

THERAPIST DISCLOSURE

Center for Child and Family Therapy
7500 Old Military Rd NE Suite103
Bremerton, WA 98311 (360) 698-9258

Stacie Flynn, MA, MHP, LMHCA
Washington License No. MC60748025

Purpose of Disclosure Statement

This statement provides information about me 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 hold a Masters of Counseling Psychology degree from City University of Seattle and a Bachelor's degree in Psychology from the University of Washington. I have been working in mental health since 2000 in various capacities including providing counseling, mental health assessment, group therapy, psychoeducation, teaching undergraduate psychology students, and creating curriculum for undergraduate psychology courses.

I am a licensed mental health counselor associate (LMHCA). Because my license is an LMHCA, your therapy sessions will be billed under therapist Helena Hauge. I am trained to practice Mental Health Counseling (not law, medicine, finance, or any other profession). I am not able to give you advice from these other professional viewpoints.

I adhere to the codes of ethics and professional standards of the Washington State Department of Health. In your best interest and following the professional 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 can never have a romantic relationship with any client during or any time after therapy. I cannot have a business relationship with any of my clients other than the therapy relationship.

Treatment Orientation and Methods

My treatment approach is individually, strength, and behaviorally based. I believe you come to therapy already equipped with inherent skills to help address your areas of concern, my role is to help you identify and access those strengths and skills, gain insight into and address problematic behaviors, provide education, and information in order to achieve your goals. I expect you will be an active participant in the therapy process and complete any outside activities agreed upon during our sessions. A large part of behaviorally based therapy is continually applying the information from therapy to your life and experiences outside the treatment sessions. The more active you are in your therapy process, the more you will benefit from the work we do together.

My treatment methods include but are not limited to cognitive behavioral therapy, positive psychotherapy, dialectical behavioral therapy, brief solution focused therapy, psychoeducation, play therapy, and family systems therapy. The delivery of these methods is accomplished via individual, couples, family and play therapy. We will maintain an open dialogue throughout your therapy process to ensure the methods and focus of treatment remain aligned to your goals.

My focus is working on many issues relating to mental health including but not limited to, parenting, behavior and social problems, depression, anxiety, stress, and anger management. My treatment of young

children is Child-Centered 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. 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. I utilize positive parenting approaches when treating children and families.

Emergencies

The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, please call the Crisis line at 479-3033; or in case of a life-threatening emergency, call 911. In the event that I will not be available for a prolonged time such as during vacation periods or during professional workshops, advanced notice will be given.

Electronic Health Records

I use 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.

Billing

The name on the billing statement you receive will be Center for Child and Family Therapy. Any types of payments need to be made out to Center for Child and Family Therapy.

Communicating With Your Therapist

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. I do check my voicemail and email during my business hours but not on weekends or days off.

I would like to communicate with you, preferably through email. My email service is encrypted, and HIPPA compliant. However, if your email is not secure and encrypted then others possibly can read it. If you would like our emails to be encrypted, let me know before we start using email. 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 stacie@ccftherapy.com.

Please initial below:

_____ Agree to communicate via email
_____ Disagree to communicate via email

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.

Supervision and Consultation

As a LMHCA, I continue to receive supervision and will have the opportunity to consult about my clients with my supervisor, Helena Hauge. Helena is licensed in WA State # LH00006918 and has gone through the required training as a supervisor. She is also required to keep your information private and confidential. 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.

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 health and safety. Licensure of a therapist does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment. The full law and regulations can be found in RCW 18.19.

Consent

I have read all of 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 below.

Responsible Party/Client Signature

Therapist Signature

Date

Copy accepted by client

Copy accepted by additional person