

# **Golnar Ansari, Psy.D., LMHC, RPT-S, NCC**

New Direction Counseling, Inc  
7500 Old Military Rd Suite #103  
Bremerton, WA 98311  
(360) 698-9258

## **DISCLOSURE STATEMENT**

### **Purpose of Disclosure Statement**

This statement provides information about the treatment provider and the treatment offered to assist the client in choosing the treatment and the provider, which best suits their needs. It is every client's right to refuse or discontinue treatment at any time, with or without notice to the treatment provider.

### **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.

### **Education /Training /Experience**

I have a Psy.D. From Southern California University in Irvine, CA, and a Master's degree in Education from Phillips University in Oklahoma. I am a Licensed Mental Health Counselor (**LMHC**) in the state of Washington (# **LH00005245**), Licensed Professional Counselor (**LPC**) in the state of Oklahoma, Registered Play Therapist and Supervisor (**RPT-S**), Registered Traumatologist and National Certified Counselor (**NCC**).

I am a clinical member of the American Counseling Association (**ACA**), the International Association for Play Therapy (**APT**), National Board of Certified Counselors (**NBCC**), and I adhere to code of ethics of all the above and the professional standard of the Washington State and Oklahoma licensing law.

I was part of the team who provided support, counseling, and debriefing to rescue workers, victims, and victims' families of major national tragedies including the 9/11 World Trade Center attack (2001); the Oklahoma City Murrah Federal Building Bombing (1995); the Oklahoma City Tornado Disaster (1999); and Hurricane Katrina (2005).

### **Treatment Orientation and Methods**

Depending on the needs of the client, counseling can be provided individually, in a group, or as a family. I specialize in the treatment of children / adolescents and families.

My theoretical orientation is developmental, which incorporates cognitive, behavioral, psychoanalytical, and relationship-based principles. I have found that when treating children and adolescents, it is most useful to use a multi-model approach. It is essential for me to have a working knowledge and full understanding of a child's family, social, cultural, educational, and emotional experiences in order to effectively treat an individual in therapy. 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.

### **Course of Treatment**

Treatment begins with assessment from which clarification of problem area(s) ensues. Counseling includes your active involvement as well as efforts to change your thoughts, feelings, and behavior. I cannot guarantee a particular treatment outcome; successful treatment is dependent upon the mutual effort of both client and therapist. I can, however, assure you that I will use my skill and training to the fullest intent to assist you in reaching your goals. If you are dissatisfied with any aspect of my work, please discuss them with me. This will make our work together more efficient and effective.

### **Payment Policies**

**I do not participate in legal proceedings.** If a court compels me to appear, you will be expected to pay for all of professional time, including preparation and transportation costs, even if I am called to testify by another party. I will charge \$300.00 per hour for these services. (Initial) \_\_\_\_\_

**Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.** (Initial) \_\_\_\_\_

Our office bills the insurance company directly either manually or electronically. **However, the client is responsible for fees and services received.** To avoid unpleasant surprises, you are strongly urged to contact your insurance company if you have any questions about your coverage, including limits, provider requirements, deductibles, etc. The client will be billed for co-pay and deductibles unless other arrangements are specifically made with the provider. Failure to pay will result in your account being sent to the **United Collection Service and/or legal action.** (Initial) \_\_\_\_\_

### **Emergencies, Phone calls & Communication:**

I do not communicate via Email at this time. Due to my work schedule, I usually am not immediately available by telephone; you may leave a confidential voice message. I will make every effort to return your call as soon as possible. The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, call the **Crisis line at (425) 258-4357** or in case of a **life-threatening emergency call 911**. Advanced notice will be given in the event that I will be unavailable for an extended time.

### **Electronic Health Records**

Our office use EHR 24/7 Electronic Health Records by Office Ally to store all client records. Additionally, we 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.

### **Confidentiality**

All issues discussed in the course of therapy are confidential. In most situations, I can only release information about your treatment to others if you sign a written authorization or consent form that meets certain legal requirements imposed by HIPPA. In the case of death or disability of the client, the client's personal legal representative can authorize release of records. **However**, there are some situations that confidentiality **cannot** be maintained and the law requires release of confidential information without either your Consent or Authorization: **(1)** If a client communicates contemplation or commission of a crime or an immediate threat of serious physical harm to an identifiable victim; **(2)** If the person is a minor and the information acquired by me indicates that the minor was the victim or subject of a crime;**(3)** If a client files a complaint or lawsuit against me ,I may disclose relevant information regarding that client ;**(4)** In response to a subpoena from a court of law or the secretary;**(5)** As required under chapter 26.44 RCW dealing with suspected child abuse; potential suicidal behavior; inability to care for one's own basic needs.

### **Consent for Treatment**

I authorize and request Golnar Ansari Psy.D.,LMHC, to provide counseling services. I understand that while my treatment is designed to help, Golnar Ansari cannot make any guarantees about the outcome. This authorization constitutes informed consent without exception. **I have read the above information and have received clarification as needed; my signature below signifies that I agree to the terms as stated above.**

\_\_\_\_\_  
**Signature of Patient or Legal Representative**

\_\_\_\_\_  
**If signed by Legal Representative, Relationship to Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Golnar Ansari, Psy.D., LMHC**