

## **THERAPIST DISCLOSURE**

Jenny Fisher, LICSW

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### **Purpose of Disclosure Statement:**

This statement provides information about myself and my treatment methods to better help you understand if I best suit your needs. 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 received my Masters of Social Work from State University of Maryland at Baltimore, and have a BA in psychology from the University of North Carolina at Greensboro. I have been working with families and children since 1989 in a variety of settings. I am a licensed independent clinical social worker (LICSW) and trained to practice social work. I am an active member of the National Association of Social Workers or NASW. I follow the standards of NASW. In your best interest and following the NASW code of ethics, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever be a close friend to or socialize with any of my current and past clients. Even though you might invite me, I will not attend your family gatherings. I cannot be a therapist to someone who is already a friend. I cannot have a business relationship with any of my clients, other than the therapy relationship.

### **Treatment Orientation and Methods:**

I offer services designed to help people to identify goals and to access their inner strengths, together we can concentrate on the steps needed to meet your individual and/or family's goals. I believe that each of us has the resources to accomplish our life goals. I help people use their internal and external strengths, offering suggestions and alternatives to help facilitate growth. My scope of practice includes play therapy, family therapy, solution focused therapy and cognitive behavioral therapy. My focus is working with children, adolescents, and adults on many issues relating to the mental health, parenting, behavior and social problems, depression, anxiety, stress, anger management, as well as recovery from physical, sexual, and/or emotional abuse. My treatment of young children is typically Play Therapy. The theoretical grounding of Play Therapy is that children use play to communicate/process their experiences and difficulties more effectively through play than they can through language. I also believe that a critical aspect of play therapy for young children, particularly children who have experienced loss or trauma, is the relationship that is established with the therapist. In order to establish this relationship, consistency in maintaining therapy appointments is imperative. My approach to parenting is utilizing Parenting with Love and Logic and Total Transformation.

### **Electronic Health Records:**

I use EHR 24/7 Electronic Health Records by Office Ally to store all client records. Additionally, I use Office Ally for billing. This business is certified HIPPA compliant. I will keep your records for 5 years after we end therapy unless I am contractually obligated by your health insurance to keep them longer.

Communicating with your therapist:

I am willing to communicate with you electronically through secured ,encrypted, and HIPPA compliant email. However, if your email is not secure and encrypted then this possibly can be read by others. I have found email to be more effective than calling me and leaving a voicemail. If you would like to communicate via e-mail, I can be reached at [jenny@ccftherapy.com](mailto:jenny@ccftherapy.com)

Please initial:

\_\_\_\_\_ Agree to communicate via email

\_\_\_\_\_ Disagree to communicate via email

Consultants:

I sometimes consult with other professionals about my clients. This helps me provide high-quality therapy. These professionals are also required to keep your information private and confidential. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation. The two professionals that I consult with are Terry Boyle, MFT and Dr. Tony Stanton, PhD.

Therapist requirements and Complaint procedure:

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 health and safety. 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](http://www.doh.wa.gov) or call 360-236-4700. Also, it is my intention to fully abide by all the rules of the National Association Social Workers and by those of my state license. Problems can arise in our therapy relationship. If you are not satisfied with any area of your work, please raise your concerns with your therapist at once.

Consent:

I have read the above information and have received clarification as needed. I agree to the terms as stated above. I hereby enter into therapy with this therapist and to cooperate fully and to the best of my ability, as shown by my signature.

\_\_\_\_\_  
Responsible Party/Client Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Copy accepted by client     Copy accepted by additional person