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Disclosure Statement/Informed Consent

Welcome to my practice. I appreciate those who are new to therapy and perhaps a little afraid of what the process is about, as well as those who have experienced therapy in their past. The purpose of this document is to clarify my professional services and business policies. It is also to inform you of your rights and responsibilities as a client. It is important that you read this document thoroughly before our first appointment. As you read it, please write down any questions that may come up for you so that we can further discuss them when we meet. Signing this document represents that you have read it, we have discussed it to clarify any question you had about it, and that you fully understand the meaning of the document. This is an agreement between us.

My Qualifications

I am a licensed Mental Health Counselor in Washington State (#LH60724035). I graduated from Antioch Seattle University with my Master Degree in Psychology, Clinical Mental Health Counseling. I was a counselor at Interfaith Behavioral Health during my internship. I am employed at Sunrise Services Behavioral Health as a mental health professional, which lead me to a Supervisor II Clinical lead position.

My Approach to Psychotherapy

My goal in psychotherapy is to create a safe, supportive environment where clients feel non-judged, accepted, and can share his or her deepest thoughts and experiences, which will play a role in the healing process.

I have been trained in many counseling theories. I tend to draw from an analytical, developmental, and mindfulness perspectives blended with neuroscience. In depth psychotherapy, a primary goal is to help clients gain insight or become aware of how unconscious feelings and motives play a role in behavior. A developmental perspective, attachment theory focuses on our first relationships in life and how these connections influence our behaviors in our current relationships. By understanding our attachment style, we can learn how to be in relationship with others in healthier ways.

In working with you, I may teach you coping skills to help with some of your daily struggles. I may ask you to journal, experience art, share dreams, experience imagery or use your imagination to help bring the unconscious into awareness to deepen your experience in therapy

If you have questions or concerns about what I am doing as your counselor in therapy, you have the right to ask me about your concerns. I would hope that we can form a relationship where you feel comfortable enough to question anything that happens in therapy. I also welcome any new ideas you have that you feel would be helpful in your healing process.

I welcome you to the therapeutic journey we will take together.

Benefits and Risks of Counseling

Psychotherapy can have both benefits and risks. Some of the risks in therapy often involve sharing unpleasant aspects of your life, both past and present. As a result, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, and helplessness. Feelings or thoughts that you have tried to block out of your awareness may be painful when brought back into awareness and can temporarily make you feel worse.

Some of the benefits of counseling are that it can be helpful to know that someone understands. Therapy can provide a fresh viewpoint on difficult situations and can help you overcome specific problems such as depression, anxiety and traumatic events. You may experience increased satisfaction in the quality of your life after experiencing therapy. Furthermore, counseling can help you resolve issues or concerns that led you to seek the therapeutic process. However, there are no guarantees of what you will experience.

Counselor/Client Relationship

The counselor/client relationship is unique because it is exclusively therapeutic. This means that social contact between client and counselor outside therapy is inappropriate. These boundaries are to make sure that you understand your role in treatment and that confidentiality is maintained for you. Because of living in a small community, there may be times when our paths cross and these boundaries may become blurred. I will not acknowledge our knowing each other unless you approach me first. This is also to protect your confidentiality.

Confidentiality

Confidentiality between therapist and client is a basic right of the client. You have a right to the confidentiality of your therapy. I hold your confidentiality with the highest respect. I believe that therapy can only work if the client feels safe enough to talk about whatever comes to mind without having to censor their thoughts. I will not disclose anything that we have discussed in therapy without prior written consent from you. In addition, I will not disclose that you are in therapy at all unless I have your written consent. However ideal this may seem, there are some limits to confidentiality that I must discuss with you.

Limits of Confidentiality

Although I hold confidentiality essential for effective psychotherapy, there are some exceptions in which I must break confidentiality that may require me to reveal some information about your therapy. If at all possible, I will inform you if I have to break confidentiality between us. The limits of confidentiality are as follows:

- If I have good reason to believe that you are intending to hurt a person, I must attempt to warn that person of your plans to harm them. I must also inform the legal system and ask them to protect the intended victim.
- If I have good reason to suspect vulnerable adult/child abuse or neglect or if you share with me that others are doing this, I must inform Child Protection Services within 48 hours and Adult Protection Services immediately.
- If I have reason to suspect that you are in imminent danger of harming yourself, I may break confidentiality and call law enforcement or the county crisis team. Before taking this step, I would explore all other options with you. If I felt you were not going to take steps in keeping yourself safe, I would call the crisis team.
- If you tell me about another health or mental health provider that has; A) been involved in a sexual act with you or another client or B) is impaired cognitively, emotionally, behaviorally, or has extreme health problems which negatively affects their practice in some way, then I am required by law to report them to the appropriate licensing board at the WA Dept. of Health. You would be informed if possible before I took this step.
- If an insurance company or managed care company requests a diagnoses and/or relevant information for them to release payment.
- I may also participate in clinical supervision in which your case may be discussed. Your name and intimate details about you will be kept as confidential as possible. The purpose of clinical supervision is to ensure you that I am doing the best job I can to help you on your therapeutic journey.
- If you are under the age of 18, by law your parents may have the right to have access to your records. It is my policy to ask for an agreement from your parents that states they will give up access to your records to ensure confidentiality between us. I will provide your parents with general information about our work together unless I feel you are a threat to yourself or others. If I have to give them information, I will discuss the matter with you first and listen to any objection you may have in regard to what I am prepared to discuss with them.

These limits of confidentiality are in place to protect you and others. If at all possible, I will do my best to inform you that confidentiality is going to be broke and discuss alternatives to breaking confidentiality.

Contacting Me

If you need to contact me for any reason, you can call and leave a message on my voicemail (360) 421-3969. I am the only person who has access to my voicemail. I will periodically check my messages throughout the day and return your call as soon as I can. The last time I will check my messages is 8:00 PM. I will again check my messages in the morning. I will do my best to return your call within 24 hours. If you are difficult to reach, please leave some times that you will be available to answer your phone. If I have not returned your call and you feel you are in crisis and not safe with yourself please call the crisis line at (800) 584-3578, call 911, or go to the local emergency room.

Record Keeping

I keep brief records of our sessions, which may include things we talked about in session and treatment plans. You have a right to a copy of these records, as they are yours. If you want a copy of the records, I urge you to review them in my presence because these records contain information that can be misunderstood and/or upsetting if read by an untrained individual. Your records will remain in a locked area and I am the only person who will have access to the records, unless you state in writing otherwise or a third party payer requests copies of your records such as insurance companies.

Cultural Competency

I have taken many courses in cultural diversity and worked with many people from various cultures. Although, I have had much exposure to cultural diversity, I believe that cultural competency is a lifelong process. I will continue to learn about cultures that are different from mine and how to best serve them in a counseling relationship. To the best of my ability, I will be sensitive to the uniqueness of others.

Scheduling, Fees and Cancellations

Counseling sessions are typically 50 minutes long. If longer sessions are needed we will discuss this when appropriate. Fees are \$120.00 per 50 minute session. If financial difficulties are an issue or arise, please talk with me about this as we can determine if a sliding scale fee is appropriate. Generally, appointments are weekly but I am willing to work with you to determine the amount of sessions that benefits you in your therapeutic journey. Payment is due at the time of your appointment. Cash or check is accepted. We can discuss this and firmly agree on what works for you. If you need to cancel and reschedule our appointment, you must do so at least 24 hours prior to the appointment. If you do not do this, you will be responsible to pay the hourly fee for the missed session.

Insurance Reimbursement

I am currently not on an insurance panel, so I cannot bill your insurance directly. However, if your insurance covers costs for Out-Of-Network or Non-Preferred providers, you may be

reimbursed for a portion (or the full amount) of your session fee, depending on the type of insurance provider. Please let me know on or before the first session if you plan to file claims for reimbursement. With your written consent, I will submit billing to your insurance company on your behalf. It is up to you to check with your insurance provider about your coverage for out of network providers and their services. If your insurance company requests more information than is provided on receipt, I will provide treatment plans and/or summaries of your treatment. You are ultimately responsible for payment at the time of your session and the reimbursement is to repay your costs.

Termination

If at any time you feel that you need to discontinue therapy, I would ask you to give us at least two sessions to discuss why you want to stop therapy. There are times when therapy is tough and it seems easier to stop rather than working through what seems hard. The additional sessions will be used to help you understand why you want to stop therapy. The time will also be used to give each other feedback on the work we have done. Of course, you coming to therapy is completely up to you and you have the right to end therapy at any time you want. I also reserve the right to end our therapy work together and will give you a referral if this happens. I will discontinue working with you if I feel you are not participating in therapy, if there is a conflict of interest or if I feel I am not the appropriate person to help you with your needs.

Consent to Psychotherapy

By signing this document, I acknowledge that I have read the document and asked questions to clarify any concerns or questions I had so that I fully understand this agreement. I agree to the terms of this agreement.

Client Signature

Date

Client Name (Print)

Date

Clinician's signature

Date

Parent/Guardian Signature (if needed)

Date