization and Reprocessing (EMDR)
- Understanding Depression: Diagnosis, Treatment and Prevention
- Brief Solution-Focused Therapy
- Outcomes for Success: Evaluating Services and Programs
- Workshops on therapy for sexual abuse victims and their families.

Organizations I'm involved with:

- **Families United Against Hate (FUAH):** <http://www.fuah.org>
- **Safe Schools Coalition:** <http://www.safeschoolscoalition.org/>
- **PFLAG (Parents, Families and Friends of Lesbians and Gays):** <http://www.pflag-olympia.org>
- **Youth Guardian Services:** <http://www.youth-guard.org/>
- **Olympia Unity in the Community:** <http://www.olympiaunityinthecommunity.org/>
- **For more information & to see my resume, see my website:** <http://www.gabiclayton.com> or ask for printed copy

Course of treatment: To be agreed upon with the client.

Appointments:

Making and keeping appointments is important to the therapeutic process. If it is necessary to cancel an appointment, please give 24 hours notice in order to avoid being charged for the session.

Confidentiality:

Exceptions to confidentiality as required by law are listed in the Department of Health brochure provided to you. Additionally, I believe that professional consultation with another mental health counselor is sometimes helpful in order for me to provide the best care for my clients. If I consult with another counselor, they are bound by the same laws about confidentiality that I am. If it is necessary for me to speak with or report to an attorney, medical doctor, or any other person, a RELEASE OF INFORMATION must be signed. (See below about information that must be released to an insurance company.)

Emergencies & Non-scheduled Contact:

I cannot guarantee that I will be available in emergencies. There is a 24-hour crisis line available in Thurston County at (360) 586-2800.

Client Rights and Responsibilities:

Clients have the right to request a change of therapy, referral to another therapist, or to discontinue therapy, or other referral sources. It is the client's responsibility to choose the therapist and treatment modality which best suits their needs.

Fees: My fee is \$75.00 for a 50-minute counseling session. I am sometimes able to slide the fee down if needed.

Insurance:

If you have insurance, I can contact your insurance company to see if and how mental health services are covered. If you use insurance benefits to see me, you need to understand that I will be required to give them information about you such as dates of service and a diagnosis – and possibly other information the insurance company requires. By signing this document you are giving your permission for me to release the information that they require. You are responsible for paying any of my fees that your insurance doesn't cover, and for notifying me of any changes in insurance coverage that may affect my services.

Payment:

Payment is expected at the time of service unless other arrangements are made. Reports requested by clients are charged at the same hourly rate as office sessions, and must be paid prior to me sending them.



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I have read and understand the information contained in this document, and I agree to participate in and receive, and/or have my child(ren) participate in and receive counseling from Gabrielle N. Clayton, M.A. This agreement shall remain in effect until either the client or the therapist, or both terminate treatment.

By signing this document, I confirm that I have received a copy of the required disclosure information, that I have read and understood this information. My signature also affirms that I have received a copy of the Department of Health brochure, "Counseling or Hypnotherapy Clients" and I understand the legal exceptions to the confidentiality of therapy sessions.

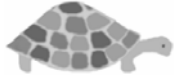
Client:

date:

Gabrielle N. Clayton:

date:

This copy is for your records.



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Fee Agreement

I, agree to pay \$_____ per session for therapy session. Late cancellations (less than 24 hours notice unless it is an emergency) and “no-shows” will be billed at the full hourly rate, and must be paid at the next scheduled appointment or within 15 days, whichever comes first.

I understand that payment is to be made at each session unless other arrangements have been made. Telephone appointments are billed at the same rate as office sessions. Payment for telephone appointments must be made within 15 days, or at the next scheduled appointment, whichever comes first. I also understand that I will be billed \$20.00 for checks returned for insufficient funds.

Client:

date:

Gabrielle N. Clayton:

date:

This copy is for your records.



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**Patient-Therapist Confidentiality
and the Limits to Confidentiality**

Patient confidentiality is a vital component of psychotherapy. It is extremely important that patients feel secure that what they discuss in therapy will not be shared.

There are three circumstances in which a therapist is required to report confidential information to state public welfare officials. These are when the therapist has a reasonable suspicion of the occurrence of:

1. Child abuse
2. Physical abuse of an elder or dependent adult living in the home
3. Expressed intent to harm oneself or another person

I have read, understand and agree to the terms stated herein.

Client:

date:

Gabrielle N. Clayton:

date:

This copy is for your records.



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Client:

date:

Gabrielle N. Clayton:

date:

Return this copy to Gabrielle N. Clayton



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3. Expressed intent to harm oneself or another person

I have read, understand and agree to the terms stated herein.

Client:

date:

Gabrielle N. Clayton:

date:

Return this copy to Gabrielle N. Clayton

NOTE: The information below, Counseling or Hypnotherapy Clients, should not be considered as the final source of information. It is somewhat out of date since the State of Washington changed from registering to licensing mental health counselors. The newer brochure: “**What You Can Expect From Your Licensed Counselor**” is online in pdf format at:
https://fortress.wa.gov/doh/hpqa1/HPS7/Marriage_Family_Therapist/documents/670-089_WhatToExpectFromYourLicensed%20.pdf

If you need more information about the law regulating counselors and hypnotherapists or want to discuss or file a complaint, please contact:

Washington State Department of Health; Health Professions Quality Assurance; Customer Service Center

Mailing address: PO Box 47865; Olympia WA 98504

Physical Location: 310 Israel Rd; Tumwater, WA 98501

Walk in Counter Hours of Operation: 8:00 am to 4:30 pm - Monday through Friday, Excluding state holidays.

Website: https://fortress.wa.gov/doh/hpqa1/hps7/Mental_Health_Counselor/default.htm

Email: hpqa.csc@doh.wa.gov **Phone:** (360) 236 – 4700 **Fax:** (360) 236 - 4818

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 Certification

Your counselor or hypnotherapist must be either registered or certified through the Washington State Department of Health unless otherwise exempt. To be registered, 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 certified 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 of 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 person 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 a 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 guilt 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 purposes 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 RC;
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 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; or
 - 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 9.96 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.

Notice Regarding Disclosure Requirements DOH PUB 670-074 (7/2005) Information disclosure is a requirement for counselors registered under Chapter 18.19 RCW - is online at:
https://fortress.wa.gov/doh/hpqa1/hps7/Registered_Counselor/documents/670-074_Notice_Disclosure_Req.pdf



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Today's Date:

Your Name:

Referred by:

Your Residential Address (include zip code):

You're Mailing Address – with zip code (if different):

Your Phone #'s:

home

Is it okay to leave message on machine?

With people there?

work/other

Is it okay to leave message on machine?

With people there?

cell

Is it okay to leave message on machine?

With people there?

Your e-mail address(s):

Your birth date: / /

Your Social Security #:

Legal Guardian (if needed):

Emergency contact person:

Relationship:

Phone #'s:

Insurance Information:

Please take some time and fill out this form thoughtfully. The information will be confidential. If you are uncomfortable answering any of the questions or some do not apply, feel free to skip them. *Thank you.*

Your name:

Your age:

Your Occupation(s):

Your employer(s) / school:

Years of education:

Your physician:

When was your last visit to the doctor?

Your current health status, concerns or problems, disability, etc.:

Your current medications:

Ethnicity, cultural, religious background, sexual orientation & gender identity that you want me to know about:

Your family of origin – parents/siblings/children and others in your blood family:

Name	Relationship	Age	Medical or Psychological illness?	Living?	Where?

How was/is conflict handled in your family of origin?

History of domestic violence, physical abuse, sexual abuse, emotional abuse, neglect, substance abuse, or mental illness in your family of origin:

Have you ever been sexually abused or raped? Have you ever been in a situation where you were touched or forced to touch someone in a way that made you feel unsafe or uncomfortable? If yes, please explain.

Who do you live with now? alone partner family parent roommate(s)/housemate(s) group

Your family of choice – other people of importance in your life now:

Name	Relationship	Age	Medical or Psychological illness?	Living?	Where?

How is conflict handled in your present living situation?

Is there domestic violence, physical abuse, sexual abuse, emotional abuse, neglect, substance abuse, or mental illness in your present living situation or family of choice?

Is there other important information about your present living situation or family of choice I should know?

How many hours a week and what type of work do you do?

How many hours a week and what type of exercise do you do?

Are you comfortable with your present weight? Are you on a special diet? Please describe.

Have you experienced the death of friend(s) or close family member(s)? If yes, who and when?

Have you ever considered or attempted suicide? If yes, when, method(s) and the circumstances?

Have you considered harming yourself since then? no yes – When and the circumstances?

Please describe any fears, worries or anxieties that are particularly problematic for you.

Have you or anyone close to you ever been concerned about your alcohol or drug use? If yes, please explain.

Do you: (Please check box if “yes” – then give details below). get headaches?

get stomachaches? “space out” a lot? lose time? hear voices? cut on or hurt yourself?

What made you decide to begin counseling now?

What specific issues do you want to work on in therapy?

Have you worked on these before?

When and with whom?

Anything else? What did I forget to ask?