

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.

CONFIDENTIALITY & PRIVACY

YOUR RIGHT TO CONFIDENTIALITY AS A THERAPY CLIENT:

As a client in therapy, you have certain rights that are important for you to be aware of and that there are also certain limits on those rights.

As a client of a counselor 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.

EXCEPTIONS TO CONFIDENTIALITY:

All issues discussed in the course of therapy 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). Exceptions to confidentiality are provided by law. When Federal and State laws differ, the more stringent law supersedes the other.

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

- If I have cause to think by a client's word/actions that they are at risk of harming themselves or another person(s), I am required by law to protect you and/or the other person(s).
- If your sessions are court-ordered.
- If a need for hospitalization is evident.
- If I have cause to think based on a client's words or actions that a minor child, dependent adult or elder adult is currently being abused: physically, sexually, or through neglect 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 (age 13 and above) 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 will obtain your written permission before seeking any exchange of information unless this is an exception as detailed above under Mandatory Disclosure to Public Health Officials/Law Enforcement.

Supervision: As required by State statutes I regularly consult with a professional colleague regarding my work to further my skills.

SUPERVISION AGREEMENT

As a Marriage & Family Therapy Associate in Washington State I maintain ongoing required supervision from licensed marriage and family therapist Deborah Rue, LMFT, Washington State License #: LF60099920; Phone 360.271.2750.

EXPECTATIONS OF THERAPY:

Insurance: At this time, I do not accept insurance. I can accept payments from Health Saving Accounts, Flexible Spending Accounts, Health Reimbursement Arrangements or Insurance Providers that offer OON (out-of-network) benefits. It is your responsibility to contact and confirm eligibility and reimbursement benefits.

Drugs & Alcohol: Therapy 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: Therapy is complex and multi-factored. Your continual engagement in this self-awareness and discovery process is important. Also, be aware that I as counselor can invite you to think and feel about problems in new ways but I cannot do the mental and emotional work for you or your family members. That is always the client's responsibility. I will assist you in this process as would a coach or a guide based on my training. Your participation is voluntary. If you believe that you are hitting roadblocks, please let me know so that we can find solutions that work for you. The number of sessions and the decision to continue or terminate therapy is **always** your choice; therefore, I make no guarantee to specific outcomes or a set number of sessions.

Termination of Therapy: Although you are free to terminate therapy at any time, I do request that you discuss your decision for termination at the beginning of a regularly scheduled session. Termination of therapy can be an uncomfortable topic to bring up but it is important that it is discussed openly. I consider it important that the therapy relationship be closed in a straightforward professional manner and that therapy 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 therapy, I maintain a strict no-secrets policy. Anything said to me is discussable with the other partner. In family therapy I do consider parents to have a right of privacy regarding their relationship separate from their children and vice versa for minors age 13 and up unless I am compelled to disclose information under mandatory reporting laws.

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

Gifts: Due to possible conflicts of interest the exchange of gifts is discouraged.

Social Media: I do not respond to social media or video game requests or invitations.

Recording of Sessions: Therapy sessions cannot be audio/video recorded unless I and all parties have signed a recording consent form.

Records: I keep records for 5 years from the date of last contact unless I am contractually obligated by a third-party to keep them longer. Request for records need to be made in writing. I reserve the right to provide you with a 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 of your choice. Fees for copies are based on State Law. Please see the *Notice of Privacy Practices* for further information on how I manage records.

Teenagers: State Law allows teenagers age 13-18 to consent for/to treatment and the release of their personal health information unless mandated by a legal authority to attend therapy. Sharing of any information given in confidence from a teen via therapist to parent can result in lack of trust and negatively impact therapy. Therefore, when working with teens, I do not share information with parents or guardians without a current release of information signed by the teenager.

Emotional Support Animals: I generally do NOT do evaluations or write letters for Emotional Support Animals (ESA's) as I do not have training to evaluate animal behavior.

Animals in office: Only Service dogs are allowed in office.

Cigarette Smoke, Colognes, and Perfumes: Many people, including myself are scent sensitive or can have allergic reactions to fragrances such as: cigarette smoke, cologne, perfume, after-shave, deodorant, and body washes. In addition, sometimes these fragrances linger in the office space or the furniture. Please do not use or lightly use these substances when making visits to the office.

LITIGATION

I do **NOT** voluntarily participate in any criminal, divorce, custody or other litigation in which you and another are parties. I have a policy of **NOT** communicating with your attorney and will generally not write reports or sign letters, declarations, or affidavits to be used in your legal affairs. I will generally not provide records or testimony unless compelled to do so. My time spent in dealing with your legal matter will be billed at \$250 per hour. This includes making/responding to phone calls, letter writing, reviewing and summarizing case notes, making copies, court room appearances, deposition statements, travel time, and any other activity required to respond to the legal issue presented. Travel start time will begin when this provider leaves the office and arrives at the appointed place and departure from the appointed place to the office (portal to portal).

APPOINTMENT AND FEES

Session Length: A session is approximately 45-50 minutes unless we arrange in advance for longer sessions. Longer sessions will be charged proportionately.

Cancellation Policy: The scheduled time is set aside for you. Last minute cancellations or no-shows can impact the progress of your therapy as well as prevent other client's from being able to receive the help they need. My policy is that if you need to cancel a session you can do so with no financial obligation as long as you call, text, or email me no later than **0900am the morning of the session**. Please call my business number **360.471.2302** or email me at mccormack@kitsaphypnosiscenter.com to cancel.

Late Cancellation Policy: If you cancel your appointment after 0900am for any reason other than an emergency (something beyond your control, i.e. car accident; child taken to ER) you will be charged half of your normal session fee. If you have any doubt that you might not be able to make your session please call and give me notice. You can always call and try to make the session if things work out.

No-Show Policy: If you fail to make a session without giving any notice you will be charged your full session fee. Repeated failures to make appointments will result in therapy being terminated and your record being closed. When client's no-show my policy is to attempt to contact the client at least twice using the contacts means listed in the client information sheet. If the client does not respond or show at the next regularly scheduled session time held for them (or within 7 days for bi-weekly or greater clients) then I will try one final contact attempt, if no response I must assume the client no longer wants therapy and close the record.

Fees: My fee schedule for new or returning clients is as follows: Individual Clients are billed at \$100 per session. Couples and Family sessions are billed at \$110 per session. Individuals that bring in outside parties for a limited number of sessions will only be charged their normal fee unless the nature of the therapy changes: i.e. individual to couple/family therapy. Payment is due at the end of each session. I accept cash, checks, debit/credit cards (Visa, MasterCard, Amer. Express, and Discover). I utilize Square for processing card transactions. There is a \$30 fee for returned checks. Unused fees, previously collected will be refunded within 30 days of request to that person designated as the financial guarantor.

Sliding Scale/Reduced Fee: I do not generally offer sliding scale. I sometimes will accept a reduced fee based on current client situations. However, I generally prefer clients to utilize bi-weekly sessions instead of using reduced fees or sliding scale.

Returning to Therapy: If you return to therapy after your record was closed for more than 90 days you will be asked to update your client information sheet and be required to sign a new disclosure agreement; and acknowledgement of privacy practices **if** these documents have changed since your original agreements were signed or if the format of the therapy is being changed. Current fee rates based on the most current disclosure agreement will apply unless other arrangements are made by agreement.

Financial Guarantor: I require someone to be designated as the financial guarantor for therapy payments. For minors this is usually a parent/guardian. The purpose of this is to protect Kitsap Counseling & Hypnotherapy Center from financial loss if a client refuses to pay a previous balance. It also allows me to identify who is to receive any account balance overage at the termination of therapy. A driver's license number or SSN is needed to complete the financial guarantor information.

TRAINING AND APPROACH TO THERAPY

Approach to Therapy: I work from a systemic-integrative coaching framework that helps client's self-regulate reactive "fight or flight" emotions so that clients can respond resourcefully to stressors in life and relationships. Our work together utilizes methods and techniques taken from Bowen Family Systems Theory, Experiential Family therapy, Transactional Analysis, and Neuro-linguistic Programming.

TELE-MENTAL HEALTH (optional)

I offer video and phone services for those who would like to utilize that modality. Further description of this modality can be found on the Informed Consent for Tele-mental Health Services addendum.

Kitsap Counseling & Hypnotherapy Center, dba: Kitsap Hypnosis Center, LLC
851 6th Street, Suite 135, Bremerton, WA 98337
Phone: 360-471-2302. Email: info@kitsaphypnosiscenter.com
Revised 9/15/2022

PERSONAL BACKGROUND

Formal Education and Training:

NorthCentral University, Master of Arts in Marriage and Family Therapy
 Thomas Edison State University, BA: Psychology; AAS Administration Studies.
 Charter Oak State College, BA: History
 Hypnosis Motivation Institute, Diploma in Hypnotherapy

Current Certifications and Licenses:

Associate Marriage and Family Therapist License #MG60982950
 State of Washington Registered Hypnotherapist HP60464333
 Certified Clinical Hypnotherapist, American Hypnosis Association #31278985
 State of Washington Business License #603-396-084 / City of Bremerton Business License #31626

Experience:

Counseling Services, Kitsap Counseling & Hypnotherapy Center	2016-Present
US Navy, various counseling positions	1998-2012

Professional Memberships & Ethics Codes: I am a member of the American Association for Marriage and Family Therapy and registered as a Certified Clinical Hypnotherapist with American Hypnosis Association. I work under both organizations' Code of Ethics which are available upon request. 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 in *RCW 18.130.180*.

Complaints/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
Deborah Rue, MS, LMFT	Attn: Quality Assurance
8987 McConnel Ave, NW	P.O. Box 47857
Silverdale, WA 98383	Olympia, WA 98504
360.271.2750	360-236-4700

CRISES & EMERGENCIES

In the event you need to contact me to schedule an impromptu session, please call my business phone at **Kitsap Counseling & Hypnotherapy Center (360) 471-2302**. Due to my work schedule, I usually am not immediately available by telephone; you may leave a voice message. I typically do not regularly check my

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

Revised 9/15/2022

phone or voicemail on days off, or vacation time. However, I will make every available effort to return your call as soon as possible once I am aware of its receipt. If you feel you are in an immediate mental-health crises please call **988** or in an emergency situation please call **911**.

UNSECURED COMMUNICATION

Use of unencrypted e-Fax, SMS Text messaging, and Email is NOT secure and if you use these methods to communicate your personal health information cannot be guaranteed. I do utilize secure HIPAA compliant Email via Hush mail and I prefer that all communications other than voice utilize this method. If you do choose to use a non-secure method to communicate to me, I advise you to limit the communication to administrative issues only (scheduling). If you choose to transmit personal health information via non-secure means you do so at your own risk.

BUILDING ACCESS/PARKING/ACCESSIBLE PARKING

After-Hours Access: The Kitsap Business Center in which my office is located locks its doors at 5pm during the workweek and is locked all day on weekends and holidays. In the event you have a session during these times be aware that there is a doorbell that rings into my office, located at the top left of the outside door that opens to my hallway.

Free 2hr Parking: is located between the Kitsap Business Center and the old Kitsap Bank building. Parking anywhere else in the Diamond Parking spaces is not authorized and may result in you being towed at your own expense.

Accessible Parking: is available at the back of the Kitsap Business Center. Please arrange with me admittance through the buildings rear doors.

Wheelchair Access: While doors and my office is wheelchair accessible doors are not equipped with automatic openers; if necessary, please arrange with me for assistance.

INFORMED CONSENT FOR THERAPY SERVICES

I have read and understand the information explained to me in Kitsap Counseling and Hypnotherapy Center’s *Disclosure of Information, Policies, and Client Agreement*, and understand it, including my rights as a client. I understand that developing a treatment plan with my counselor and regularly reviewing my progress toward meeting treatment goals are in my best interest. I agree to play an active role in this process. I also understand that no promises have been made as to treatment results or of any procedures or techniques utilized by my counselor. Please read and initial your specific understanding of these points:

_____ (Couple Counseling) We understand that my counselor works under a no-secrets policy; that the “relationship” is the “client” and that things divulged in individual sessions can be brought up in couples therapy.

_____ I/We understand that as the client(s) I/we have the right to terminate therapy at any time.

_____ I/We understand that Mr. McCormack works as a coach and can make no guarantee of specific results and that I/We must take responsibility to put insights, techniques, and skills-learned into practice.

_____ I/We understand our right to confidentiality and the exceptions to that confidentiality as required by our counselor as a mandated reporter to Washington State.

_____ I/We understand the termination policy of Kitsap Counseling & Hypnotherapy Center.

_____ I/We understand the cancellation policy and no-show policy of Kitsap Counseling & Hypnotherapy Center.

_____ I/We understand that our counselor does NOT willingly get involved in litigation disputes and that if compelled he will ask for compensation at rates specified in this document.

_____ I/We understand that if I/We utilize unsecured email/fax/SMS text services that this is at my/our own risk.

_____ I/We understand that Mr. McCormack is an Associate Licensed Marriage & Family Therapist working toward full licensure under the supervision of Deborah Rue, Licensed Marriage & Family Therapist, LF#60099920.

Client _____

Date _____

Client _____

Date _____

Client _____

Date _____

Client _____

Date _____

Counselor: _____

Date: _____