



## **Licensed Mental Health Counselor Disclosure and Client Informed Consent**

In accordance with Washington Administrative Code (WAC) **246-809-710** and the Revised Code of Washington (RCW) **18.225**. A disclosure statement is provided to assist clients in making decisions about their counseling. By signing this document the client acknowledges they have been provided a copy, read, and understood the information provided; the Licensed Mental Health Counselor affirms the statements to be accurate and up to date.

### **Credentials:**

Licensed Mental Health Counselor - Washington State LH# 60658359  
Certified Mental Health Professional - Washington State

### **Education, Training, and Experience:**

Master of Science in Forensic Psychology, Walden University. Bachelor of Science in Human Behavior, Western Washington University. Training in Advanced Motivational Interviewing (MI), Assessment and Management of Suicide Risk (AMSR), DSM 5, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Ethics, Psychopharmacology Education. I have experience working with individuals with schizophrenia, bipolar and unipolar spectrum disorders, personality disorders and trauma. In addition I have worked work with clients in an inpatient, intensive outpatient and clinical outpatient settings, as well as conducted psychosocial assessment forensically, inpatient and outpatient.

### **Services Provided:**

I provide mental and behavioral health therapy for adults and teens 16 and older. I also conduct psychosocial assessment, diagnosis and provided in home therapy for clients as needed. My therapeutic approaches include but are not limited to, dialectical behavioral informed therapy (DBT), cognitive behavioral therapy (CBT), psycho-education, exposure therapy, interpersonal therapy, solution-focused, humanistic and resiliency based therapies. If you have questions about these therapies and how they may apply to you please see the references section of my website and click on the link for GoodTherapy.com

### **Scope of Practice:**

I enjoy working with adults and teens age 16 and older. I do not work with children under the age of 13 and work with children ages 13-15 on a very limited basis, if I feel my skill set would be beneficial to their overall healing. I primarily provide individual counseling, though if scheduling, space and clientele permit I will provide group skills therapy. I provide resiliency

based therapy from a Cognitive Behavioral and Dialectical Behavioral Therapy approach and am actively pursuing formal credentialing and certification in DBT. If substance use concerns are of issue for you, I provide therapy into understanding your patterns for use/abuse in conjunction with active involvement with a chemical dependency specialist, involvement with a recovery program and/or have been in active recovery for at least 6 months.

## **WORKING RELATIONSHIP**

### **Treatment:**

You have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. Therapy is a tool for assisting clients to resolve their symptoms, it may not by itself cease all symptoms. Progress will be periodically and jointly evaluated. Please note that I work as an independent practitioner: not in a group practice and as such I am solely responsible for providing client therapy.

### **Confidentiality:**

The privacy of client protected health information (PHI) is paramount in my practice. I am compliant with current Federal and Washington State laws, including the Health Insurance Portability and Accountability Act of 1996. Federal and State laws set the limits on confidentiality. Please review these limits in my Notice of Privacy Practices.

### **Risks and Benefits:**

During the course of therapy, you might notice changes in your symptoms, problems, and functioning. Since we will be examining the challenges you are experiencing in your life, you might find there are times of increased difficulty or feelings of being raw or exposed during our therapy work together. Counseling is intended to alleviate problems, and sometimes as you get to the root of some issues, you may feel them even more acutely than in the past. I cannot offer any promise or guarantee about the results you will experience. Being actively engaged in the therapeutic process can sometimes be difficult, but working through these hardships can lead to greater understanding of yourself and your strengths.

### **Record-keeping:**

I will keep a confidential electronic file containing your private health information (PHI) on my encrypted laptop. Your file will include your client forms, financial and contact information, treatment goals, progress notes, and copies of any correspondence or medical records that have been compiled or obtained on your behalf. My purpose in maintaining records is to aid therapy by recording the topics discussed and my impressions. In addition, the Washington Department of Health instructs me to document according to a medical model, which they in part define as recording "what happens in a session." I make an effort to summarize what we discuss in each session, but I make no effort to capture sessions verbatim. Washington State law requires the retention of records for seven years after last contact.

Although I adhere to strict record keeping there is a provision in Washington State Law that allows for some mental health records to be of a very limited nature. If you would like to discuss this type of record keeping please ask and we can decide if it would be appropriate for your sessions.

**Emergency, Urgent, or Other Contacts:** You may call me anytime and leave a message on my voicemail, or send me an e-mail and I will get back to you as soon as I can. I retrieve my messages daily, and whenever possible, I will get back to you within 24 hours. Do not use email to communicate emergent or crisis information. If permitted, I can send appointment reminders via text, but do not otherwise communicate via text, unless clinically indicated. Text messages are not retrieved in a timely manner; messages are not checked regularly. **Please remember that information you send over email, text or voicemail is not confidential.**

If I will be out of town or otherwise unavailable for an extended period of time, I can provide you with contact information for another therapist should you need support during my absence.

**Therapy Relationship and Professional Boundaries:** It is my intention to maintain a warm, safe, and professional environment where I consider your best interests my priority. Because I respect you and our therapeutic relationship, professional boundaries are essential.

I will not have a social relationship with you outside of my office; this includes contact on social networking sites, like Facebook. I will not accept social or family event invitations from you, and I will not offer them to you. This is not for a lack of interest or care. If I see you in public at any time, I will not initiate contact or familiarity with you. This is to ensure your confidentiality as my client. If you choose to initiate a greeting, I will reciprocate, but I will not attempt further communication unless you request it.

In home sessions, will be conducted in a living room, kitchen or dining room type setting (either outside or inside) and will not be conducted in a bedroom setting. The immediate vicinity will be devoid of illicit drugs and/or alcohol and other paraphernalia. I ask that these sessions be private, and other members of your family are in another room and/or I will provide a sound machine to help ensure privacy.

I will not have a relationship with you beyond my range of psychotherapy, counseling, and referrals, and the collection of fees for these professional services. Additionally, I will not provide any services beyond my expertise, including legal or medical advice. As a member of the American Psychological Association (APA), I also adhere to the Ethical Principles of Psychologists and Code of Conduct which can be found in detail on their website at [www.APA.org/ethics/code.index.aspx](http://www.APA.org/ethics/code.index.aspx)

I will only provide appropriate referrals to other health professionals, with your consent. I will uphold confidentiality standards pertaining to Federal and State of Washington law during the course of therapy and thereafter. By law, our sessions are considered “privileged.” Neither your death nor mine terminates your confidentiality rights.

**Therapeutic Work, Duration, and Termination:** You have the freedom to make decisions as you please. You may engage in therapy for as long as you like. You may, at any time, change your goals for therapy, and/or you may choose to end therapy, no matter where you are in the process of goal achievement. I respect and promote your right to make your own decisions. If you would like to end therapy, I would only ask that we first discuss this in person. If more than

30 days have passed since our last contact, and I have not received any word from you, I will accept that as your notice that you no longer wish to continue counseling and that our therapeutic relationship is terminated.

**Complaints:** If you have a complaint or inquiry about my professional service that cannot be resolved with me directly, please contact the Washington State Department of Health. Complaints or inquiries can be sent to: The Department of Health, Health Professions Quality and Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869.

**Confirmation of Informed Consent**

---

Client Signature Date

---

Legal Guardian Signature Date

---

Counselor Signature Date

*This form will be retained in the mental health record.*