

DISCLOSURE STATEMENT

Purpose of Disclosure Statement

This statement provides information about me and the treatment offered to assist you in choosing the provider and treatment which best suits your needs. **It is every client's right to refuse or discontinue treatment. Every client has the right to choose a practitioner and treatment modality that best suits his/her needs.** Please read the following information and discuss any concerns with me or the office staff.

Education/Training/Experience:

I hold a Masters degree in Counseling with a Specialization in Marriage, Family and Child Counseling and am a clinical member of the American Mental Health Counselor Association.

Treatment Orientation and Methods:

I specialize in the treatment of couples, family, and children/adolescents and women's issues. I utilize an eclectic Gestalt family therapy approach that includes Gestalt family therapy, family systems, and humanistic discipline. Therapy is a voluntary process in which members work together or individually, to bring positive changes to relationships as well as the quality of one's own life. Therapy builds on individual and family strengths and it is important for all members of the family to have hope that change is possible. In your therapy, you are unique and I am responsible for tailoring the treatment to our unique and individual resources. Owning responsibility for your own feelings and actions is the first step toward making healthy choices and changes in your life. I may provide home assignments for which you will be responsible. Because of the inexact science of psychology where complex and different responses to situations are the norm, I cannot guarantee that specific changes will occur or exact time limits for change.

Fee Information and Payment Policies

My fee is \$210.00 for initial intake sessions and \$130.00 to \$150.00 for regular sessions depending on the time utilized. Interactive Complexity will be billed at \$20.00 as an additional code to regular sessions. Occasionally other services are necessary and/or appropriate, such as meeting with school staff or DSHS caseworkers. The fees for such services are listed in the initial paperwork. Please ask for a copy if you require one.

You are ultimately responsible for the fees for the services received. You will be expected to pay your co-pay, co-insurance, or applicable deductible amount at the time of service unless other arrangements are specifically made with me or the office manager, Stefanie. Please contact your insurance company directly if you have any questions about your coverage, including limits, provider requirements, and deductibles.

We can accept advance payment for future services, and, in the event of a refund, any monies due you will be sent no later than 60 days from discovery. Delinquent accounts may result in termination of services and/or assignment of the account for collection with National Service Bureau and/or legal action.

Emergencies

I can be reached through the office phone at (360) 698-9258. At times I will be available to take your call. At other times, it will be necessary to leave a message with my voice mail, which is operational 24 hours per day.

The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, call the **Crisis line at 479-3033**; or in case of a **life-threatening emergency**, call **911**.

State Requirements

Therapists practicing counseling for a fee must be licensed with the Department of Licensing and the Department of Health for the protection of the public's health and safety. Registration of an individual with the department does not include recognition of any practice standards nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act is to provide protection for 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. The full law and regulations can be found in RCW 18.19, or, contact the Washington State Department of Health, PO Box 1099, Olympia, WA 98507-1099, www.doh.wa.gov or call (360) 236-4700.

Confidentiality

All issues discussed in the course of therapy are confidential. However, the law requires the release of confidential information in the following situations: (1) With your written consent or, in the case of death or disability, your personal representative, other person authorized to sue, or the beneficiary of an insurance policy on your life, health, or physical condition; (2) That which I am not required to treat as a confidential communication, such as information that reveals the contemplation or commission of a crime or harmful act; (3) If the person is a minor and the information acquired by me indicates that the minor was the victim or subject of a crime, I may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry; (4) If you waive the confidentiality privilege by bringing charges against me; (5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or (6) As required under chapter 26.44 RCW dealing with suspected child abuse; potential suicidal behavior; inability to care for one's own basic needs; or threatened harm to another. In addition, the court may subpoena treatment records.

Consent

I have read the above information and have received clarification as needed. I agree to the terms as stated and acknowledge I may request and receive a copy of this disclosure should I require one.

Signature of Patient or Legal Representative

If signed by Legal Representative, Relationship to Patient

Date

Irena S. Reynolds, M.S., Therapist