

DISCLOSURE STATEMENT

Welcome to my practice. This statement is for you to know your rights as a psychotherapy client. Please read it carefully and ask me any questions about it. Once you have fully understood the following, I will ask you to sign it, and a copy will be given to you.

EDUCATION AND CREDENTIALS:

Licensed Professional Counselor LH 60868909

M.A., Couple and Family Therapy, Mental Health Counseling, Antioch University Seattle, 2001

Graduates studies in Psychology, D.E.S.S. Ecole de Psychologues Practiciens, Paris, France, 1995

THERAPEUTIC APPROACH: My approach to therapy is interactive and solution-focused. While staying compassionate and supportive, I like to integrate methods and techniques tailored to my client's individual needs. I may use Cognitive Behavioral techniques, Acceptance and Commitment therapy, psycho-education, Family Systems perspectives, relaxation, and mindfulness. Together we work on building your strengths and attaining the personal growth you are committed to accomplishing.

Therapy may not by itself resolve your problems. We will evaluate your progress together periodically. Since therapy often involves discussing unpleasant aspects of your life, you may experience stress and discomfort. If this is the case, please discuss it with me.

CONFIDENTIALITY: As mandated by Washington State Law, everything discussed within the therapy relationship is protected and confidential, with the following exceptions:

- if you sign a release of information requesting that I share or exchange information with another person or agency.
- if I suspect or you tell me that a child, a disabled adult, or an elderly adult is being neglected or abused, I am required to report this to the proper authorities.
- if I believe that you are a danger to yourself or someone else or are unable to care for yourself, I am required to protect you and/or the other person. This includes informing the person threatened, calling the police, or suggesting that you seek hospitalization.
- If you choose to file a legal complaint against me, you forfeit your rights to confidentiality so that I may defend myself.
- If a court of law issues a legitimate court order, I am required to provide the information specifically described in that order.

These situations rarely occur, but if such situation does happen, I will make every effort to discuss it with you prior to taking any action.

State law requires that the disclosure statement include the following two paragraphs:

a. WAC 308109040: "Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment."

b. SHB 1828: "A record of the mental health care provided to you is kept by this office. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within your record is in error. A copy of your corrections to the office records will be placed within your record, at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it at this office." Additionally, I meet regularly with a supervisor and a consultation group, in order to exchange ideas and resources on how to make our work with your clients as helpful and efficient as possible. In both supervision and consultation, your identity and unique identifying information are protected. The other professionals with whom I meet are bound to the same standards of confidentiality as I am.

EMERGENCIES: If you have a medical or safety emergency, do not call me first, call 911 first, or go to your nearest emergency room. If you call me, my voicemail will indicate that you should call 911 or the crisis clinic (206-461-3222) in case of emergency. Once you have called the numbers above and are safe, you can call me to inform me of your situation.

I do not provide 24h coverage. If you need to contact me between our sessions about a clinical matter, leave me a message on my phone 206-612-1719, and I will return your call within 24h to 48h. I will let you know ahead of time if I plan on being out of town or out of reach, and will discuss with you who is covering for me during my absence.

EMAIL/TEXT DISCLOSURE: Please remember that voicemail, email, and text are not guaranteed to be secured means of communication. I do however use a paid service called Hushmail, which promises secure encrypted email. I suggest that you do not use text or voicemail to ask me questions that pertains to your personal health information. If you choose to use email or text for communication, you are authorizing me to respond via text or email as well.

FEES AND INSURANCE: Each session lasts 55 min and costs \$140. While I do not participate in any insurance plans directly, many companies will allow for out-of-network provider benefits wherein you can submit an invoice that I will provide and you can receive partial reimbursement for my services. Please contact your insurance provider directly to learn about your insurance coverage. I expect payment at the time of each session and accept cash and checks.

Emergency phone consultations of 10 min or less between sessions are free of charge. If we spend more than 10 min on the phone in a week, you will be charged on a prorated basis for that time.

Phone calls or communication longer than 10 min with other providers at your request, such as teachers, will be charged to you at a prorated basis.

SOCIAL MEDIA POLICY: In order to protect your privacy, I do not connect with current or former clients via social media (Facebook, LinkedIn, etc.) I will not respond to social media requests or comments in order to protect our privacy. I do not solicit reviews and ask you to refrain from doing so. If you decide to do so, as I cannot control what you decide to post, please note that I will not respond on any of these platforms and likely will not see your comment.

CANCELLATIONS: If you need to cancel an appointment, please give me 48h notice to reschedule. Otherwise, you are responsible for the full fee. Be aware that insurance companies do not reimburse for missed appointments. If you are late for your appointment, we can still meet for the reminding time and the full fee will be charged. If you are more than 20 minutes late to your appointment and you do not reach me, I will try to contact you by phone or email and I will assume that you are not coming. After 20 min without hearing from you, I may leave my office.

SOLO PRACTITIONER: Although I share office space with other licensed therapists, this is not a group practice. Please be aware that each of us is an independent solo practitioner. I am solely responsible for your care.

PROFESSIONAL CONSULTATION: I do consult with other professionals in order to provide quality services. I make every effort in these cases to avoid revealing any identifying information about you, and the people I consult with are held by the same professional standards of privacy. If you have any concerns or questions about this, please discuss them with me.

CONCERNS ABOUT TREATMENT NOT WORKING OR UNPROFESSIONAL BEHAVIOR: You have the right to terminate therapy at any time. Stopping therapy early may result in the return or worsening of the initial problems and symptoms. I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another therapist. If you intend to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Systems Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. The telephone number is (360) 236-4700.

QUESTIONS: You have the right and responsibility to be involved in every aspect of your treatment. Therapy is only helpful if it is a good fit for you. If you have any questions or concerns, please ask me.

A decision to begin therapy with Aude Geltzer signals agreement with the above policies and fees.

