

THERAPIST DISCLOSURE STATEMENT & CLIENT INFORMED CONSENT FORM

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You have the right to choose a counselor who best suits your needs and purposes. With that in mind, the following disclosure is provided to you. Please read each section carefully; signature confirmation is required and is included separately in your New Client Intake document.

I. THERAPIST DISCLOSURE TO CLIENT

- **Credentials:** I am a Licensed Mental Health Counselor in Washington State (#LH00011128), and a Washington Administrative Code Approved Supervisor. I am also a certified Advanced Clinical Hypnotherapist (ACHt).
- **Education, Training, and Experience:** I received a Bachelor of Arts in English from the University of Oregon, with a minor in Women's Studies. I completed my Master of Arts in Teaching at Pacific University, and was a teacher, tutor, and mentor for six years. I received my Masters of Arts in Mental Health Counseling through the College of Education at Seattle University. I have been a practicing therapist since 2004, specializing in working with the LGBTQ population and survivors of trauma, but experienced with a wide variety of clientele.
- **Services Provided:** I provide holistic psychotherapy for individuals (adults, and adolescents aged 14 and older) and groups. I am also trained and certified to conduct hypnotherapy sessions, EFT ("tapping") sessions, shamanic healing sessions, and Reiki treatments (separate disclosures may be required for each). I provide consultation and supervision to other mental health professionals, and independent mental health evaluations.

II. WORKING RELATIONSHIP

- **Confidentiality:** The privacy of your personal information is of utmost importance. I am compliant with current Federal and State of Washington laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal and State laws set the limits on confidentiality. Please review these limits in my Notice of Privacy Practices.
- **Health Care Coordination:** It is important to make sure that the problems you present are not related to a physical health difficulty. Therefore, you should get a physical examination from a physician as soon as possible. It could be helpful to tell your medical provider that you will be working with me so we might begin to coordinate your health care.
- **Risks and Benefits:** During the course of therapy, you might notice changes in your symptoms, problems, and functioning. Since we will be exploring challenging territory in your life, you might temporarily experience greater difficulty throughout our work. Counseling is intended to alleviate problems, but sometimes as you get to the root of some issues, you may feel them even more acutely than in the past. I cannot offer any promise or guarantee about the results you will experience. However, as you commit yourself to work through your areas of difficulty and build upon your strengths, it is likely that you will see improvements throughout our work and in the future.
- **Free Introductory Consultation:** I offer a free 30-minute consultation for all new counseling clients. Please note that this is for *new clients only*; returning or prior clients are not eligible. During the consultation, we'll discuss the reasons why you are seeking counseling, and talk about your goals. Additionally, I can answer any questions you might have for me. If we decide we might be a good fit, we'll then schedule another appointment. Participating in an introductory session does not obligate you to continue counseling with me.

■ Appointments: We will schedule our appointments via email, or at the end of a session. Please notify me via email or text (at 206-595-8621) if you have any schedule conflicts or emergencies which require you to cancel our appointment. Likewise, I will notify you ASAP if I should need to cancel our appointment. I still charge the full session fee for any sessions that are shortened due to your late arrival or early departure.

■ Telehealth Appointments: The HIPAA-compliant site I use for telehealth/video appointments is: <https://doxy.me/cassiesroom>. Follow this link to the site, enter your name, and it will take you to my virtual waiting room.

■ Fee for Services: My standard fee is \$125.00 per session hour (50-55 minutes). I have a limited number of reduced or sliding scale fee spaces in my practice, so please inquire if you are unable to afford the standard fee. My sliding scale begins at \$75 per session hour. I also have a limited number of sliding scale spaces available via the Open Path Collective. Additional fees might include preparation of documents, or submitting letters or evaluations on your behalf. I will discuss any fees with you at the time of a request. Please inform me of any change in your financial situation that impacts your ability to pay for services.

■ Cancellation Policy and Fees: Your appointment time is set aside specifically for you. I have a 24-hour cancellation policy, which allows me to fill vacated appointment slots, make emergency or short-notice time available for my clients, and compensates me for lost wages if I am unable to re-allocate your appointment time. I charge \$75.00 for all same-day cancellations or late-cancelled appointments. I charge the full session fee for any missed ("no show") appointments. For telehealth appointments and Open Path clients, I charge a flat fee of \$40.00 for any same-day cancellation, late cancellation, or "no show." You will not be charged if I have to cancel our appointment.

■ Payment for Services: I accept cash, debit/credit cards, and Venmo. I prefer not to take personal checks. I use Square for payment processing, which allows for invoicing and remote payments. For telehealth clients, my preference is to have a card saved on file; I typically process payments at the end of the business day. For in-person sessions, fees are due directly to me at the time of service (at the end of your session). In-person clients may also save a card on file for ease of payment.

■ Insurance: As of January 2022, I am no longer accepting or billing insurance directly, so I am considered an "out of network" provider. If requested, I can provide you with a receipt that you can submit to your insurance company or HSA plan for reimbursement. Generally, I send out receipts at the end of each calendar month. If requested, I can provide a "good faith estimate" of therapy costs.

■ Record-keeping: I keep a confidential file containing your private health information (PHI) in my office. This includes your client forms, financial and contact information, intake and session notes, and copies of any correspondence or records that have been compiled or obtained on your behalf. The Washington Department of Health instructs me to document according to a medical model, which they in part define as recording "what happens in a session." I make an effort to summarize what we discuss in therapy, but I do not capture sessions verbatim. Washington State law requires the retention of records for seven years after last contact.

■ Emergency, Urgent, or Other Contacts: Email is my preferred method of contact; I make every attempt to respond within 48 hours. Established clients may also text me with a message. Remember, anything you send over email or text message is not confidential. Do not use email/text to communicate emergent or crisis information. I am also available by phone/voicemail.

I am not able to provide on-call crisis or emergency services. If you have a physically or psychologically life-threatening emergency, please call 911. If you reside in Kitsap County, you can call the Crisis Line at (888) 910-0416. If you reside in King County, you can call the Crisis Connections line at (206) 461-3222. Both Crisis Lines have 24-hour availability to offer crisis assistance, community resources, and emergency information. If I will be out of town or otherwise unavailable for an extended period of time, I will provide you with alternate contact information should you need extra support during my absence.

■ Therapy Relationship and Professional Boundaries: It is my intention to maintain a warm, safe, and professional environment where I consider your best interests my priority. Because I have the utmost respect for you and our therapeutic relationship, professional boundaries are essential so that no harm or damage is done. I uphold the following practices regarding professional relationship boundaries:

- 1) I will not, at any time, have a social or sexual relationship with you outside of my office, even after we have ended our therapeutic relationship; this includes contact on social networking sites, like Facebook. I will not accept social or family event invitations from you, and I will not offer them to you. This is not for a lack of interest or care.
- 2) I will not, at any time, have physical contact with you outside the boundaries of energy work. Reiki, hypnotherapy and shamanic healing work may all involve minimal touch, and will usually require a separate consent form, as they are distinct/separate processes. I will clarify the process of each modality and obtain consent for any physical touch ahead of time.
- 3) I cannot, at any time, accept any gifts from you. I may accept a card or note from you.
- 4) If I were to see you in public at any time, I will not initiate contact or familiarity with you. This is to ensure your confidentiality as my client. If you choose to initiate a visible or audible greeting, I will reciprocate, but I won't attempt further communication unless you request it.
- 5) I will not, at any time, have a relationship with you beyond my range of psychotherapy, counseling, and referrals, and the collection of fees for these professional services. While this includes not having any social or sexual relationships with you, it also includes any business and financial relationships. Additionally, I will not provide any services beyond my expertise, including legal or medical advisement.
- 6) I will only provide appropriate referrals to other health professionals, with your consent. I do not make referrals to lawyers, accountants, financial planners, credit counselors, or other non-healthcare related individuals and agencies. I do not accept payments for referrals.
- 7) I will uphold confidentiality standards pertaining to Federal and State of Washington law during the course of therapy and thereafter. By law, our sessions are considered "privileged." Neither your death nor mine terminates your confidentiality rights.

■ Therapeutic Work, Duration, and Termination: You have the freedom to make decisions as you please. You may engage in therapy for as long as you like. You may, at any time, change your goals for therapy, and/or you may choose to end our relationship, no matter where you are in the process of goal achievement. I respect and promote your right to make your own decisions. If you would like to end therapy, I would only ask that we first discuss this in a session.

If more than 60 days have passed since our last contact, and I have not received any word from you, I will accept that as your notice that you no longer wish to continue counseling and that our therapeutic relationship is terminated.

■ Complaints: If you have a complaint or inquiry about my professional service that cannot be resolved with me directly, please contact the Washington State Department of Health. Complaints or inquiries can be sent to: The Department of Health, Health Professions Quality and Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869.