

Disclosure Statement

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Purpose of This Document

I am providing this information to you, in accordance with Federal and State law, so that you can make an informed choice regarding the clinician and kind of treatment that are right for you. This document includes information about my treatment philosophy and methods, my education, training and experience, my policies and fees, and your rights and responsibilities as a therapy client. If you have any questions or concerns about any of this information, please raise them with me.

Treatment Philosophy

You are probably coming to therapy because you want to change or come to terms with something in your life. You may or may not know right now what your precise goals are. If not, we can work together to formulate them. It will be my highest priority to form a warm, trusting and emotionally safe therapeutic relationship with you, so that we can work on your goals effectively. Periodically, we will revisit your goals to make sure that our work is in keeping with them and/or to alter them if that has come to seem appropriate.

I believe that people contain the seeds of their own authenticity and development, and that it is the therapist's job to help the client remove what blocks his or her natural growth. In my work, I draw upon existential, mindfulness-based, body-centered, developmental, and emotionally-focused theory and practices. However, above and beyond any specific techniques, I am convinced that it is the quality of our therapeutic relationship that will determine our progress.

I take an active part in therapy. I ask questions, make observations, and suggest in-session activities. Sometimes I even give "homework" assignments. In order for your therapy to be effective, you will have to take an active part too, doing your best to talk about the difficult things that brought you to therapy and/ or feelings that may arise within our therapeutic relationship.

Psychotherapy can have tremendous benefits with regard to improving the quality of people's lives. It also has risks. It is not a linear process, but rather one that involves twists and turns. Sometimes painful material is uncovered. Sometimes people experience feelings of grief, anger, fear, and/or frustration along the way. Additionally, while I will do my utmost to help you achieve your goals, there are no guarantees that you will find therapy with me successful.

Education, Training and Experience

I am a "Licensed Mental Health Counselor Associate" (MC60124002), which means that I have my Masters degree in psychology/mental health counseling and am working towards Washington State licensure under the supervision of a seasoned clinician. I received my MA in psychology from Antioch University Seattle and completed my clinical internship at Navos Mental Health Solutions (a community mental health center) in Burien, Washington in

September, 2009. In total, I have over ten years of experience working in human services. I am a member of the American Counseling Association and the Seattle Counselors Association.

Policies Regarding Fees, Payment, Cancellations, Phone Calls, E-mail and Video Counseling

Individual therapy sessions are usually scheduled for 50 minutes once a week. Sessions for couples are 80 minutes in duration. The frequency of sessions may be changed due to crisis, vacations, or indications that more or less frequent sessions would facilitate your goals. My regular fee for 50 minutes is \$80 and my regular fee for 80 minutes is \$100. I am committed to serving clients at all income levels. If these fees would prevent you from gaining access to my services, we can negotiate a different fee.

We have agreed upon a fee of \$ ____ for a ____ minute session.

Payment is due at the time of service, unless you wish to pay with a card. In that case, you may pay me through Paypal. I will send you an invoice shortly after we have completed each session, and you will be expected to have paid before our next session. I do not currently bill insurance companies. However, if you desire, I can provide you with a medical receipt for your payment that you can use to seek reimbursement from your insurance provider.

Your time-slot is reserved for you. If you arrive late, I will still end the session on time. **Except in cases of illness or emergencies, you will be charged for sessions unless you cancel at least one full business day (usually 24 hours) prior to the appointment.** This is so that I can be assured of making a living and is not meant to be punitive to you. If I have to cancel one of your sessions without notice, I will make up the time for free.

If you need to reach me between sessions, you can call and leave a message on my confidential voicemail and I will return your call as soon as possible, usually by the next business day. If you have a mental health emergency and cannot immediately reach me, leave a message so that I can call you back AND call the crisis clinic at 206-461-3222 for immediate assistance. I will usually not charge for phone contact. If calls extend beyond ten minutes, I may charge you on a prorated basis, according to the fee structure we have established.

For your security, email correspondence will be limited to initial contact. If you need to convey something to me, please call.

As an accommodation to those who would find it difficult to meet with me in my office, I offer online video counseling by appointment. Those choosing to take advantage of this option should be advised that your confidentiality cannot be as securely guaranteed online as it can be in a private office.

Your Rights as a Therapy Client, Including Confidentiality

Your participation in therapy is voluntary. You have the right to refuse and/or end treatment at any time.

You have the right to confidentiality, including regarding the fact that you are, or have been, a therapy client, with the following exceptions:

- where there is reason to suspect the abuse or neglect of a child or dependent adult
- where there is a clear threat to do serious bodily harm to yourself or others
- as the result of certain subpoenas or court orders.

As an ongoing part of my clinical development, and in pursuit of providing you with the best possible care, I consult regularly with my clinical supervisor and with other mental health professionals. My clinical supervisor, who is Roy Hodgson, LMHC, LMFT (206.284.2276; 1818 Westlake Avenue North, #224, Seattle, WA 98109) is legally required to have your name

and contact information and he is legally bound to keep that information confidential (with the same exceptions mentioned above). Should I discuss your therapy with any other clinician, you will not be named, nor will I share any details of your life that might identify you.

In order to hone my skills on an ongoing basis, I make audio and video tapes of my sessions, which I share exclusively with my clinical supervisor and then destroy. By signing directly below this paragraph, you agree to these recording procedures.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

I will not disclose your personal information to any other person or agency except with your written permission or, possibly, in the case of one of the exceptions listed above. In the case of couples, I will release information with the written permission of both partners. **By signing this document, partners consenting to embark on conjoint counseling with me agree to release confidentiality to each other.**

If you are involved in a divorce or custody litigation, please understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this document, you agree not to call me as a witness in any such litigation.

I keep a record of dates of service, fees, and payments, as well as clinical notes to assist me in my work with you. I observe security precautions with regard to my records in order to safeguard your confidentiality. You have a right to review your record if you desire and you have a right to request an amendment to that record.

Ethical Guidelines and Complaints

I am a member of the American Counseling Association and abide by their code of ethics which can be found at <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>. More importantly, my own sense of personal and professional integrity guides my efforts to provide you with the most excellent and ethical therapy possible.

If you believe I have violated your rights as a therapy client, you may file a complaint with the Washington State Department of Health, HSQA Complaint Intake, Post Office Box 47857, Olympia, WA 98504-7857; 360-236-4700; HSQAComplaintIntake@doh.wa.gov.

Understanding and Agreement

This document sketches out the fundamental principles that will guide our work together. It's important that you consider what it means to you and let me know if we need to further discuss any aspect of it. By signing this statement, you are saying that you have read it, that you have had enough time to consider it, that you have asked any questions you need answered, that you understand it, and that you find these terms acceptable for our work together.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Wendy E. Smith, M.A.

Date _____