

DISCLOSURE STATEMENT AND INFORMED CONSENT

State and Federal law requires that I provide you with this information. Read this information carefully, the purpose of this agreement is to provide you with information about my practice policies and to help you in making informed choices. If you ever have any questions about this information, please feel free to discuss with me any questions or concerns you may have about this information. After you have read and had your questions answered, please sign and date this document.

○ **Education and Qualifications**

I am a licensed marriage and family therapist in the State of Washington (#LF0002074). I received a Masters Degree in Marriage and Family Therapy from Seattle Pacific University and a Bachelors Degree in Psychology from the University of Washington. I am a solo practitioner in private practice in Edmonds, working with individual, couples, and families. I am a member of the American and Washington Associations of Marriage and Family Therapy as well as the Seattle Counselors Association. Additionally I attend professional trainings, workshops and seminars to deepen my knowledge and enhance my therapeutic skills. I am also involved in peer consultation groups to improve the effectiveness of my work.

○ **The Therapy Relationship**

In order for us to work well together, it is important that we communicate openly with each other. In the beginning, you at least need to feel confident that my education and experience will allow me to assist you. It may take some time for us to build a truly comfortable relationship but that too should eventually occur.

If you have questions along the way regarding our work together (i.e. what we are doing, your progress, or changes in our therapeutic relationship) then it will be important to bring them up for discussion. The more I know about your issues and concerns the more effective I can be.

It may be too that out of such a discussion, we will decide that you might work better with someone else, and my job will then be to facilitate a good referral. Good communication between us is something we will constantly strive to achieve.

I also adhere to my professional ethics in not accepting gifts of any kind.

○ **Office Facility**

My office is located in a suite of multiple offices; however, each business is run independently.

○ **Office Hours**

Office hours are by appointment.

○ **Appointments**

We will schedule appointments at a regular day and time. These appointments are typically 50 minutes long.

Consistency in keeping appointments is integral to the counseling process. Because your appointment time is held especially for you, I require a 24 hour advanced notice to cancel or reschedule; otherwise, the regular fee will be charged. I do allow for one cancellation without advanced notice; however, I do charge my regular fee of _____ for all subsequent late or missed appointments.

○ Fees

Fees are _____ per 50-minute hour, whether for assessment, therapy, report preparation, travel, or any other agreed upon services. **I do not specialize in court or legal matters.** If you want legal advocacy or documentation, I can provide you with a referral to someone who can provide those services. If I am involved in legal action such as a deposition my rates are \$250.00 per hour with a minimum of four hours, travel expenses, and any other expenses related to the legal action.

Payment is to be made at the beginning of each session in the form of cash or check. If you are not able to pay at the time of your session, we will discuss possible options. If your check is returned from the bank, I require cash or a money order payment for the unpaid session and any bank fees to be made prior to any subsequent sessions. You will be charged in ¼ hour increments for telephone calls to me to discuss issues or concerns between sessions, for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf.

It may be that some or all of my fees are covered by insurance. If you choose to use your insurance to cover your therapy, I recommend that you check to see whether your policy covers outpatient psychotherapy. In addition you will probably also want to find out the deductible amount, the percentage the carrier will pay per visit, and limitations regarding the number of visits covered or the total amount of reimbursement provided. To obtain reimbursement from the insurance company; 1. Obtain a claim form from your insurance company. 2. Fully complete your portion of the form. 3. Attach my statement of services rendered and payments received to your claim form 4. Mail the claim form directly to your insurance company.

○ Emergencies

In the event of an emergency between scheduled appointments in Snohomish County call the Care Crisis Response Services at 800.584.3578. If for some reason you are unable to get through please call 911.

○ Termination

Termination of therapy usually occurs when your treatment goals have been met. If you decide to terminate before that time, I will honor your decision. To benefit you in your future relationships, it will be helpful for both of us to fully understand your move to terminate so as to achieve a sense of closure.

DISCLOSURE STATEMENT

○ Confidentiality

All concerns discussed in the course of therapy are confidential as long as this privacy is ethical and legal. The law requires the release of confidential information under these conditions:

1. where there is reason to suspect the occurrence of abuse or neglect of a child, dependent adult, or a developmentally disabled person;
2. where there is a clear threat to do serious bodily harm to yourself or others;
3. in response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint,
4. or if you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, I would prefer to work with you to prevent or limit such action. Before releasing any information I will do my best to let you know and attempt to discuss the material with you.

If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored. In addition, I strongly discourage email communication as I cannot guarantee confidentiality of your personal information. Legally any recordings (audio or video) of sessions must be agreed upon in writing by all parties in session.

