

**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 20 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 or other professional viewpoints. I am a social work and play therapist supervisor. I am an active member of the National Association of Social Workers (NASW) and Association for Play Therapy (APT) and I adhere to the codes of ethics of all the above and the professional standard of Washington State Department of Health. 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. 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. Change will sometimes be easy and quick, but more often it will be slow and difficult and will need repetitions, and so you will need to keep trying. You may also wish to take notes outside the office.

I expect us to plan our work together. In our treatment plan, we will list the areas to work on, the methods we will use, the time and money commitments, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment, goals, or methods. Most of my clients usually see me weekly or bi-weekly for 3-6 months. After that, we can meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called "termination," can be a very valuable part of our work. When you wish to stop therapy at any time, I ask that you agree now to meet for at least one more session, to review our work together.

There are some risks as well as many benefits of therapy. You should think about these both when making any treatment decisions. One risk might be that for a time, there may be an uncomfortable level of negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother you for a while. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt marital or couple relationship. Sometimes, a client's problems may worsen after the beginning of treatment. Risks like these are hopefully temporary and should be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out as you would like. All of these should be weighed against the cost of not changing and continuing as you are. I do not take on clients I do not think I can help.

My scope of practice includes play therapy, strategic family therapy, solutions focused therapy, mindfulness, 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.

My treatment approach for 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. Here is a about why play therapy (<https://www.a4pt.org/page/WhyPlayTherapy>). I also believe that a critical aspect of play therapy for young children, particularly children who have experienced loss or trauma, is the our therapeutic relationship.

## 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 and software is 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. I may take notes during session, and will also produce other notes and records regarding your treatment. These notes and records constitute my clinical and business records, which by law, I am required to maintain. Records are the sole property of me. You do have the right to request that I correct any errors in your file. 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 your record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. If you have questions please ask me.

## 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 nor encrypted which can possibly be read by others. I have found email to be more effective than calling me and then leaving a confidential 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. If you need to contact me quickly, call my office and let my receptionist know and she will transfer you to my voicemail. I do not check my voicemail and email on weekends or days off.

## Client e-mail Informed Consent

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.
- e. E-mail does not contain contextual information normally acquired through in-person meetings, which can lead to misunderstandings. If we have a misunderstanding, lets resolve this over the phone or in-person.

I cannot guarantee, but 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. E-mail and texting is not appropriate for urgent or emergency situations. I cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time. All e-mail will be printed and filed into the client's medical record. Texts may be printed and filed as well. Clients/parents/legal guardians should not use e-mail or texts for communication of sensitive medical information. If you would like to secure our email conversations, please let me know and I can secure and encrypt our email communication.

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

Please initial:

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

I acknowledge that I have read and fully understand this consent form. 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 here

Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than 10 minutes worth of phone messages in a week, or if I spend more than 10 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 is approaching I will remind you of this well in advance. \_\_\_\_\_ initial here

## 24 Hour Cancellation Policy and Credit Card Authorization

We both agree to meet at my office and to be on time. If I am ever unable to start on time, I ask for your understanding and that you will be charged proportionately. If you are late, we will be unable to meet for the full time, because I likely have another appointment after yours and you will be charged proportionately.

I am rarely able to fill a cancelled session with-in 24 hours, so you will be charged for the missed session and the fee will be based upon your original session length of time. If you do not show up and you do not contact my office by phone and/or email according to the cancellation policy, you will be charged the full fee. Your insurance WILL NOT cover this charge. If you do not follow this cancellation policy twice in a month, all future appointments will be cancelled from our system and you are responsible for initiating rescheduling. If you frequently do not follow our cancellation policy we will talk at your next session about your circumstances for missing the sessions. If you miss three sessions according to this policy you will receive notice and will this notice will provide you referrals to other providers and services with me will end.

### Other Fees and Credit Card Authorization

Any other services, such as letter writing, etc. will be calculated and prorated at \$150 per hour which will be discussed ahead of time. \_\_\_\_\_ initial here

### Confidentiality with Families and Couples

In couple and family therapy, or when different family members are seen individually, with out the client present, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. If this is the case, I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by ALL adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

### 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 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 \_\_\_\_\_ Date

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

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

Copy accepted by client       Copy accepted by additional person