Therapist Disclosure **Somer L. Covington, LMFT**

Center for Child and Family Therapy WA License No. MFTLM60734391

Psychotherapy Information Disclosure Statement

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy. There are also certain limitations to those rights that you should be aware of. Each professional at CCFT is an independent therapist and therefore not responsible for the actions of the other professionals, at this office. Any questions or concerns regarding the contents of this Disclosure should be discussed with me prior to signing it.

My Background and Qualifications

I have earned my Masters degree in Marriage and Family Therapy from Alliant International University in San Diego, California. My areas of training and expertise include working with military families, adults, adolescents, and children over the age of 7. I have been licensed since February 2010. Areas of concern I work with include, but are not limited to: depression, anxiety, substance abuse, ADHD, PTSD, trauma, behavioral concerns, school related problems, and parenting.

My theoretical orientation can be described as strengths-based, focused on helping an individual develop the resiliency and skill needed to handle mental health problems or stressors. I am mindful that you live within a network of many relationships and understand the need to examine those relationships for help and support. And I pay careful attention to the age and stage of your life and how you have come to an understanding of your life's story to date.

Confidentiality to Couple's Therapy

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couple's therapy with me.

If you and your partner decide to have some individual session as part of couple's therapy, what you say in those individual sessions will be considered to be part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish to keep a secret from your partner.* I will remind you of this policy before beginning such individual sessions.

Records and Record Keeping

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.

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 **$150.00 per hour**, which, in most cases, will not be reimbursed by your insurance company, therefore you will be responsible for this amount. Payment must be made for four days ($600.00) before I am expected to be in court. The person responsible for payment is that of the individual whose attorney or client filed the subpoena. _____ initial here

Other fees

Any other services, such as letter writing, will be **$75.00**. Any time spent of other services over 30 minutes will have an additional charge. The person who requested the letter will be responsible for payment and is due prior to me writing the letter. _____ initial here

I typically do not copy records. If an attorney requests copies of your or your child's records, the person's attorney who requested them will be responsible for the payment one week after the request is made. If an external agency, for example a Guardian Ad Litem, requests copies of records, each parent is responsible for half of the payment due before the records will be sent.

Billing

The name on the billing statement you receive will be Somer Covington and payments need to be made out to Somer Covington.

Risks and Benefits of Therapy

Psychotherapy is a process in which you and I discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so you can experience your life more fully. It provides an opportunity to better, and more deeply understand one's self, as well as, any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between you and I. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should address any concerns you have regarding your progress in therapy with me.

Communication 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 voicemail, which is operational 24 hours per day and is confidential. I typically do not check my voicemail on weekends, days off, or vacation time. I am willing to communicate with you electronically through email. I have found email to be more effective than calling me then leaving a voicemail. If you would like to communicate via e-mail, I can be reached at somerlcovington@gmail.com

Client email Informed Consent and 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 somerlcovington@gmail.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

Consultation

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.

24 Hour Cancellation Policy

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 canceled 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 canceled from our system and you are responsible for initiating rescheduling. If you frequently do not follow the 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.

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.

Client Consent to Psychotherapy

By signing below, I acknowledge that I have reviewed and fully understands the terms and conditions of this Agreement. I have discussed such terms and conditions with Somer L. Covington LMFT, and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Somer L Covington, LMFT.

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Guardian (relationship to client) Date

_____ _____

Somer L. Covington, LMFT Date

❑ Copy accepted by client ❑ Copy accepted by additional person