

DISCLOSURE OF INFORMATION, POLICIES, AND CLIENT AGREEMENT

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGEMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

YOUR RIGHTS AS A COUNSELING CLIENT:

As a client in counseling, you have certain rights that are important for you to know. There are also certain limits on those rights that you should also be aware of.

As a client of a counselor and/or hypnotherapist registered, certified, or licensed by the State of Washington, you have the right to expect our communication to be kept confidential. With the exception of the situations listed below, you have the right to have information you share to be held in strict confidence; even the fact that you are seeing me. This cannot be waived without your consent. I always act to maximize your privacy even when you waive your right to confidentiality.

CONFIDENTIALITY:

All issues discussed in the course of counseling will remain in the strictest confidence except those issues which you choose to sign a release of confidentiality of information for (examples: to your medical doctor, other treatment providers, or a family member). In the course of clinical supervision, your case information may be discussed with other professionals. This is done without revealing any information that would identify you. Exceptions to confidentiality are provided by law. When Federal and State laws differ, the more stringent law supersedes the other.

Situations Where I am Mandated to Disclose Your Protected Information:

Mandatory Disclosure to Public Health/Law Enforcement: the following situations are exceptions to your confidentiality rights.

- If I have cause to think that you are at risk of harming yourself or another person(s), I am required by law to protect you and/or the other person(s).
- If I have cause to think that you may be currently physically abusing, sexually abusing or neglecting a minor child, vulnerable adult, or elder, or if you report information to me about the possible current abuse or neglect of a child, dependent adult, or elder, I am mandated by law to report this to Child Protective Services or Adult Protective Services.
- If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (courts, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents your agreement to this requirement.

Voluntary Referral Disclosure: In some cases it may be useful for me to discuss your case with other providers, such as your physician, psychiatrist, psychotherapist, or other health care providers. I will always discuss this option with you and obtain your written permission before seeking any exchange of information.

Supervision: As required by State statutes I regularly consult with professional colleagues regarding my work to further my skills. No identifying information is utilized in these meetings.

Referral Courtesies: If you have been directly referred to me by someone else, I may as a good business practice acknowledge and thank them for the referral. I will not discuss your situation with them in any way unless I have your prior written permission to do so.

SUPERVISION AGREEMENTS

As a Marriage & Family Therapist-Intern in Washington State I maintain ongoing required supervision from licensed marriage and family therapist Linda Hanby, LMFT, Washington State License #: LF60256554; Phone 253-398-2023. As a Master Hypnotist, I am under the supervision of *Hypnosis Motivation Institute* instructor and supervisor Elaine Perliss, Certified Hypnotherapist; Phone 818-516-3552.

EXPECTATIONS OF COUNSELING:

Insurance: At this time I do not accept any form of insurance or third-party payment.

Drugs & Alcohol: Counseling is undermined when a client is under the influence of drugs, alcohol, or marijuana. In the event you show up to a session intoxicated you will be charged your normal session fee and asked to make an appointment on another day when not intoxicated.

Results: Counseling is complex and multi-factored. Your continual engagement in this self-awareness and discovery process is important. I will assist you in this process in a safe manner. Your participation is always voluntary. If you believe that you are hitting roadblocks, please let me know so that we can seek solutions that work for you. The number of sessions and the decision to continue or terminate counseling is **always** your choice; therefore, I make no guarantee to specific outcomes or to a set number of sessions.

Termination of Counseling: Although you are free to terminate counseling at any time, I do request that you discuss your decision for termination at the beginning of a regularly scheduled session. Termination of counseling can be an uncomfortable topic to bring up for fear of damaging the counseling relationship but it is important that it is discussed openly. I consider it important that the counseling relationship be closed in a straightforward professional manner and that counseling issues have been concluded to the best of our mutual abilities.

No Secrets Policy: In the event I see you and a spouse/partner as a couple for relationship counseling, I do maintain a strict no-secrets policy. Anything said to me is considered discussable with the other partner. In family counseling I do consider parents to have a right of privacy regarding their relationship separate from their children and vice versa unless I am compelled to disclose information under mandatory reporting laws.

Public Meeting: In the event we meet in a social setting I will in no way acknowledge that you are or have been my client unless you voice that fact to others.

Gifts: Due to professional ethics gifts are discouraged.

Records: Please see the *Notice of Privacy Practices* for information on how I keep records.

APPOINTMENT AND FEES

Typical Session: First hypnosis sessions are an hour and a half in length; standard counseling is approximately 50 minutes. Subsequent sessions are approximately 50 minutes, unless we arrange in advance for longer sessions. Longer sessions will be charged proportionately. The scheduled time is set aside for you. If you miss a session without canceling or if you cancel with less than 24 hours' notice, I will bill you full for that time.

Kitsap Counseling & Hypnotherapy Center, LLC, 851 6th Street, Suite 135, Bremerton, WA, 98337; Phone: 360-471-2302 Email: info@kitsaphypnosiscenter.com

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Revised 07/19/18

Fees: Initial hypnosis session fees are \$100, and first counseling and all subsequent sessions are \$80. I do not offer sliding scale fees at this time. Payment is due at the start of the session. I currently accept cash, checks, debit/credit cards (Visa, MasterCard, Amer. Express, and Discover). Debit/credit cards will be charged a 2.75% card processing fee. There is a \$30 fee for returned checks. In the advent you overpay or choose to pay for sessions in advance I will keep those funds separate from my operating funds until such time as services have been rendered. Unused fees will be refunded within 30 days of request.

Cancellation Fee: The scheduled time is set aside for you. If you miss a session without canceling or with less than 24 hours' notice, I will bill you for the session. If you have missed an appointment and scheduled another, you will need to pay for the billed session along with the current session prior to services being rendered. Please call my business phone number if you need to cancel.

TRAINING AND APPROACH TO THERAPY

Washington State Law requires counselors to disclose their approach to therapy. I primarily operate from a systemic-integrative coaching framework that emphasizes solution-focused outcomes to life problems. Our work together primarily consists of utilizing family systems theory, hypnosis and neuro-linguistic programming (NLP) to assist clients in re-conceptualizing problematic life situations, interpersonal interactions, or self-behaviors based on existing habitual stress responses.

HYPNOTHERAPY SERVICES

Hypnosis works to change patterns in the subconscious mind (autonomic nervous system) to change habitual patterns of behavior. The subconscious mind is considered to be the source or root of many of our behaviors, emotions, beliefs, values, attitudes and motivations. Hypnosis is a powerful tool for accessing the subconscious mind and creating improvement in our lives.

Services: Consist of a program of conditioning, including an undetermined number of private sessions, depending on the client's individual needs. I will to the best of my ability endeavor to accomplish the objectives set by my clients in session. While hypnosis may be an effective technique for many purposes, the effectiveness may vary from individual to individual, and no specific results or progress can be promised or guaranteed.

Expectation: During hypnotherapy sessions, clients remain completely aware of everything that is going on. In fact, many people experience a hyper-awareness where sensations are perceived enriched and vivid. The ability to visualize or imagine is enhanced. Deep relaxation is common. Many describe the hypnotic state as a complete and total escape from physical tension and emotional stress, while remaining completely alert.

Memories: The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction or a composite of multiple memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true to the client.

Use of Touch: Hypnosis is often facilitated and enhanced by the use of light and brief touch to the forehead, shoulder, arm, wrist, hand, or fingers. Some interventions may involve a brief holding of your arm at the elbow or wrist. If you have any questions or concerns regarding the use of touch in hypnotherapy please bring this to my attention.

PERSONAL BACKGROUND

Formal Education and Training:

Intern in Marriage and Family Therapy Graduate Program, Northcentral University.

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Charter Oak State College, Bachelor of Arts: History
 Diploma in Hypnotherapy, Hypnosis Motivation Institute
 Thomas Edison State University, Bachelor of Arts: Psychology
 Thomas Edison State University, Associate in Applied Science Administration Studies.

Legal Certifications and Licenses:

State of Washington Certified Counselor Certification CL60530579
 State of Washington Registered Hypnotherapist HP60464333
 State of Washington Business License #603-396-084
 City of Bremerton Business License #31626

Experience:

Counseling Services, Kitsap Hypnosis Center	2016-Present
Navy Chief Petty Officer/Personnel Resources Manager	2010-2012
Human Resources/Financial Disbursing Manager	2007-2009
Financial, Career, and Performance Counselor; US Navy	1998-2012

Professional Memberships & Ethics Codes: I am student member of the American Association of Marriage and Family Therapy and registered as a Master Hypnotist with the Hypnotherapists Union Local 472 (HU). I work under both organizations' Codes of Ethics which are available online or in my office upon request. Additionally, I follow all legal and professional standards mandated by the *Washington State Omnibus Credentialing Act for Counselors* and the *Uniform Disciplinary Act for the Regulations of Health Professionals*.

WA Department of Health Statement: Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the *Counselor Credentialing Act* is to provide protection for public health and safety; and empower citizens of Washington by providing a complaint process against unprofessional conduct. Clients have the right to choose counselors who best suit their needs and purposes.

Unprofessional Conduct: Washington State considers the following acts unprofessional conduct; misrepresentation or false advertising, incompetence, negligence, malpractice, violation of any state or federal code, willful betrayal of confidentiality, and sexual misconduct, among others. A full list of acts considered unprofessional conduct can be found under *Revised Code Washington RCW 18.130.180* or can be found on the *Client and Counselor Responsibilities and Rights* statement.

Quality of Service: If you think I have conducted services in an unprofessional or unethical manner, please advise me so that I can clarify and help resolve the problem. If this does not resolve the issue to your satisfaction, you may contact either of the following sources:

Supervisor	State of Washington
Linda Hanby, MA, LMFT	Attn: Quality Assurance
19309 68 th Ave. S. R101	P.O. Box 47857
Kent, WA 98032	Olympia, WA 98504
253-398-2023	360-236-4700

EMERGENCIES

In the event of an emergency where you need to contact me, please call my business phone at **Kitsap Hypnosis Center (360) 471-2302**. If I am unavailable or if you think you may be a danger to yourself or others please contact the **Kitsap County Crises Clinic (360) 479-3033** or **911**.

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YOUR AGREEMENT (Sign only in my witnessed presence)

I have read and understand all this information explained to me in James McCormack’s *Disclosure of Information, Policies, and Client Agreement*, and understand it, including my rights as a client. I agree to services under the aforementioned policies and procedures. I hereby authorize James McCormack, MFTI, CC, RH, to render counseling and/or hypnotherapy to me under the terms described by James McCormack in the above statements.

_____ I understand the *no-secrets* policy that James McCormack operates under in couples, family, and relational counseling.

_____ I understand that the use of hypnotherapy often involves the use of brief touch as explained above and I understand I have the right to ask that this methodology not be used at any time.

_____ I further understand that I have the right to terminate my counseling at any time.

_____ I understand that James McCormack requests notice of termination at the beginning of a regularly scheduled session so that the reasons for termination may be discussed to solidify progress and assess my outcomes.

Signatures below indicate that I have received a copy of this agreement and that the document has been signed in my presence.

Client _____ Date _____

Client _____ Date _____

Client _____ Date _____

Client _____ Date _____

Counselor: _____ Date: _____

J. McCormack, Marriage & Family Therapist-Intern, Reg. Hypnotherapist