

DISCLOSURES REQUIRED BY THE STATE OF WASHINGTON

The state of Washington requires that counselors inform clients of their rights and of the counselor's qualifications. As a consumer of counseling services, you are entitled to know your counselor's credentials.

I am a state licensed marriage and family therapist. My education and experience are listed elsewhere in this brochure.

You are also entitled to know your rights regarding confidentiality, contracts for service, and what constitutes appropriate professional behavior.

"Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards nor necessarily imply the effectiveness of any treatment." Washington State WAC 246-810-031

CONFIDENTIALITY:

All information discussed in therapy is confidential. Therapists cannot disclose any information you have told during a counseling session without your written permission unless: The information concerns certain crimes or harmful acts; The client is a minor and the information acquired by the counselor indicates the minor was the victim or subject of a crime, then the counselor may testify at any proceeding wherein the commission of the crime is the subject of inquiry; You bring charges against the counselor; The counselor receives a subpoena to provide the information; The counselor has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect. Therapists are required to report such incidents to authorities.

If I become convinced that a client is imminently likely to harm him/herself or someone else, then the state requires me to notify the proper authorities and/or the intended victim in order to prevent the harm.

If you choose to have your counseling paid for by an insurance company, the insurance company will require you to sign a release that will entitle them to full access to your client files.

I meet with a state qualified counseling supervisor monthly to review my client cases and to receive guidance in my practice. My advisor is bound by the same laws of confidentiality as I am.

CLIENT RIGHTS:

You have a right to choose counselors who best suit your needs and to request a change in treatment or to refuse therapy. I encourage you to discuss any concerns with me so that I can work out a plan with you. I will be happy to assist you in finding another therapist if I am not able to help you.

I keep a record of the services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so as stipulated above. Insurance companies paying for services reserve the right to obtain copies of records.

SCHEDULING OF APPOINTMENTS AND PAYMENT FOR SERVICES:

The therapeutic relationship requires mutual respect. Please give me the same consideration with regard to keeping appointments as you expect from me. If you find it absolutely necessary to cancel any appointment, please notify me AT LEAST 24 hours in advance so that you will not be charged. If you do not cancel and you do not come to an appointment, you will be charged the agreed upon fee. This fee must be paid prior to your next appointment. You may leave a message at **(206) 878-9098** or at **(253) 927-0562** 24 hours a day. If an emergency occurs within the 24 hour period prior to the appointment, I will waive the fee IF YOU CALL AND NOTIFY ME prior to the appointment time.

It is your responsibility to pay any deductible amount, co-pay, co-insurance amount, or any other balance not paid by your insurance or EAP the day and time services are provided. There will be a \$25.00 service charge on all returned checks. The counseling fee is \$120.00 per session. Unpaid balances may be turned over to collection.

DESCRIPTION OF METHODS AND TECHNIQUES USED IN COUNSELING:

Use of Solution Focused and Cognitive Behavioral Therapy techniques in family, marital, and individual counseling. Goal oriented and strengths focused. **I do not do court ordered counseling or provide letters, information or witness for court cases. This includes child custody cases.** If you need this kind of service, please ask me for a referral. If I am subpoenaed to testify in a case, my fee is \$200 per hour including travel time.

COURSE OF TREATMENT:

Set clearly defined achievable goals that are based in recognizable behaviors. Identify strengths and resources available to achieve those goals. Plan a course of action including intermediate steps toward the goals. Implement plan and monitor progress, adjusting as necessary to achieve goals.

ASSURANCE of PROFESSIONAL CONDUCT

If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number below to find out how to file a complaint. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling services. These kinds of behavior could be considered a violation of law: Abuse of a client or sexual contact with a client. Incompetence, negligence or malpractice that harms a client or creates an unreasonable risk of harm to a client. Willful betrayal of a practitioner - client privilege as recognized by law. The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of counseling. The act does not have to be a crime in order to be a violation of the law regulating counselors. Practicing counseling while suffering from a contagious or infectious disease in a way that would pose a serious risk to public health. Aiding a client to obtain an abortion through illegal means. Possession, use or distribution of drugs except for a legitimate purpose, addiction to drugs or violation of any drug law. Habitual use or impairment from the use of alcohol. Misrepresentation or fraud in any aspect of the conduct of the profession. Advertising that is false, fraudulent or misleading. Offering to treat clients by a secret method, procedure, or treatment. Promotion for personal gain of any drug, device, treatment, procedure, or service that is unnecessary or has no acceptable benefit to the client. Conviction of any gross misdemeanor or felony relating to the practice of counseling. Violation of a state or federal statute or rule that regulates counselors, including rules defining standards of practice for certified counselors. Suspension, revocation or restriction on the registration or certification to practice the profession. Aiding an unregistered or uncertified person to practice counseling when that person is required to be registered or certified. Violation of the rebating laws which includes payment for referral of clients. Interference with an investigation by use of threats or harassment against a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action. For more information contact:

Department of Health, Health Professions Quality Assurance Division
Marriage & Family Therapists
P.O. Box 47869
Olympia, WA 98504-7869
(360) 236-4903

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is: (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

RELATIONSHIP TO CHURCHES:

Normandy Christian Church and Marine View Presbyterian Church have provided me with office space as a way of serving the communities. The churches do not monitor nor endorse my practice or the methods I use. I am independently employed, and I am solely responsible for my conduct.

EDUCATION/TRAINING/EXPERIENCE:

B.S. Psychology, University of Washington
M.A. Marriage & Family Therapy, Pacific Lutheran University
Reentry Counselor, U.W. Women's Center: 2/93-6/94
Clinic Coordinator, PLU Marriage & Family Therapy Clinic, Tacoma, WA: 9/94 - 12/96
Therapist, PLU Marriage & Family Therapy Clinic, Tacoma, WA: 9/95 - 12/96
Therapist, Good Samaritan Mental Health, Puyallup, WA: 5/96 - 12/96
Therapist, Private Practice: 3/97 - present
Licensed Marriage & Family Therapist. WASHINGTON STATE LICENSE NUMBER: LF00001192
Clinical Member American Association for Marriage and Family Therapy

IN CASE OF EMERGENCY:

If you have a life-threatening emergency, call 911 immediately.

If your situation is not life-threatening, but you need to speak with someone immediately and cannot contact me, call the **Crisis Line** in Seattle at (206) 461-3222; or in Tacoma at (253) 272-9882.

If you need to contact me about an appointment or any other matter and the voice mail is not working at my office, you can call my 2nd office and leave me a message there. I check my voice mail messages at both numbers several times a day on week days. Night and weekend calls will be returned the following business day. My two phone numbers are: (206) 878-9098 in Des Moines or (253) 927-0562 in Dash Point (Northeast Tacoma).