

Jana Ekdahl, MA, LMHC Psychotherapist  
Transformational Unfolding

The foundation of our work will be that of mutual respect and clear expectations. To facilitate this, I have prepared the following information for your review. I request that you ask any questions and raise any concerns you may have.

**TRAINING:** I received my MA in Psychology from Antioch University Seattle, with an emphasis on depth psychology. My internship was completed at Seattle Counseling Service (SCS), where I worked with the LGBT community. Multi-cultural perspectives are always an important consideration in any work that I do. I am experienced in working with clients through their individual transitional and identity issues.

**METHODS:** I will be primarily client-centered and humanistic in my approach; beyond this, I will use family of origin, process work, existential, developmental, relational, coaching, spirituality, and dream work. Working with sexuality and gender issues is a strong focus. Grief and loss issues also predominate my practice.

**FEES:** The initial fee is \$130. Subsequent 50-minute session fees are \$130. You may qualify for a lower fee, based on the following sliding fee scale if you do not have or choose not to use insurance coverage.

Sliding Fee Scale based on GAI (Gross Annual Income)  
**Please check the appropriate income level.**

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|--|---|
| <input checked="" type="checkbox"/> GAI \$90,000 or more = Full Fee, \$130 per session | <input checked="" type="checkbox"/> GAI \$60-70,000 = \$100 per session     |
| <input checked="" type="checkbox"/> GAI \$80-90,000 = \$120 per session                | <input checked="" type="checkbox"/> GAI \$50-60,000 = \$90 per session      |
| <input checked="" type="checkbox"/> GAI \$70-80,000 = \$110 per session                | <input checked="" type="checkbox"/> GAI \$50,000 or less = \$80 per session |

**Note: Cancellations less than 24 hours in advance will be charged a half hour rate.**

**CONFIDENTIALITY:** Clients are assured confidentiality except where limited by law (as in a reasonable belief of imminent danger to self or others, or regulatory investigation) or with their written authorization (or that of client's personal representative in cases of death or disability). However, be aware that for the purpose of consultation and supervision, some information about a client's circumstances may be shared; in which case, every effort is made to fully protect the identity of the client and anyone they may speak about. Please note that clients who elect to use their health insurance benefits to pay for service may have their diagnosis and symptoms become part of their permanent medical records. These records are often accessible to other insurance companies and may be accessible to employers and/or private investigators. **Note: I rarely keep treatment notes beyond the first two sessions. Signing this agreement acknowledges that you agree to this.**

**ACKNOWLEDGEMENT:** State law requires that clients understand that they have the responsibility and the right to choose the kind of treatment they want and the right to terminate treatment at any time. If you have any questions about professional conduct, you may contact Washington State DOH, Health Professional Quality Assurance, 310 Israel Road, PO Box 47860, Tumwater, WA 98501 or visit <https://fortress.wa.gov/doh/hpqal/>. When you have read and understand this disclosure statement, then all parties are required to sign and date this document.

Counselors practicing counseling for a fee in Washington State must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Jana Ekdahl's State of Washington Mental Health Counselor License number is LH00007721.

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(client signature)

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(date)

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(therapist signature)

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(date)