

Disclosure Statement

Education and Training: I graduated with highest distinction from the University of North Carolina at Chapel Hill with a Bachelor of Arts in Education. I worked as an educator in North Carolina for five years with adolescents and their families. I went on to complete my Masters of Arts in Counseling from Mars Hill Graduate School in Seattle, WA. Upon graduation, I had 500 hours of practicum and supervision experience and completed an internship working with sexual abuse victims. Since that time, I have completed training in EMDR, Lifespan Integration and the Emotional Regulation Skills portion of DBT. I have also attended numerous seminars as part of my continuing education. I have accrued over 3,000 hours of supervised clinical work since graduating and am currently a licensed mental health counselor in the state of Washington. My license number is LH00010813.

Clientele, Services, and Techniques: My training is in a broad range of areas, but I concentrate in the following: sexual trauma, PTSD, eating disorders, self-harm, depression, anxiety, identity development, life transitions and relationship problems. I also have experience with career counseling, addiction, couples counseling, grief work, and personality disorders. I work with women, men and adolescents.

My technique is grounded in psychodynamic theory, including an eclectic approach borrowing from existential, psychoanalytic, family systems, interpersonal and cognitive behavioral therapy. I believe working with the problem requires addressing the complexities that the problem presents in relationships. Relationships can be a source of great joy as well as a place of intense pain. Part of our work will be to examine how your relating style inhibits you from the utmost satisfaction in your current relationships. We will explore your problem and focus on finding its source and solution. We will take the insight gained about your past and apply it to the present with the mutual goal of restoring hope in you and bringing freedom in your life. We will do so through the mode of conversation and with the use of other tools as deemed helpful or necessary. Some problems result in physical conditions and medical consultation may be advised.

I believe body, mind and soul are connected, and when one part of you suffers, all areas in your life are affected. Your health and happiness are important to me. I am dedicated to working through the entire therapeutic process.

Payment and Scheduling Policy: The fee for my counseling services is \$100 per 50 minute session. Payments are to be made at the end of each session unless other arrangements are made. Once your counseling time is established, it is expected that you are responsible for payment of that time, including any missed or cancelled appointments. I will do my best to offer an alternative session if you cannot make your scheduled time. You will not be charged for vacations and other planned absences. Frequent schedule changes result in disruptive work and are discouraged. If you do not schedule for four consecutive weeks, I will assume you are terminating your work with me. I take vacation a few times a year and observe major holidays. I will inform you in advance of my time away from the office.

I do not file insurance claims for you. If your provider is covering any or all of the costs, then you need to make arrangements to be directly reimbursed. You are responsible for filling out any and all paperwork. My payment should not be affected. I will fill out any necessary parts as

indicated by your insurance company, and provide you a monthly bill with the required information for reimbursement.

Confidentiality: There is a legal privilege in this state that protects any information that you share with me and requires me to keep the strictest of confidentiality. As a professional, I assure you that I maintain strong ethical standards of confidentiality.

There are legal exceptions to this confidentiality. The following situations are ones in which the information you have shared with me may be given to others: (1) suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) potential suicidal behavior; (3) threatened harm to another, which may include knowledge that the client is HIV positive when there is an unwillingness to inform individuals with whom the client is intimately involved; and (4) when required by court order. Information may also be disclosed if a client signs a written release authorizing said disclosure or in the event that a complaint is filed by the client against the counselor. If insurance is sought, confidentiality is waived. No records will be released without written permission on a Release of Information Form or a Court Order.

Consultations: I regularly consult with other professionals and supervisors to gain further knowledge and skill on how to help my clients. Such discussions are done so in a way to maintain confidentiality.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

State Information: Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. 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.

Unprofessional Conduct: The accompanying brochure called “Counseling or Hypnotherapy Clients” lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the address and phone number below.

State Contact Information: Department of Health
Counselor Programs
P.O. Box 47869
Olympia, WA 98505-7869
(360) 664-9098

Contacting Me by Phone: You may leave me a message at (206) 920-1448 at any time. I will check those messages on a regular basis. You will not be charged for brief phone calls; however, after 10 minutes, I will inform you that you will be charged if you want to continue.

Emergencies: If you are in a general emergency and cannot reach me, then please call one of the following numbers for help:

General Emergencies:	911	
Care Crisis Response Service:	(800) 584-3578	(425) 258-4357
Crisis Clinic:	(800) 244-5767	(206) 461-3222

I have read and understand the information presented in this form.

Client Signature

Date

Client Signature

Date

Therapist

Date