

## Personal Disclosure Statement and Notice of Privacy Practices

### INTRODUCTION

I have a Master of Arts in Counseling Psychology and am licensed by the state of Washington as a Mental Health Counselor (License #LH 00004648).

### COUNSELING APPROACH

I believe that each client is unique and has different needs in therapy at different times. Therefore, I use a variety of approaches including Cognitive, Behavioral, Client Centered and Family of Origin/Systems Theory. I am also trained in EMDR – “Eye Movement Desensitization and Reprocessing” – for the resolution of traumatic experience, anxiety disorders and other difficult issues.

The process of therapy involves establishing a safe and trusting relationship where problems and feelings can be explored in depth. I work to support and facilitate clients in the process of change and growth. I encourage clients to identify and challenge self-defeating beliefs and behaviors and to discover their innate healing nature.

You may have already identified goals associated with the change you want to occur in your life. I will be active in asking questions, offering observations and looking for patterns in the aspects of your life that you share with me. I will also greatly rely on you to set the direction for therapy as I believe You are the final expert on you, and I place considerable trust in your unique healing process.

### FEES AND SCHEDULING

Your costs for therapy will be specified at the beginning of treatment. Occasionally I find it necessary to increase my fee due to inflation. If this occurs during the course of your treatment, you will be given one month notice prior to the increase. Regular therapy appointments are 55 minutes.

If you need to cancel an appointment I request a full business days' notice or the regular fee will be charged. Pro-rated fees may be charged for extensive report writing and consults with attorneys, physicians and others.

Your fee is \_\_\_\_\_.

### CONFIDENTIALITY

Confidentiality between a counselor and client is protected by law and is strictly maintained except in the following situations:

- suspected abuse or neglect of a child or dependent adult;
- threatened harm to self or other;
- a legal order from a court of law;
- legal proceedings brought against me by you;
- if you sign a written release of information.

**INSURANCE REIMBURSEMENT**

If you seek insurance reimbursement for your sessions, I am usually required to, at minimum: verify dates provide a diagnosis and file a treatment plan.

**CONSULTATION**

For my own support and professional growth I receive regular consultation. If I discuss your case during consultation, I will do so in such a manner that your confidentiality will be protected. You may discuss this with me at any time.

I have read and understand the disclosure statement.

Client Signature \_\_\_\_\_ date \_\_\_\_\_  
(or parent) *Please sign your full name*

Client Signature \_\_\_\_\_ date \_\_\_\_\_  
(or parent) *Please sign your full name*

Clinicians Signature \_\_\_\_\_ date \_\_\_\_\_