

## INFORMATION PACKET AND SERVICE AGREEMENT FOR NEW CLIENTS

First, allow me to extend a heartfelt *Welcome* to you! I am honored to have this opportunity to be with you in this special, indeed *privileged* way. I hope that our therapeutic relationship will be of healing benefit to you, and to all who are a part of your life.

This information packet is meant to answer a few frequently asked questions regarding psychotherapy. I believe our work will be most helpful to you when we both have a clear and fully aligned idea of what we are trying to do together and how that might be accomplished.

To that end, I want to address the following themes:

- My Professional Background;
- My way of being and working, including the risks and benefits of this kind of therapy;
- How therapy generally works, including how long we might work together;
- Financial matters;
- Other important aspects of our relationship.

After you read this packet, we can talk in person about how these issues apply to your specific case.

This packet is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you may have, and we will discuss them at our next appointment. When you have read and fully understood this document, I will ask you to sign it. I will do the same and make a copy and keep it in your confidential client record.

### **My Professional Background**

I am a licensed clinical psychologist with 10 years of experience working with clients in a variety of settings, ranging from corporations to in-patient settings to a university counseling center and private practice.

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I am trained and experienced in doing one-on-one, couple, group and family therapy with adolescents and adults. I am also a past university lecturer in psychology having taught in the Graduate School of Counseling Psychology at Santa Clara University for three years.

I hold these qualifications:

- I have a Ph.D. and M.A. degrees in clinical psychology from the Institute of Transpersonal Psychology in Palo Alto, California (now known as Sofia University)--which is accredited by the Western Association of Schools and Colleges (WASC), one of six such regional organizations accrediting both public and private schools, colleges and universities.
- I have an M.A. degree in applied behavioral science with an emphasis on family systems from Bastyr University in Seattle, Washington.
- I completed two internships in clinical psychology, both of which were accredited by the California Psychology Internship Council (CAPIC).
- I am licensed as a psychologist in Washington State (License Number PY60119600).
- I am a member in good standing of both the American Psychological Association (APA) and the Washington State Psychological Association.

### **About Psychotherapy**

I believe you should feel a strong sense of alignment with the therapist you choose, and his or her particular ways of being and working. This early felt sense of alignment helps to create the essential conditions for therapeutic success. Before I say a bit more about that, please keep in mind that this is only one theoretical orientation among many. If this does not sound appealing to you, I may be able to refer you to someone with a way of being and working that might be a better fit. Just let me know.

## **My Theoretical Approach**

I work from a Humanistic-Existential and Transpersonal theoretical foundation. What does that mean? It's fairly simple. I hold a fundamental assumption about humanity and my work: All human beings are inherently healthy, innately whole, essentially perfect, and precious, even as they suffer with the often challenging circumstances in their lives, including painful aspects of their own personalities and ways of being, and relationships that may be hurtful or less than satisfying. As a function of that foundational principle, I avoid the use of pathologizing terminology, or a "disease model," for conceiving of human experience. Instead, I approach all experience as what I like to call "healing trying to happen." Our work together is to try to discover how that process is unfolding in the here-and-now, even if it may be doing so in less than helpful or unpleasant ways, and to do everything we can to identify and remove whatever barriers to wellbeing we may find.

Here are three key theoretical tenets of my approach to doing this work:

- (1) Mind, body, spirit, and relationships are inseparable from one another and exist in a co-creative, systemic relationship which is irreducible to any one of the four alone. That is to say, focusing on any one of these aspects in isolation to the neglect of the other three is likely to be less helpful than working with the whole person. For example, clinical research has shown that taking psychiatric medicines (addressing the body) as stand alone therapies without simultaneously addressing the underlying causes of suffering in psychotherapy (addressing the mind) is generally less effective, and sometimes potentially harmful, when compared to a combined approach (addressing mind and body simultaneously). Thus, with your consent, I may refer you to or consult with other professionals as appropriate, ranging from primary care physicians and psychiatrists to nutritional counselors and body workers, as I think they may complement our healing journey.
- (2) So, what about relationships? I don't conceive of either the body or the mind as isolated entities or even as an isolable duet--even though it might appear as though our bodies and minds are totally separate from those belonging to others. For example, attachment and neuroscientific research have both suggested that the degree of security and attunement we experience as infants and young children has a profound impact upon how our brains develop, which in turn influences the level of flexibility and integration in our mental functioning, thus dictating in large

part how we are able to show up in relationships as we grow into and move through adulthood. Ideally, we would be secure in our relationships with ourselves and others from the time we are in utero. Of course, this is often not the case, even in the best of circumstances. The good news is that modern neuroscience has also shown us the brain is “plastic,” that it is malleable and changeable, throughout the lifespan, and that we can often repair our attachment-based “wounds” in the safety of attuned partnerships--with lovers, close friends, and/or skilled psychotherapists.

(3) With mind, body and relationships addressed, what about spirit? For thousands of years, contemplative traditions from around the world have demonstrated the profound power of spiritual practices, ranging from intercessory prayer to different types of yoga to a variety of meditative disciplines. I am particularly interested in the benefits of cultivating mindfulness, and positive states like compassion, gratitude and forgiveness, given the modern scientific research supporting their therapeutic benefits. However, I am also interested, when appropriate, in working from a different place--a place of deep, non-dual, spiritual inquiry into the unconditioned nature of reality and what we tend to automatically imbue with power and meaning in our conditioned, day-to-day existence.

### **Risks and Benefits**

Undertaking psychotherapy is not devoid of risk. I will ask you to make changes, which can feel awkward and uncomfortable. Often, the forces that exist in our lives, including our relationships, our work, our habits, will seem to conspire to resist even our most earnest efforts. This can lead to psychotherapy feeling disruptive. And, quite often, it's possible that things may actually feel a good bit worse before they start to get better. Take heart and press on. You are not alone in this experience. You have good company on this path. It takes heart and courage and an investment of time and energy to change your life--but change it you can!

With that said, the potential benefits are many. For example, you may experience more peace and an increased sense of acceptance toward yourself and others. You may find yourself feeling more

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deeply all sorts of emotions--both positive and negative--and having heightened sensory experiences, but with less attachment to or aversion from them. This may result in an enhanced sense of “richness and depth” or a rediscovery of “awe” about the world we live in and how you experience your own life. You may also enjoy more meaningful, satisfying relationships with the important people around you. In short, the overarching goal is simply to decrease the amount of suffering and to increase the level of overall satisfaction you experience in your life.

### **How Does Therapy Work?**

After our first session or two, I will tell you how I initially conceive of your case, and invite you to proceed along a certain path. I view therapy as a journey with a learned Friend. You will set the pace and define the destination; I will use some special knowledge of the terrain that might help you to get there safely and efficiently.

I expect us to plan our work together. We will list the areas you wish to work on, your goals, the methods we will use, the time and financial commitments to be made. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can change course.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to work outside our meetings, and we will collaborate to set up reasonable homework assignments for you. I might ask you to do exercises, keep records, or read to deepen your knowledge. You will probably also have to work on and within the significant relationships in your life. There are no instant, painless cures and no “magic pills.” This path is one that requires effort.

Most of my clients see me at least once a week for several months. At some point, we will assess our progress and our plans for ongoing work. We may decide to meet less often for several more months, or we may continue to meet weekly for a period of time and then reassess later. I don't conceive of therapy as an open-ended commitment. However, I also don't believe in a strictly time-limited or “brief” model. Every case is different. I have seen clients for as few as 10 sessions, and for as long as five years (and counting).

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Ultimately, therapy will come toward what feels like a natural ending. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should never be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often collaborate to make such a “time out” most helpful.

If for some reason therapy is not going well, I might suggest that you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my approach does not seem to be working for you. Additionally, should you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information they might need in order to be helpful to you.

### **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the nature of a relationship between a therapist and a client. Let me explain a few of these limits.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations, which I will say more about in the following section. Further, if we meet on the street or happen into one another’s presence socially, I may not say hello or talk to you very much. Please understand that my behavior is not a personal reaction to you, but is instead an important way to maintain the confidentiality of our relationship.

Third, in your best interests, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to anyone in which my objectivity may be impaired based upon my other therapeutic or personal relationships. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have any other business relationship with my clients, other than the therapeutic relationship.

### **More About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

- (1) If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
- (2) If you are suing someone or being sued, or are being charged with a crime, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues should they arise.
- (3) If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. Let me be perfectly clear: I cannot promise never to tell others about threats you make.
- (4) If I believe a child or vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.

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There are three situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these limited situations.

First, when I am away from the office for some reason, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am in order to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me to give you my best. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or even omitted, and they will be told only as much as they need to know to understand your situation.

Third, it may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients’ records 15 years after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

Your health insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. In such cases, this information will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please



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understand that I have no control over how these records are handled by the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You may review your own records in my files at any time. You may add to them or correct them, and you may have copies of them, provided you request them in writing and pay for their reproduction. I ask you to understand and agree that you may not examine records created by anyone else which have been sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you in advance.

You have the right to ask that your information not be shared with family members or others, provided the law allows for that limitation. You may also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

### **About Our Appointments**

Unless we arrange otherwise in advance, we will meet for a 53-60 minute session. We will endeavor to schedule meetings for both your and my convenience. I will try to tell you at least two weeks in advance of my vacations or any other times we cannot meet.

I consider an appointment to be a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding, but will also assure you that you will receive the full time agreed to. If you are late, we will be unable to meet for the full time, because it is likely that I will have another appointment after yours. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it.

**When you must cancel, please give me at least a week's notice. Your session time is reserved for you, and I am rarely able to fill a cancelled session unless I know a week in advance.**

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**Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency), if you cancel a session within 36 hours, or fail to show up for a session, I will charge you the full fee for the lost time. Your insurance will not cover this charge.**

Cancellations for a Monday appointment should be made no later than Thursday morning.

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

### **Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. My current regular fees are as follows. You will be given advance notice if my fees should change.

For our initial intake session, I charge \$285—which includes administrative time, assessment and treatment planning in addition to our in-person session.

For a normal session of 53-60 minutes in duration, the fee is \$185.00. Thereafter, I charge \$35 per 10 minutes. This includes telephone consultation between sessions that are more often than “occasional” and which last more than the time required to reschedule an appointment or similar business.

I ask that you settle your account with me at the end of each session. I suggest making out your check before each session begins, to include any fees owed for our session plus any telephone consultation, if any, so that our time will be well spent on therapeutic matters.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I do not send bills. If you encounter any problem with our fee agreement, please bring it immediately to my attention. I will do the same with

you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

### **Health Insurance**

Because I am a licensed psychologist, many traditional health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot generally tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know. I may also be able to help you figure out your benefits.

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. Every plan has its own rules, limits, and procedures that we should discuss. Please bring your health insurance plan's description of services to one of our early meetings, so that we can talk about it and decide what to do.

I will provide information about you to your insurance company only if you ask me to bill them for my services. I may send this information electronically via HIPAA compliant service, by certified mail or by fax. My office will try its best to maintain the privacy of your records, but cannot be responsible for what the insurance company does or does not do with your information.

I am no longer a member of any preferred provider networks, but I am set up as an out of network provider. In most cases, I process health insurance claims electronically and will do so for you for a fee of \$2.50 per claim. This is in addition to your fee for the session. You will be responsible for the **entire fee** at the time of service as claims filed by me will be reimbursed directly to you once your deductible is satisfied. You are responsible for knowing what your deductible is for outpatient mental health.

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### **If You Need to Contact Me**

I cannot promise that I will be available at all times. Although I am in the office Tuesday through Thursday, I do not take phone calls when I am with a client. You can always leave a message on my answering service, and I will return your call as soon as I can. Generally, I will return messages daily except on Weekends and holidays.

If you have an emergency or crisis, please say so in your message. If you have a behavioral or emotional emergency or crisis and cannot reach me quickly by telephone, you or your family members should call:

King County Mental Health Crisis Service: 206-263-9200

For a life-threatening emergency, immediately call 911.

### **Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license.

Problems may arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the Washington State Department of Health's Examining Board of Psychology, a representative of which will help you to clarify your concerns or tell you how to file a complaint.

In my practice as a therapist, I do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present risk of harm/danger. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

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### **Agreement**

I, the client (or a minor's parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above may be discussed and may be open to change. If at any time during therapy I have questions about any of the subjects discussed in this packet, I may talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

#### **Please check only ONE of the following:**

- You are authorized to contact my primary care physician as indicated below to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis and treatment.
  
- I do not authorize you to contact my primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my medical diagnosis and treatment. I am providing you with the name and address of my primary care physician only for your records.

Please write below the name, address, and phone number of your primary physician:

Name:

Address:

Phone Number:

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**If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend—as well as King County Mental Health Services. I am also required to contact the police if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name:

Address:

Phone:

Relationship to you:

*I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.*

*I have read, or have had read to me, the issues and points in this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the minor client enter into therapy), and to cooperate fully and to the best of my ability, as shown by my signature on this form.*

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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Relationship to client:

- Self       Parent       Legal guardian
- Health care custodial parent of a minor (Must provide legal documentation)
- Other person authorized to act on behalf of the client (Must provide legal documentation)

*I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.*

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Signature of therapist

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Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you.

If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

- Copy accepted by client       Copy kept by therapist