**Sam Poyta Counseling, PLLC**  
[www.sampoytacounseling.com](http://www.sampoytacounseling.com)

#503-732-0409, samantha.poyta@gmail.com

Counselors are required by Washington State law to provide written disclosure of the following information to clients before counseling begins, and to obtain signed consent to counseling once the client understands the information to their satisfaction. As a client, you have a right to choose a counselor who best suits your needs and objectives. You have the right to ask questions about treatment at any time throughout the period of our counseling sessions. You have the right to refuse or end counseling at any time.

Please read this document thoroughly and when it is understood and agreed to, initial and sign where indicated. This signed document is our written contract to enter into the therapeutic process. If you have any questions or concerns, please let me know and I will be happy to discuss them with you.

The following statement is required by law: “Counselors practicing counseling for a fee must be

registered or certified with the department of health for the protection of public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of such treatment.” (WAC 246-810-031)

**Education, Training & Experience**

I am a Licensed Associate Social Worker and my license number is SC61036939. I earned a Bachelor of Arts degree in Spanish from the University of Virginia in 2009 and graduated with my Master’s degree in Social Work from the University of Washington in 2018. Since graduation I have worked with youth, families and adults in community mental health clinics, nonprofit settings and privately through yoga teaching.

I have received training and supervision in Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Non-Violent Communication, trauma-informed yoga and mindfulness modalities. I have experience working with clients with anxiety, depression, chronic pain and illness, post-traumatic stress disorder, substance use disorders and co-occurring disorders.

I am ethically and personally committed to providing you with counseling treatment that is effective for you. I recognize that clients, counselors, and the relationship between them are extremely individual. Uncomfortable feelings can come up during therapy and are a natural part of the process. However, if at any time you feel our counseling work is not right for you, please talk to me about it so that I can address your concerns.

**Please confirm by initialing here \_\_\_\_\_\_\_** that you are aware I am available to discuss the benefits and risks of treatment as well as the availability of alternative therapies.

**Payment:** My fee is $125 per 50-minute session for work with individuals. I accept cash, check or credit card payments (subject to a 2.75% credit card fee) due at time of service. I am in-network with most Premera, LifeWise and Blue Cross Blue Shield plans. Most of my clients pay out-of-pocket for counseling. This way I can assure the highest degree of privacy, flexibility and control of mental health records. My private records are exempt from insurance reporting and random compliance audits. If you are thinking about using insurance to supplement the cost of therapy, I can provide reimbursement documentation for your out-of-network benefits.

**Confidentiality:** I do not disclose information about my work with patients, except when authorized by state or federal law. I will not disclose any other information about my clients without the written consent of the patient.

**Cancellation Policy:** Appointments must be cancelled at least 48 hours in advance of scheduled

appointment. No show appointments and appointments cancelled after the 48-hour window has elapsed are charged the full session rate, without exception. Phone calls and emails are appropriate venues for conveying an appointment cancellation, text messages are not. Whenever possible, I will confirm that I received your notice of cancellation.

**Inclement Weather:** The 48-hour cancellation policy applies even in the event of inclement weather. If inclement weather is forecast, it is your responsibility to cancel your appointment. Whenever possible, I will offer times during which you may reschedule your appointment.

**Credit card:** Upon intake I will take a credit card on file that I will only use in case of a no-show or multiple violations of the no-show policy. I will always send an email to you when I bill for a no-show or late cancel.

**Waitlist:** When I am full, I will maintain a waitlist that is one month out for appointments. If one of my established patients cancels earlier in the week, I will email everyone on the waitlist to see if they can come in for the available appointment.

**Please confirm your understanding of this cancellation policy by initialing here\_\_\_\_\_\_\_**

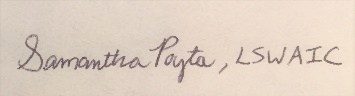
By signing this document, you attest that you have been provided with the above disclosure information and have read and understand this information provided.

Client Name (Printed)

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Client Signature (Date)

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Counselor Signature (Date) **** *Dated same as client’s date above*

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