



Weeds to Wishes
Counseling & Consulting

DISCLOSURE STATEMENT

Professional Qualifications

Kathryn Kemp Chociej will be the counselor that you/your family will be working with. She holds a Social Worker Independent Clinical License (LW60674069). Her past experience includes: crisis intervention, case management, housing services, support group facilitation, outreach, legislative advocacy, research, training, and the supervision of direct service programs. She has worked with veterans, homeless families, immigrant and refugee populations, survivors of family violence, sobriety-intended individuals, and the LGBTQ community. She enjoys advocating from the perspective of the children whose lives are impacted.

Kathryn Kemp Chociej is an active member of National Association of Social Workers (NASW), World Professional Association for Transgender Health (WPATH), and Washington State Society for Clinical Social Work (WSSCSW). She facilitates support groups for parents of gender-variant children through Gender Diversity, and a wellness group through Gilda's Club. She is also in the Out in Front Seattle leadership development program. She has a Master in Social Work from the University of Washington-Tacoma, with a focus on transgender issues, a Master in Business Administration from Houston Baptist University in International Marketing & Management, and a bachelor's degree in journalism and political science from the University of Houston.

Philosophy

Weeds to Wishes incorporates a strengths-based perspective, with a blend of acceptance and commitment therapy and cognitive behavioral approaches. Other counseling modalities may be introduced to provide additional supports as needed and as are appropriate. Within this framework, we will explore your short and long term goals, and help you navigate your identity and place in the world. Kathryn Kemp Chociej is not able to prescribe medication. If she feels there may be biological concerns affecting your mood or behavior, she will refer you to a physician/psychiatrist for further assessment. Kathryn Kemp Chociej approaches her work from a place of empathy, non-judgment, and support. Her goal is to help clients feel empowered by their work in therapy, obtain personal growth, and fulfillment, and ultimately lead a more loving, joyful, and authentic life.

Fees

Weeds to Wishes offers the following services:

- Individual counseling (50 minutes): \$140
- Comprehensive diagnostic intake (80 minutes): \$200
- Couples/polycule/family counseling session (75 minutes): \$200

Payment for Services: I accept cash or check payments made payable to Kathryn Chociej, or individual sessions via PayPal, and will provide a receipt upon your request. Payments are due directly to me at the time of service (at the start of each session). I do not currently accept insurance. If payments are made via PayPal, a \$5 processing fee above the published rate will be assessed. If a sliding scale payment arrangement has been made, it will be revisited each 90 days. Payments will increase in increments of \$5-10 per session. Phone conversations more than 10 minutes will begin to incur prorated fees.

Provider Initials _____

Client Initials _____

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220 M St NE
Auburn, WA 98002
253.653.6217
weeds-to-wishes.com



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Fees are subject to change. You will be notified no less than one month in advance if rates change. Typically this will stay within \$10 and may be added in stages to assist in maintaining scheduled sessions. There is a \$25 fee on all returned checks.

Provider Initials _____

Client Initials _____

Cancellation Policy

A 24 hour notice is required for cancelling an appointment. Failure to do so will result in a \$75 “no show” fee.

Provider Initials _____

Client Initials _____

Contact

If you need to contact your counselor, please phone 253-653-6217. In the event that I am unavailable for any significant amount of time, I will allow prior notice and provide an alternate contact in my absence. If after hours and/or cases of emergency, please call 911 or the Crisis Clinic at 866-427-4747.

Confidentiality

Brief notes and copies of client invoices will be kept confidential and be stored in a HIPAA compliant file box. All discussions during the course of therapy are confidential. Information may only be released through a signed release from by the person in treatment or to their legal guardian for those clients under 13 years of age. However, counselors are mandated reporters and there are times when confidentiality must be broken. It is required by law that information pertaining to the following can be released with/without consent.

- Disclosure of abuse or neglect of a child or dependent elder (physical, emotional, sexual)
- A believable indication that you may seriously harm yourself or someone else
- Involuntary commitment due to need for mental health assessment
- A court has ordered me to do so
- During case consults with a private supervisor – names will be kept anonymous

If I feel that you are in danger of harming yourself, I will take the steps necessary to see to your safety – this may include suggesting more frequent sessions, suicide assessments, safety contracts, calling the crisis clinic, or calling your physician noted in a previously signed release form.

Client Rights

Counseling/therapy is/can be extremely helpful, but not guaranteed. In some regards, you as a client, you get what you put into it with your commitment to change. Counseling/therapy is voluntary. You have the right to choose a counselor that best fits your needs. If you feel Weeds to Wishes is not a good match for you, or a particular issue you are seeking help for, it’s hoped that you will bring this to your counselor’s attention and openly discuss. If we find termination of services is imminent, a referral will be made that you have the option of contacting. You have the right for further explanation of these policies at any time. You have the right to terminate services any time you choose. You will be responsible for any outstanding balances at that time.

If you have concerns about the treatment you are receiving or my behavior, please feel free to discuss this directly with me. If you feel I have been unethical in my treatment or behavior, you have the right to contact the Department of Health: Health Services Quality Assurance Division, PO Box 47857, Olympia, WA, 98054; 360-236-4700, or via email: HSQAComplaintintake@doh.wa.gov.

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CONSENT TO TREATMENT

I have read this document and had the opportunity to ask questions, been provided contact numbers and complaint information. I understand the confidentiality policy and restrictions. I fully understand and will abide by the cancellation policy. I am able to provide documentation pertaining to any custody/guardianship concerns upon request. By signing I am stating that I am of competent mind and take responsibility for my decision.

Where applicable: I am the legal guardian of the child mentioned below and have full permission to sign on their behalf for behavioral health services.

Client Name (print): _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Counselor Signature: _____ Date: _____

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