

COUNSELING INFORMATION DISCLOSURE STATEMENT

I am happy to have you for a client. In order to simplify the beginning of our work together, I want to answer the most frequently asked questions about counseling for you.

My responsibilities to you as your counselor

1. Confidentiality

Except for certain specific situations described below, you have the absolute right to confidentiality in your counseling. I cannot and will not tell anyone else what you have told me, or even that you are participating in counseling with me *without your prior written permission*. The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

a. If I have good reason to believe that you are likely to harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

b. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform local law enforcement agencies or DSHS within 48 hours.

c. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step.

d. If you are filing a complaint or are a plaintiff in a lawsuit where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of counseling records in the context of the complaint or lawsuit. In spite of that, I will not release information without your signed consent or a court order. If I receive a court order, I am required to provide the information specifically described in the court order.

2. Record-keeping

I usually keep very brief records, noting only that you have been here and a few words describing the topics we have discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file. You also have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider *at your written request*. I maintain your records in a secure location in my office.

3. Other Rights

You have the right to ask questions about anything that is happening in counseling. I am always willing to discuss why and how I develop my approach to working with someone and am willing to look at alternative strategies for approaching a problem. You can ask me about my training for working with your concerns and can request that I refer you to someone else if you decide I'm not the right counselor for you. You are free to leave counseling at any time.

My Qualifications and Approach to Counseling

I have practiced counseling since 1977 and am a Licensed Mental Health Counselor in the State of Washington (#20703) and a National Board-Certified Counselor (#15794). My areas of interest include career counseling/career management, transitions, and family-of-origin issues. As part of treatment, I may sometimes suggest that you consult with a physical health care provider regarding treatment that could help your situation.

When people come to counseling, it is often because they want something to be different in their lives. They may want to change their life situations, solve a particular problem, or understand what is happening in their lives or in themselves. Since problems of living often originate earlier in life, I may encourage you to explore both your current situation and its origins in your past.

I am a solo practitioner, and I practice remotely from my home office using Doxy.me, which is a secure platform and is HIPAA-compliant.

Course of Treatment

I ask clients to make a serious commitment to our work together, determining for themselves how often and for how long they will participate in counseling. Although the length of treatment is influenced by many factors (including the nature of the issues presented), I leave it up to my clients to make this decision. As a consumer, you have the right to choose a counselor who best suits your needs. If I am not able to help you, I will inform you of this and refer you to another therapist who can do so.

Theoretical Orientation

I do not adhere to one particular theoretical approach in my career work. Rather, I believe that different alternatives work for different people. My practice is informed primarily by developmental, multicultural, and personality theory and I also consider the effects of gender, culture and family socialization on personality and development. You have the right to refuse anything that I may suggest. I do not have social or sexual relationships with current or former clients.

Your Responsibilities as a Counseling Client

You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. ***If you cancel with less than 24 hours' notice, you will be charged a cancellation fee of \$150.00. If you miss a session without canceling, you are responsible for the full fee of \$150.00.***

Fees

I charge \$175.00 for the first 45-minute session. Subsequent sessions are \$150.00. You are responsible for paying for your session either before or after the time we meet unless we have made other arrangements in advance. Emergency phone calls are usually free, but telephone consultations longer than 10 minutes will be charged on a prorated basis. Payment options include Zelle, PayPal, and personal or business check.

Ethics and Professional Standards

I subscribe to the code of ethics and professional standards of Licensed Mental Health Counselors in Washington State. If you would like a copy of the law regarding unprofessional conduct, you may contact the Health Professions Quality Assurance, Customer Service Center, P.O. Box 47865, Olympia, WA 98504 or by email: hpqa.csc@doh.wa.gov. Telephone: 360.236.4700. Fax: 360.236.4818

Client Acknowledgment

I have read the above information and have had the opportunity to ask questions regarding policies. I am over the age of 18.

Signed _____ Date _____

Client

Address _____

Street

Apartment/Unit # (if applicable)

City

State

Zip Code

Telephone(_____) _____

Signed Katharine E. Nelson, M.S., LMHC, NCC Date _____