

Client Information and Disclosure Statement

The purpose of this statement is to provide you with information about what you may expect from therapy including my background and theoretical approach, confidentiality, fees, scheduling and more. **Please take a minute to read through this form thoroughly and ask me any questions you may have.**

Therapeutic Approach, Education and Experience

I hold a Master's of Arts degree in Counseling Psychology from Argosy University; Seattle, WA and a Bachelor's of Arts degree in English Literature from the University of Puget Sound; Tacoma, WA. I am a licensed Mental Health Counselor (#LH60297089). In addition to my private practice, I have experience serving clients in a community mental health setting.

My therapeutic approach is based in an humanistic framework and influenced by various other theories and styles including existentialism, cognitive-behavioral concepts, early childhood attachment and mindfulness. An authentic, collaborative and empathetic relationship between the client and the therapist has been proven to be one of the key elements in successful therapy. As such, I strive to provide each client with a safe and trusting environment where we may work together to explore what has brought you to therapy including goals, pressing concerns and distressing symptoms. My role as a therapist will be to help facilitate your journey toward greater self-awareness and self-compassion.

Risks and Benefits of Therapy

Clients typically experience positive results from the changes they make during therapy and therapeutic treatment has been shown to have benefits to those who participate in the process. However, it is not unusual for clients and/or their families and loved ones to experience discomfort, stress, anxiety, frustration, sadness or other emotions as change occurs. Generally, this is a temporary stage that passes as the client transitions and grows during the therapeutic process. Clients typically report positive results from successful therapy including better relationships, improved communication skills, and greater self kindness.

Confidentiality

In general, everything that is said during our counseling sessions is strictly confidential. This means that I will not disclose information about you that could identify you in any way without your consent and written permission. However, there are certain circumstances in which I am legally required to break confidentiality.

These circumstances are:

- If I have reason to believe that you pose an imminent danger to yourself or another person, I am required to take protective actions; which may include notifying the potential victim, notifying the police or others with the authority to intervene, or seeking appropriate hospitalization.
- If I have reason to believe that a child, elderly person, or a disabled person is being abused (i.e. a person unable to care for him/herself), I may be required to file a report with the appropriate state agency.
- If a court orders me via subpoena to provide a presentation of treatment.

Should we decide that it would be beneficial to your care for me to speak with someone else in your life (including insurance companies, doctors, family, etc), I will ask you to provide written permission before engaging in such a communication.

Finally, during the time that we are working together I may consult with other therapists in order to continue to improve and enhance the quality of services I provide to my clients. While I may discuss elements of our work together during these consultations, I will do so without disclosing your full name or other identifying information.

Fees and Payment

My fee is \$120 for a 50-minute session. I offer a one-time free phone consultation to new clients. Reduced fee services, or sliding scale, are available on a limited basis. Payment is due at the time of each session, unless we have come to a different agreement, and can be made by cash or check in person or through my Paypal account prior to your appointment time. I do not bill insurance directly, but I am happy to provide you with a receipt for services that you can submit to your insurance company for out-of-network reimbursement.

Appointments and Cancellations

Your appointment time is reserved for you. If you need to cancel or reschedule an appointment, a minimum of 24 hours notice is required in order to avoid being charged. **You are responsible to pay for your session in full if a cancellation request is received less than 24 hours in advance.** Unavoidable absences due to true emergencies are considered on a case-by-case basis.

Reaching Me Outside of Appointment Times

If you need to contact me between appointments, you can reach me by leaving a message on my confidential voicemail at (206) 778-5854. I check messages daily during normal business hours Monday through Friday and will return your call within 24 hours. On weekends and after hours, I check my voicemail less frequently and I generally only return calls for emergencies (please indicate in your message that you have an emergency). During periods of time when I plan to be unreachable by phone, I will give you advance notice and emergency on-call coverage will be available by another mental health clinician in my professional network. **If you have an emergency that needs immediate attention or you feel that you are in crisis, please call 911 or the Crisis Line at (206) 461-3222.**

Client Rights and Responsibilities

If at any time you have questions or concerns regarding the course of therapy or any approaches used, I encourage you to discuss them with me. If we are unable to determine a mutually agreed upon solution, you have the right to seek treatment elsewhere that may better suit your needs.

I, _____, have read, understood and signed a copy of this disclosure statement. I have consented to therapy with the above named therapist.

Client Signature

Date

Therapist Signature

Date