

## **ESSENTIAL STRIDES COUNSELING**

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425-559-0039

### **AGREEMENT FOR INDIVIDUAL THERAPY**

As you consider undertaking therapy with me, I would like to provide you with important information regarding my credentials and policies. Because therapy involves a mutual commitment, I hope that you will carefully review the information below, and that you will feel free to ask me any questions. I sincerely appreciate your interest in working with me.

#### **MY BACKGROUND**

I have a Ph.D. in Clinical Psychology, which I received from Harvard University in Cambridge, MA. I completed an APA-approved predoctoral internship at Brown University's Clinical Psychology Training Consortium in Providence, RI. In my predoctoral work I received strong training in Cognitive Behavioral Therapy (CBT). I completed a postdoctoral fellowship focusing on borderline personality disorder at McLean Hospital in Belmont, MA where I was trained in Dialectical Behavior Therapy (DBT). From there I began working as the Program Director of a six-bed residential treatment facility for adult women with eating disorders where I integrated aspects of CBT, DBT, as well as Acceptance and Commitment Therapy (ACT) and motivational interviewing. I adhere to all ethical guidelines established by the American Psychological Association.

Furthermore, I am now a Certified Eating Disorder Specialist (CEDS), awarded by the International Association of Eating Disorder Professionals (IAEDP). I am also fully certified in equine assisted psychotherapy (EAP) by the Equine Assisted Growth and Learning Association (EAGALA).

#### **ASSESSMENT AND CONSENT TO TREATMENT**

I believe that therapy is a collaborative process in which you, the client, must be actively involved. I typically begin treatment with one or two assessment interviews in which we review your history and goals for treatment, as well as our mutual thoughts and feelings about our ability to work together. Should we decide to begin a course of treatment, we will define our task in terms of the type of therapy to be engaged (cognitive, behavioral, supportive, DBT, EAP etc), appointment and payment policies (stated below), and a reasonable time commitment for the initial treatment. I typically plan to evaluate the course of therapy with a client after the first four sessions and at regular intervals thereafter.

An important aspect of any therapy includes motivation on your part to complete work outside of therapy sessions toward effective management of emotional, behavioral, and relationship goals. Especially in the case of CBT, you will be expected to complete exercises or tasks outside of treatment. As your therapist, I will similarly devote time outside of our meetings to prepare assignments and ensure that we are making progress toward your goals.

Should your concerns or goals for therapy encompass issues outside of my expertise, I will refer you to an appropriate consultant or treater as needed. Likewise, if at any time you desire an additional opinion or consultation with another professional, I will provide you with relevant medical records and assist you with referrals when possible. If at any time you decide to end our therapy, I ask you to participate in a final meeting so that we can review our work and any follow-up information that may be important for your future treatment.

## **APPOINTMENTS**

Initial intake sessions and certain types of behavioral therapy sessions may be scheduled for 75 minutes, but the majority of sessions will last 50 minutes. I try to maintain punctuality, but if clinical circumstances require me to begin a session late, you will be given the full 50 minutes we have scheduled. If you arrive late for a session, we will have to stop at the scheduled 50-minute time, given that I usually schedule appointments in hourly increments.

## **CANCELLATION POLICY**

I will need advance preparation to secure the space and horses (if relevant) for our meetings. I therefore request that you provide at least 24 hours notice for cancelled appointments. I will request 50% payment for sessions that are not kept or cancelled with at least 24 hours' notice, except in cases of serious emergency.

## **COST AND METHOD OF PAYMENT**

I am in network with Premera Blue Cross, Regence Blue Shield, First Choice, and Kaiser Permanente. My out-of-pocket rate for 50-minute therapy sessions is \$180. For shorter or longer sessions, the price will be pro-rated in 10-minute increments. I may also do a sliding scale in the case of financial hardship. If you are using insurance, I will bill your insurance the day of each session and they will return with their portion of payment and indicate your copay. Once I am paid for a complete month by the insurance company, I will send you an invoice for that month. Thus, you may receive an invoice up to a month later, given that insurance takes 3-4 weeks to process and provide payment.

I will send a new invoice every month in the case of non-payment. After three months of non-payment you will be notified that I must send your account to collections.

## **EMERGENCIES AND VACATION COVERAGE**

You may leave me phone messages at any time by calling 425-559-0039. I check this voice mail regularly and generally return calls during standard business hours M-F. If you are in immediate danger, you should proceed to your local emergency room or police station and then attempt to contact me. If I am out of town or unavailable, I will have another competent and licensed clinician covering my practice. Covering information will be given to you with as much advance notice as possible.

## CONFIDENTIALITY

The cornerstone of ethical therapy practice is strict protection of your confidentiality. I will not disclose any information to others except with your written permission and in the following rare circumstances:

- If mandated by subpoena, I will discuss with you my legal obligation to submit medical records to the courts, as well as the content of those records.
- If you give clear evidence of posing serious threat of harm to yourself or another person, I am mandated to take measures to protect you and identifiable persons at risk of harm. This may involve violating your confidentiality by involving your family or other treaters, or by taking steps to keep you or others safe through hospitalization. In the rare event that this should occur, we will make every effort to talk first about your options and preferences.
- If you disclose information to me that provides reasonable evidence that a child or elder is being abused or neglected, I am mandated by law to make a report to the appropriate authorities for investigation.

## TREATMENT OF MINORS

I enjoy providing treatment to children and young adults. Though I negotiate as much confidentiality as possible with young clients, parental permission is required for treatment of minors, and parents will be provided overviews of treatment, as well as general goals and timelines. Family members will be included in treatment planning and meetings as is appropriate, sometimes without the client present. Every effort will be made to negotiate reasonable agreements amongst the minor client and the parents as to privacy and confidentiality in treatment.

I take my role as a therapist very seriously and I am grateful that you are considering initiating services with me.

Signatures of both parties below denotes our mutual understanding of the policies described above, as well as agreement by each of us to uphold our respective responsibilities in maintaining a working relationship.

_____ Signature of client (or parent of client under age 13)	_____ Date
_____ Printed name	
_____ Michelle M. Wedig, Ph.D.	_____ Date
_____ Printed name	