

Disclosure Statement

In accordance with the Washington Administrative Code and the revised Code of Washington, the following Client Disclosure Information is provided for the client and must be signed by both the client(s) and counselor. The client's signature indicates that she/he has read and understands the information.

Introduction

I am a licensed Mental Health Counselor (#MC60205027). I earned my Masters of Psychology from LIOS Graduate College of Saybrook University. I have been a practicing therapist since 2010, and my practice includes working with individuals and couples. I am an independent practitioner. I share offices with other independent practitioners in a suite of offices. My relationship with them is limited to the sharing of space and some common office supplies.

Counseling Approach

I believe personal healing can be accessed through each person's inner resources. You have a unique store of wisdom, skills, strengths, and experiences. My work is oriented toward helping you find and use these qualities to find flexible approaches to the issues that arise from your life situation. My techniques encourage your self-expression and creative freedom. I believe there is value in working with you to identify a therapeutic goal, and then directing our work toward that goal. I work with a number of modalities and counseling approaches. My primary focus is systemic and relational. I am interested in how problems develop in relationship, and how they can be solved in relationship—be that with one's partner, family of origin, current family, or work and social networks. I have been trained in a variety of therapeutic modalities, and I primarily use family systems therapies, EFT (emotionally focused couples therapy). In the course of treatment I may employ one or more therapeutic methodology. I am particularly interested in how clients find meaning in their lives and look for the strengths which help foster and maintain the changes they want. I am also interested in helping people find ways to live in alignment with their values, their spirit, and their health. Spirituality and holistic approaches to health and wellbeing are part of my therapeutic conversations. I may suggest and teach a practice of mindfulness and may suggest physical practices such as yoga or breathing practices to decrease stress and increase health and wellbeing.

Benefits and Risks of Counseling

Counseling is understood to be a choice you have made among available options. Other options include other counselors, other therapies, support groups, self-help resources, and other modes of treatment. Counseling has been shown to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of emotional distress. Counseling can also have risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. Some clients need only a few sessions to achieve their goals, while others may benefit from long term counseling. You have the right to end counseling at any time, however it is understood that premature termination may result in the return or worsening of the initial problems and symptoms. You have a right to choose the counselor who best suits your needs. If my services do not serve this purpose, please let me know and I will assist you in finding someone who will better meet your counseling needs. If you have questions about the counseling, please do not hesitate to discuss these with me.

Recovered Memories

It is important for my clients to understand that I have no way of determining the truth of any memories that may come up in the course of therapy. My work in such instances will focus on the dynamics surrounding the emergence of such memories, rather than attempting to ascertain the truth of the memories themselves. I will work with my clients to help them deal with the emotional needs these memories represent, so that they may function more fully and effectively in their lives.

Fees and Payment

My fee for the initial evaluative session for an individual or couple is two hundred and ten dollars. All sessions are 50 minutes and \$210 per session. You are responsible for payment due at the beginning or end of each session. I accept payment in the form of cash or check. Sessions include: in person, telephone calls and consults. Payment for telephone session is made at the next session or within 15 days.

Sliding Scale

There is a sliding scale available. During our initial consultation we can determine your circumstances and how a sliding scale rate of \$80-210 might apply to you. There is no proof required. The agreed fee of _____ will be applied (to be filled in by counselor). This will periodically be renegotiated.

Appointments and Cancellations

Making and keeping appointments is important to the therapeutic process. If it is necessary to cancel an appointment, please give 24 hours notice in order to avoid being charged for the session.

Confidentiality

Conversation between you and me will not be disclosed without written permission. There are exceptions to confidentiality, such as when such disclosure is pursuant to a court order, or a disclosure is pursuant to mandatory reportable instances involving suspected abuse or neglect or exploitation of a minor child, an elderly person, or a developmentally disabled person, or if there is danger of suicide or homicide. Please review, *What to Expect from your Licensed Counselor*, for the most current legal description of private healthcare information and exceptions and exclusions per HIPAA regulations. I request that you do not subpoena me, or my records, in any family court action.

Client Records

I keep record of the health care services I provide. You may ask to see and copy that record. I will not disclose your record to others unless you complete a Release of Information form, or unless the law authorizes or compels me to do so.

Concluding Psychotherapy

Closure is important to the therapeutic process. I ask that my clients agree to a closure session to adequately honor the work they have done in therapy.

Please indicate by signing below that: you have read and understand this disclosure statement and give me permission to provide treatment to you.

I also want to protect your interests in the event of my unexpected death, disability, impairment, or incapacity. In order to accomplish this, I have arranged with another therapist to assist with closing my practice in the event of my death, disability, impairment, or incapacity. This other therapist will not have access to your records, unless I am unable to continue as your therapist. You waive any relevant medical privacy act rules to the extent necessary to allow the therapist closing my practice to contact you and take the necessary steps related to you. In such event, appropriate other therapist will contact you and provide you with information about how to proceed.

(Client Signature)

Date

(Client Signature)

Date

(Therapist Signature)

Date

- Check here to indicate that you have received a copy of What to Expect from your Licensed Counselor.
- Check here to indicate that you have read and agree to all statements in this document.