

THERAPIST DISCLOSURE

Center for Child and Family Therapy

Sharon Booker, LMHC
Washington License No. LH00009326

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. Each professional at CCFT is an independent therapist and therefore not responsible for the actions of the other professionals, at this office. Please read the following information and discuss any concerns with me or the office staff.

Education/Training/Experience

I received a Masters of Mental Health Counseling Degree from Washington School of Professional Psychology at Argosy University and have a BA in Psychology from the University of North Carolina at Chapel Hill. I have experience working with children, teens, individuals, couples, families and people with disabilities in a variety of settings.

I am a Licensed Mental Health Counselor and a professional member of the Association of Play Therapy. I adhere to the codes of ethics of the above and the professional standards of the Washington State Department of Health. My code of ethics states that; I can only be your therapist, I cannot have any other role in your life. I cannot be a 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

My approach to counseling is to focus on the strengths and help to assist with solutions rather than telling you what to do. For adults and adolescents, my focus is to address short term problems as well as long term psychological well-being. The more you can tell me about what and how you are feeling, the more effectively I will be able to assist you in resolving your personal problems and issues. I am trained in many different treatment approaches. It is my approach to discuss these various techniques and let you participate in choosing the ones that are most appropriate for you.

Communication with Your Therapist and Emergencies

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 confidential voice mail, which is in operation 24 hours per day. I do not check my voicemail on weekends, days off, or vacation time.

The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, call the **Crisis Line at (360) 479-3033**; or in case of a **life-threatening emergency, call 911.**

Records and Record Keeping

I use Office Ally for scheduling and 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 Sharon Booker and payments need to be made out to Sharon Booker.

Appointments

If you are late, we will be unable to meet for the full time because it is likely I will have another appointment after yours. Twenty-four (24) hour notice is required for cancellations. Failure to provide such notice will result in you being charged for the appointment. Your insurance WILL NOT pay for this. The charges are as follows:

- \$25 for the first missed appointment
- \$55 for the second missed appointment
- \$110 for the third missed appointment

If you miss three appointments in a row or no show two appointments in a month consistently, my front desk will cancel any remaining appointments and you will need to discuss with me a new mutually agreed upon schedule for appointments.

Other Fees

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 \$300 **per hour**, which, in most cases, will not be reimbursed by your insurance company, therefore you will be responsible for this amount. _____ initial here

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.

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
Sharon Booker, LMHC

Date

- Copy accepted by client Copy accepted by additional person