Personal Disclosure Statement & Notice of Privacy Practices

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This document includes information about your legal rights as a therapy client, including what you should expect regarding privacy, confidentiality and the process of therapy, including about my training and treatment philosophy. If you ever have any questions about any of this information, please ask me.

Education, Training and Experience: I earned Bachelor of Arts from The Evergreen State College in 1990 and a Master of Arts in Counseling Psychology from St. Martin's University in 1995. I am licensed by the state of Washington as a Mental Health Counselor (license # LH 00004648).

I have extensive training and experience in working with trauma/abuse related issues, grief and loss, depression and anxiety. I work with teenagers, adults, couples and families. I worked as a chemical dependency counselor before I started my current private mental health therapy practice in 1995.

Treatment Philosophy: You may have already identified goals associated with the change you want to occur in your life as an outcome of your therapy process. My belief is that change that occurs in connection with therapy comes about through forming and experiencing a trusting, emotionally safe relationship; and in the context of that relationship, increasing one's awareness of self, challenging one's old beliefs, learning new skills, establishing appropriate boundaries in relationships with others, and experiencing and letting go of old pain. My role is to assist you in that process and in helping you discover your innate wisdom and ability to heal.

In the process of your therapy, we will likely explore ways your current challenges may be connected to past experiences. Making these connections can open you up to profound healing, and the ability to live more fully in the present without the shadow of the past in the driver's seat. This process, along with becoming more in touch with your range of feelings, can often be uncomfortable. At any time in our work together, if you are unsure of the process, or why we are doing what we are doing, please discuss your concerns with me. In my experience, what is most important in the therapy is that you feel safe and heard. I will not judge you for things that you have done or any thoughts or feelings you may express.

Though I have been trained in many modalities, an open-hearted, *mindful* approach informs and directs all aspects of my work. I will guide you to observe your internal experience from a non-judgmental place of awareness, so that you may clearly see your situation, reactions, obstacles to change and the possible solutions within you.

During the sessions, we may use EMDR (eye-movement desensitization and reprocessing), EFT (tapping), Internal Family Systems, relaxation training, guided meditations, sand tray therapy, body awareness exercises as well as talk therapy. I will talk with you about any of these modalities before we use them and welcome your questions.

Fees and Scheduling
One hour sessions are $120; intake and hour and a half sessions are $160. You are responsible for any allowed portion of this fee that your insurance doesn't cover (your co-pay and co-insurance).

The Billing Office, Inc. handles all of my insurance billing. Please call them (360) 491-5055 prior to our first appointment to set up payment.

If I am billing your insurance on your behalf, I need to provide, at minimum, a diagnosis, and frequently a treatment plan.

Pro-rated fees may be charged for extensive report writing and consults with attorneys, physicians and others.

PLEASE NOTE: When we make an appointment, I am promising to hold that time open for you. If you are unable to keep your scheduled appointment for any reason, I will need at least 24 hours advance notice or I will charge you the full amount for the time reserved for you. This is not intended to be punitive, but rather a way of protecting my income. I cannot bill insurance for a service not provided.

I agree to keep my appointment as scheduled and will call 24 hours in advance to reschedule or I will be charged my full fee for the missed appointment. Initial and date here: _____

Phone Calls and Email
The best way to reach me is by calling my voice-mail which will record your message confidentially. If you need to contact me between sessions due to an emergency and would like me to call you back, please request that in your message. I check messages fairly regularly during the weekdays and somewhat less often on weekends. Please talk to me if you have questions or concerns about these arrangements.

I also communicate via email or text, for scheduling or sending forms. This is not a secure or confidential way to communicate, so please do not send personal information or content related to your therapy.

In Case of my Incapacity due to Unforeseen Emergency or Death

You will be notified in a timely manner by a designated Business Associate. In order to facilitate this, your basic contact information only (name, phone number and mailing address) will be shared with a confidentiality bound third party, upon instance of my incapacity or death. You will be notified by phone and mail whenever possible. Otherwise, notice will be posted at place of business.

Your Legal Rights, Including Privacy & Confidentiality

You have **the right** to refuse and/or end treatment at any time.

You have **the right** to confidentiality, including the fact that you are or have been a therapy client, except as explained below. I think of this right to privacy as being your most important right as a client. Despite legal exceptions to confidentiality that have been enacted both on the federal and state level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your written permission. Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, you have **the right** to revoke this permission. The possible legal exceptions to this policy might be:

(a) where there is reason to suspect the occurrence of abuse or neglect of a child, dependent adult, or a developmentally disabled person;

(b) where there is a clear threat to do serious bodily harm to yourself or others;

(c) in response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint.

(d) 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.

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.

As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I consult regularly with a clinical psychologist and a consultation group. Should I discuss my work with you, I will only relate the content of our work together. You will not be named, nor will I share any other details of your life that might identify you. If you have any concerns or questions about this, please let me know.

I do keep a record of dates of service, fees charged and paid, as well as notes to assist me in my work. I try to be cautious in creating such notes due to their potential vulnerability to legal intrusion, and I observe security precautions to protect your confidentiality. You have the right to review and/or request a copy of your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.

You have **the right** to request restrictions on certain uses and disclosures of your healthcare information. For example, you might want me to speak with your primary care doctor, but not want me to acknowledge all that you have told me. As a treating clinician, I am not legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.

You have **the right** to confidential communications regarding your private healthcare information, including the fact that you are my client. For example, I will not divulge specific information to anyone who answers your home or work phone (should I have occasion to call you), and/or you can request that I use an alternate mailing address if communication by mail is necessary.

You have **the right** to request a written accounting of the disclosures I may have made of your healthcare information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.

You also have **the right** to have this written copy of my *Disclosure and Notice.*

I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you.

Complaints
If you believe that I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Secretary of the Dept. of Health and Human Services. I will NOT retaliate against you for filing such a complaint.

Your Treatment Contract
By signing this document, you are acknowledging that you have had an opportunity to read this document and ask me whatever questions you might have about either it or your proposed treatment. You will also be acknowledging that you have received a copy of this document, if requested, and that you understand it. This signed document is our written contract to enter into the therapeutic process.

Client Signature_____ Date_____
(or parent)

Client Signature_____ Date_____
(or parent)

Clinician Signature _____ Date_____