

Disclosure Statement and Consent for Treatment

Welcome to my practice. I am looking forward to working with you, and I am committed to giving you the best care possible.

In accordance with the Washington Administrative Code and the revised Code of Washington, I am providing the following Client Disclosure Information, which must be signed by both you - the client(s), and me - the therapist. Your signature indicates you have read and understand the information. Please ask me if you have any questions about this information. For couples, both clients must initial and sign the same form.

My Philosophy and Approach to Therapy

I believe we all have different strengths and gifts, and we can overcome challenges in our lives if we believe in ourselves and leverage those strengths. One of my gifts is the ability to recognize the best in others, and my goal is to help you appreciate and draw strength from the best in yourself. I have a caring, accepting and non-judgmental approach. I also value wholeness, which means I will work with you to lovingly accept and incorporate those elements of your personality or your history you tend to reject. You will even learn to draw strength from these parts of yourself.

I will work with you to clarify your goals, and together we will identify concrete steps you can take to improve your relationships, overcome your challenges, and feel better. We will focus on your identity and your internal experiences (your thoughts and feelings), we will consider your relationship patterns (communication style, conflict-management strategies, etc.), your physical health, social and cultural supports or challenges, and your values and beliefs. With full appreciation of you as a person, I will respect your individuality and your diversity. We may explore family of origin issues, your early attachment experiences and how they shape your current life, past or current traumas, your personality and temperament.

I encourage you to take an active role in our work together, to ask questions, voice concerns, and honestly share your thoughts and feelings. You are welcome and encouraged to include other significant people in our sessions or to request I communicate with other healthcare providers who are involved with your care.

The therapeutic modalities I most commonly use include: family systems therapies, Discernment Counseling and Emotionally Focused Couples Therapy, and Cognitive Behavioral Therapy, although I draw on many other approaches depending on the best fit for each client. In the course of treatment I am likely to draw on ideas from one or more therapeutic methodology. I may also suggest "homework" – things you can do at home between sessions to build upon our work together.

During our work together, if you or I determine you are no longer benefitting from therapy with me, and/or would be better served by a practitioner with training or expertise in a specific area, we will talk about terminating treatment with me. If applicable, I will also assist you in obtaining further services by providing referrals to other practitioners with whom you may choose to work.

My Background and Qualifications

I am licensed by the State of Washington as a Marriage and Family Therapist (credential # LF60595316). I hold a Master's Degree in Psychology from the LIOS Graduate College of Saybrook University, and a Master's Degree in Health Services Administration from the School of Public Health and Community Medicine at the University of Washington. I also hold a Bachelor's degree in Psychology from the University of Colorado.

As part of my continuing education as a therapist I regularly attend training seminars and workshops, and I also obtain on-going consultation from other experienced therapists in order to provide you the best possible care. This means I may confidentially share elements of your story with a consultant or consult group.

Benefits and Risks of Therapy

You have chosen to engage in therapy with me, which is one option among many. Other options include other practitioners, other therapies, support groups, self-help resources, and other modes of treatment. Therapy has been shown to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of emotional distress. Therapy can also have risks. Since it often involves discussing unpleasant aspects of your life, or memories, you may also experience uncomfortable feelings such as sadness, guilt, anger, anxiety, frustration, loneliness, or helplessness during the process of therapy.

Some clients need only a few sessions to achieve their goals, while others may benefit from longer-term therapy. You have the right to end therapy at any time; however premature termination may result in the return or worsening of the initial problems and symptoms.

Client Rights and Confidentiality

You have the right to choose the therapist and treatment approach that best suits your needs, or to refuse treatment. Please let me know if you have any concerns or are dissatisfied, and we can discuss alternative ways to support you in reaching your treatment goals. My goal is to serve you in the best way possible and I am committed to the highest standards of professional and ethical treatment. If my services do not meet your needs, please let me know and I will assist you in finding another treatment provider.

All information discussed during therapy will be held in strict confidence. No identifying information will be released without your written consent. If I am seeing a couple, no information will be released without the written consent of both parties.

However, according to Washington State law (RCW 18.225.105), the following situations are exceptions to your right of confidentiality:

- 1) If I believe you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- 2) If I believe you may be physically or sexually abusing or neglecting a minor child (under 18 years of age) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking), or if you report information to me about the possible abuse or neglect of a minor child or vulnerable adult I am required by law to report this to Child Protective Services or Adult Protective Services.
- 3) If you submit claims to your insurance company, they may require information from me about your treatment.
- 4) If a court of law issues a legitimate court order, I am required to provide the information specifically described in that order.
- 5) If you commit a crime on my premises or against me or if I need to defend claims against me, I am allowed by law to disclose your healthcare information.

In addition, in order for me to work effectively on your behalf, I request that couples waive their rights to confidentiality among each other. This does not mean I will necessarily disclose any such information. It does mean I *may* do so, *if* I believe it is necessary for the success of your work. I would first discuss this with you and encourage you to share the information yourself.

Finally, while some clients choose to email or text me to schedule appointments and occasionally share information pertinent to their cases, please be aware that all electronic communications come with the risk of potential loss of confidentiality.

***Please initial to indicate your understanding of the limits of confidentiality:** _____

Appointments, Fees and Payment

My fee is one hundred forty-five dollars (\$145) for a 55-60-minute session or two hundred twenty dollars (\$220) for an 80-90 minute session. I recommend longer sessions for couples therapy, as I have found we can make progress more quickly. **Full payment must be made by cash, check, or credit/debit card at the conclusion of each session.** A \$50 per check fee will be charged for returned checks. I have room in my practice for a few reduced-fee clients. If my fee is a hardship for you please discuss a reduced-fee option with me.

Phone calls or emails that take more than 20 minutes, or professional or medical consultations including travel time to another location will be billed at my standard hourly rate. Any casework, research or professional consultations done as part of any legal proceedings will be billed at a rate of \$275 per hour. I will endeavor to obtain agreement from you for any billable hours outside our session before I do the work.

While I do not bill insurance companies directly, I will provide you with a statement for services, which you may submit on your own. You, not your insurance company, are responsible for the full fee. You are responsible to contact your insurance company to verify whether your policy will cover my services and determine your benefit level, deductible, etc.

***Please initial to indicate your understanding of my fee policies:** _____

Cancellation Policy

If you need to cancel an appointment, please let me know as soon as possible but no later than 24 hours in advance in order to avoid payment for the session. Missed sessions without 24 hour cancellation will be considered payable prior to our next session. You may contact me by phone, text, or email.

***Please initial to indicate your understanding of my cancellation policy:** _____

Emergencies

If you have an emergency, call me at **(425) 894-7686**. If I am unavailable at the time of your call, I am usually able to respond within 24 hours. **If you need help sooner, call the Seattle Crisis Clinic at (206) 461-3222, call 9-1-1, or go to the nearest hospital emergency room.** When I am out of town and unavailable, I will arrange for a colleague to cover any emergencies.

Client Records

By law I am required to keep records of our sessions for five (5) years unless you request in writing that no records be kept beyond basic identification. It is my general practice to keep record of the services I provide. You may ask to see and copy that record and you may ask me to correct that record. I will not disclose your record to others unless you direct me to do so in writing or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 310 Third Avenue NE, Suite 118, Issaquah, Washington, 98027. There will be a fee for copying of the clinical file.

I also want to protect your interests in the event of my unexpected death, disability, impairment, or incapacity. In order to accomplish this, I have arranged with another therapist to assist with closing my practice in the event of my death, disability, impairment, or incapacity. This other therapist will not have access to your records unless I am unable to continue as your therapist. You waive any relevant medical privacy act rules to the extent necessary to allow the therapist closing my practice to contact you and take the necessary steps related to you. In such event, the other therapist will contact you and provide you with information about how to proceed.

Complaints

I honor all regulations in RCW 18.225. The purpose of the law 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.

The Washington State Licensing Department asks that you be informed of the following: *“Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”*

If, at any time, you have concerns about your experience, please discuss them with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, P.O. Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access on-line forms and information at www.doh.wa.gov/hsqa.

Client Acceptance

I/We have read this document, understand the contents, accept the terms, and have received a copy of this agreement if requested. I/We consent to therapy with Brandi DeFazio MHA, MA, LMFT under the terms described above.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date