



THERAPIST DISCLOSURE STATEMENT

Welcome! Before we start counseling it is both my desire and a requirement of Washington State law to provide you with the following written disclosure. Reading and signing this form establishes our contract for therapy services. Please read this statement thoroughly and when it is understood and agreed to, sign the consent for treatment on the last page.

Education and Training

I have a bachelor's degree in political science from the University of Washington and a master's degree in counseling psychology from Northwest University. I have completed an additional 60 hours of training in clinical hypnotherapy and an additional 50 hours and certificate in EMDR. My experience includes counseling at an inpatient substance abuse treatment center and working with chemically dependent individuals, many with histories of physical, sexual and emotional abuse, co-occurring disorders and relationship difficulties. I am a former foster parent and the mother of 6 (some adopted) children and have worked for years with children in the foster care system. I am currently licensed as a mental health counselor and a certified clinical hypnotherapist.

Therapeutic Approach

My approach is individualized and I may integrate cognitive behavioral therapy, dialectical behavior therapy (DBT), psychodynamic, solution focused brief therapy, tapping, narrative therapy, EMDR or hypnotherapy in a session depending on your learning style, comfort level, and what therapy will be most effective for you. I believe in each person's capacity to heal and find their own answers and strive to develop that capacity through a strengths based approach which builds self-esteem and knowledge about one's self. I want to provide the means and the guidance to support you in finding the internal and external resources to create the life you want to create. It is my goal that every client receive something of value out of each session, and I like to work by discovering your goals for therapy and tailoring the sessions to meet your needs. I may also provide you with a deeper level of therapy designed to uncover motivation, true happiness, hidden pain, and defense mechanisms which can keep you from moving forward, turn you into a victim and prevent you from having a fulfilling life. I place a strong emphasis on getting to know you and what has shaped you.

General Information

The course of therapy is not linear and there are no guarantees of the outcome; in fact sometimes things get worse before they get better as the cause of emotional pain is exposed and worked through. That being said, many of my clients leave with a deeper sense of who they are, lessened or resolved emotional pain and a more positive opinion of the person they are and their abilities. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will often ask for feedback as to how the therapy is going, your progress and views on the process and I am always open to your feedback. I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

Insurance

At this time I do not accept insurance. However, some insurance plans will cover my work as an out-of-network provider. Please contact your insurance company for more information and speak with me if you are interested. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, and privacy and can impact you when seeking health or life insurance and possibly a job.

Scheduling

Counseling is most effective if carried out on a regularly scheduled basis, and with adherence to strict boundaries of time and space. Therapy sessions are scheduled for 50 minutes, unless a longer time is negotiated. Couples/family sessions may be scheduled for 90 minutes.

Emergencies

I can usually be reached during business hours at (206) 406-0500 and sometimes on evenings and weekends. If you don't reach me, feel free to leave me a message and I will return your call as soon as I can. If it is during business hours, I may be in session with a client and may not be able to return your call until the end of the day. If you are in crisis, need more immediate attention and I am not available, please call the Crisis Clinic at: (360) 586-2800 or 1-800-273-8255.

If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. If I must be away for an extended period, I will leave the name and phone number of a therapist who will be covering my practice during my absence.

Termination

Although the client is generally the one who decides when to end therapy, I also reserve the right to do so, allowing at least one session for closure except in cases where it is not prudent. In the event of

termination, I will offer clients referrals to other sources of care, though I cannot guarantee acceptance for therapy. You have the right to discontinue therapy at any time. Please understand that your file will be considered closed 30 days after our last correspondence unless other scheduling arrangements have been made..

INFORMED CONSENT

Ethics and Professional Standards

The Washington State Counselor Credentialing Act (WAC 246-810) requires that any counselor practicing counseling for a fee must be registered or licensed with the Department of Health. This law was designed for the protection of the public health and safety, and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. **Consent for Participation in Counseling Services Provided by Nancy Hunter Counseling and Psychotherapy, LMHC, License number: LH60899240, HP License Number: 60697253**

Client Rights

As a client receiving counseling services in the State of Washington, you have the right to:

- 1) Choose the counselor and treatment approach that best suits your needs and purposes; 2) have full and complete knowledge of your counselor's qualifications and training; 3) be fully informed as to the terms under which services will be provided; and 4) refuse treatment.

Confidentiality

I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. All issues discussed in the course of counseling are strictly confidential. By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian. For this reason, if you want me to release information about your participation in therapy, I will require a signed "Release of Information" from you. A release is legally valid for ninety (90) days from the date of signature. The law (RCW 18.19.180) provides exceptions to client confidentiality where information may be released without your consent. Those exceptions include the following:

1. In the event of a medical emergency information deemed necessary for treatment may be released.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom a threat is made.

If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I am mandated by ethical practice standards to take further measures, without their permission, in order to ensure their safety.

3. In the event of suspected abuse of a child, dependent adult or elder, the proper authorities must be contacted. The abuse does not have to be personally witnessed by the counselor.
4. If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
5. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
6. If an attorney in the state of Washington duly subpoenas your records, they will be released unless you file a protection order within 14 days of the subpoena.
7. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
8. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.
9. Evidence that a minor client was a victim of a crime may be released to the proper authorities.

Record Keeping

By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification. You have a right, by law (RCW 70.02.070), to see and copy that record. Also, you may ask to make correction(s) to your record. These requests must be made in writing. When more than one client involved in treatment, such as cases of couple and family therapy, I will release records only with the signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment. If you have concerns regarding the treatment records please discuss them with me.

Emergencies

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am

legally required to refer, terminate, or consult. If for any reason you are unable to contact me by telephone and you are having a true emergency, please call the Crisis Clinic at (360) 586-2800 or 1-800-273-8255. or 911 or go into the nearest emergency room. Providence St. Peter Hospital on Lilly Rd. in Olympia has a very good psychiatric treatment program.

Case Consultation

I participate in professional consultations for the purposes of professional training, accountability and providing the best counseling service possible to clients. I may at times discuss your situation with other professionals while being very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice.

Fees

My fee is \$120 for a 50-minute session, and \$180 for a 90-minute session. In order to accommodate those with financial need, payment is available on a sliding pay scale; this can be discussed during our initial telephone contact. I will accept cash, check, or credit card.

Payment is due at the end of each session. If you need to make a different arrangement, please let me know and we will discuss it. I do not accept insurance at this time, although some clients may be able to seek full or partial reimbursement from companies by submitting a receipt. As a general rule, if a client is behind in payment for two sessions, I will place our meetings on hold until the client has caught up with payments.

Any work between sessions such as writing assessments or letters on your behalf or talking to other care providers will also be charged at my hourly rate. I am open to phone calls or e-mails between sessions and anything beyond a quick exchange of information will be charged at my hourly rate.

Cancellation

If you are late for an appointment, you will have the remainder of the scheduled hour available to you; we will not run over the scheduled time. If I begin a session late, I will either see you for a full 50 minutes, charge you a prorated fee, or schedule a subsequent, and proportionately longer, session. If you need to cancel an appointment, please do so 24 hours in advance to avoid being charged the full session fee. This ensures I can see other clients in the opening and can plan accordingly. If you miss an appointment due to unusual circumstances, feel free to discuss this with me. Should I ever miss an appointment without prior notification, I will see you at your next appointment free of charge. I travel approximately 2-3 times a year for periods of 1-2 weeks. I will let you know in advance of my departure so we can discuss alternate continued care if needed.

Electronic Communications

If you wish to communicate with me via e-mail, text, or cell phone, please be aware that, e-mail, cell phones and text communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, my e-mails are not encrypted. As part of this contract, if you choose to communicate with me through text or e-mail or cell phone, you are agreeing not to hold me responsible for any breach of confidentiality that may occur by someone else accessing the information sent to or from me.

Legal and Court-Related Activity

I have chosen not to pursue any coursework or post-graduate training in forensic psychology. Therefore, it is my policy not to become involved in clients' legal matters. I do not offer reports suitable for court proceedings, or submit my testimony in legal matters such as divorce or custody cases as part of my services. If you are seeking psychotherapy with the knowledge that at some point you will want your counselor to aid you in a legal proceeding or to testify on your behalf, please seek another psychotherapist that specializes in forensic psychology and has the proper training to be of service to you. Due to these reasons and also due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc..), neither you, nor your attorney, nor anyone else acting on your behalf will call on me, Nancy Hunter, to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

I understand that if I have any questions or would like additional information, I may feel free to ask during the initial session and any time during the counseling process.

Client Consent to Counseling

I have carefully read and understand the Disclosure and Informed Consent statements for Nancy Hunter Counseling and Psychotherapy, LLC.. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Nancy Hunter Counseling and Psychotherapy. I may end therapy at any time and refuse any requests or suggestions made by Nancy Hunter. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

Client Signature_____ Date _____

Name (Please Print)_____

Home Phone _____ Work/ Cell Phone _____

Street/Mailing Address (Please Print)_____

City/State/Zip _____

Counselor Signature_____ Date_____