

## **THERAPIST DISCLOSURE**

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

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### 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 received my Masters of Social Work degree from State University of New York at Buffalo. I have been a therapist practicing in the mental health field for 18 years. I am a Licensed Independent Clinical Social Worker (LICSW) and trained to practice social work (not law, medicine, finance, or any other profession). I am not able to give you advice from these other professional viewpoints.

I am an active member of the National Association of Social Workers (NASW) and a Registered play therapist supervisor, of the Association of Play Therapy. I adhere to the codes of ethics of all the above and the professional standards of Washington State Department of Health. 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 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

I offer services designed to help people to identify goals and to access their internal 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 inner strength and resources to accomplish our life goals. I help people use their internal and external strengths, offering suggestions and alternatives to help facilitate growth. I urge you to make most of the planned activities, appointments, and assignments, including active involvement on your part and full participation of all those who are involved.

My scope of practice includes play therapy, strategic family therapy, group therapy, solutions focused therapy, and cognitive behavioral therapy. My focus is working with children, adolescents, and adults on many issues relating to the family's mental health, parenting, behavior and social problems, depression, anxiety, stress, anger management, as well as recovery from physical, sexual, and/or emotional abuse.

I have found it is essential for me to have a working knowledge of a client's family, social, cultural, educational, and emotional experiences to effectively treat an individual or family in therapy. My treatment of children and pre-teen is typically Play Therapy. The theoretical grounding of Play Therapy is that children use play to communicate/process their experiences and difficulties more effectively 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 me.

### 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 use EHR 24/7, Electronic Health Records by Office Ally to store all client records and billing. This business and software is HIPPA compliant. I take notes regarding your session, and other records regarding your treatment. These notes and records constitute my clinical and business records, which by law, I am required to maintain. You have the right to request that I correct any errors in your file. Records are the sole property of me. Should you request a copy of your records, such a request must be made in writing. I reserve the right, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. 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.

### Client Litigation

I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matters. I will generally not provide records or testimony unless compelled to do so. If I am subpoenaed and required to attend court proceedings you will be charged my hourly rate of **\$220.00 per hour**, in most cases, will not be reimbursed by your insurance company, therefore you will be responsible for this amount. \_\_\_\_\_ initial

### Other fees

Any other services, such as letter writing and any time spent on other services over 15 minutes, will have an additional charge of **\$50 per 30 minute increments**. \_\_\_\_\_ initial

### Billing

The name on the billing statement you receive will be Jeffery Weist and payments need to be made out to Jeffrey Weist.

### Communicating With Your Therapist

I would like to communicate with you electronically, preferably through email. Email is not secure and encrypted, however, I am able to secure and encrypt our emails if requested. I have found email to be more effective than calling and/or leaving me a voicemail. 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 and is confidential. I do not check my voicemail on weekends, days off, or vacations.

#### 1. Risk of using email

- a. E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. E-mail senders can easily misaddress and it may not be secure and therefore confidentially may be breached, which I am not liable for.
- c. Back-up copies of e-mails may exist even after the sender and/or the recipient has deleted his or her copy.
- d. E-mail can be used as evidence in court.

2. Conditions for the use of e-mail

I cannot guarantee, but I will use reasonable means, to maintain security and confidentiality of e-mail information sent and received. I am not liable for improper disclosure of confidential information that is not caused by my intentional misconduct.

- a. E-mail is not appropriate for urgent or emergency situations. I cannot guarantee that any particular email will be read and responded to within any particular period of time.
- b. All e-mail will stored into the client’s medical record.
- c. Clients/parents/legal guardians should not use e-mail for communication of sensitive medical Information. However, if requested I am able to secure and encrypt our emails.

If you would like to communicate via email, I can be reached at [jeffrey@ccftherapy.com](mailto:jeffrey@ccftherapy.com)

Please initial below:

\_\_\_\_\_ Agree to communicate via email \_\_\_\_\_ (email)

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

I acknowledge that I have read and fully understand the above email consent. I understand the risks associated with the communication of e-mail between the Provider and myself. I consent to the conditions and instructions outlined, as well as any other instructions that the Provider may impose to communicate with client by e-mail. \_\_\_\_\_ initial

Emergency phone calls of less than fifteen minutes are normally free. However, if we spend more than 15 minutes in a week on the phone, if you leave more than 15 minutes worth of phone messages in a week, or if I spend more than 15 minutes reading and responding to emails from you during a given week I will bill you on the prorated basis for that time. If a fee raise is approaching I will remind you of this well in advance. \_\_\_\_\_ initial

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.

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.

**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