

Counseling Practices of Karen Lynn and Kurt Treftz

P.O. Box 1186, La Conner WA 98257

(360) 320-0771

Email: info@livingawareness.org

Karen Lynn, WA Dept. of Health Reg # RC 00055359

Psycho-Spiritual Counseling: Personal Growth, Crises, Adjustment, Relationship, and Spiritual Guidance. Integral Counseling (mind, emotion, body, spirit), Body & Breath work, and other.. For more information see www.LivingAwareness.Org

20 years emotional-release focused body-worker, as well as a body-work instructor and school administrator. (Body-work included structural, visceral, cranial-sacral, Reiki and energetic healing.) 17 years experience in sexual abuse counseling, Integral Counseling practicum (mind, emotion, body, and spiritual), dynamic breath work, memory recovery, and psycho-spiritual workshop facilitation.

Kurt Treftz, WA Dept. of Health Reg. # RC 00037567

Psycho-Spiritual Counseling: Personal Growth, Crises, Adjustment, Relationship, and Spiritual Guidance. Methods and techniques: Integral Counseling (mind, emotion, body, spirit), Person-Centered, Family-of-Origin, Bowen Theory (Self Differentiation Work), Body-Work, and others. For more information see www.LivingAwareness.Org

BA in psychology and MA in Applied Behavioral Science. Further training: Integral Counseling practicum (mind, emotion, body, and spiritual), emotional intelligence work, crises management, spiritual leadership, David Deida-based sexuality and relationship training, and dyadic relationship work.

Frequency, Duration and Scheduling:

Counseling sessions may be weekly, every other week, or monthly (as best meets your needs and schedule) until your goals are satisfied.

New appointments may be made with either of us via telephone (425.761.7100) or Email info@livingawareness.org. Appointments will be made upon our return contact with you. Ongoing appointments can be made at the end of any given session.

Counseling Fee and Payment Policy:

\$80 per 50 minute session, due at time of service. Please make checks payable to Karen Lynn or Kurt Treftz, and simply leave your payment in the office at the end of each meeting. We do not process insurance claims.

Cancellations and Missed Appointments:

A 24-hour advance notice is required on all cancellations, regardless of the reason, in order to avoid being charged. In the event of a late cancellation or missed appointment, please mail payment prior to your next appointment.

COUNSELING PRACTICES INFORMATION HANDOUT CONTINUED...

Counselor Copy

I have been provided a copy of this required counseling practices information handout and I have read and understood the information provided on my behalf or on the behalf of my minor child. I understand that in order to avoid being charged, a minimum of 24 hours notice is required for appointment changes or cancellations.

Client Signature: _____ Date: _____

Client or Parent Signature: _____ Date: _____
(If child is a minor)

Counselor Signature: _____ Date: _____

Printed Client Name(s): _____
(And/or printed name of Parent/Legal Guardian)

Mailing Address: _____

Phone Numbers: () _____ () _____

Email Address: _____

CONFIDENTIAL

Initials Used in the appointment book: _____
(please use at least 3 initials)

Confidentiality:

(Extent of confidentiality as provided by: RCW 18.19.180(I))

I cannot and will not disclose any information you have told me during a counseling session except as authorized or mandated by RCW 18.19.180:

- 1) With your written consent or, in the case of death or disability your personal representatives, other person authorized to sue, or the beneficiary of an insurance policy on your life, health or physical condition;
- 2) As a State of Washington Registered Counselor under this chapter I am not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
- 3) If you are a minor and I learn that you are a victim or subject of a crime, I may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of inquiry;
- 4) Your privilege to confidentiality will be waived if you bring charges against me;
- 5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only the 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 profession practice their skills with competence and treat their clients in a professional matter. If you and I agree to the course of counseling and I deviate from the agreed course, you have the right to question the change and to end the counseling if that seems appropriate to you.

I want you to know there are acts that would be considered unprofessional conduct. If any of the following situations occur during your counseling with me, you are encouraged to contact the Washington State Department of Health by either writing to the address or phoning the number included in this information handout.

(Please See Other Side)