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Disclosure Statement and Informed Consent for Psychotherapy

Welcome to Meaningful Journey Counseling!

The purpose of this document is to clearly indicate your choice to participate in mental health counseling/ psychotherapy, entering into the process with as much information as you need to feel comfortable doing so. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

About my Education, Credentials, and Services

I received my Master's of Science (M.S.) in Clinical Psychology and Doctorate of Psychology (Psy.D.) in Clinical Psychology from Nova Southeastern University. I completed my pre-doctoral internship at the VA North Texas Healthcare System in Dallas, TX and my postdoctoral residency at the Edith Nourse Roger's Memorial Veterans Hospital in Bedford, MA. I am a fully licensed psychologist with the state of Washington (PY60450189). As I psychologist I provide psychotherapy to adults. I work with individuals primarily using a present-focused approach integrating Acceptance and Commitment Therapy (ACT), which is a mindfulness based approach, and interpersonal theories of psychotherapy. With couples I am trained in Emotion Focused Therapy (EFT) for Couples. This approach has a large research background. I am an externship level therapist and am currently moving towards full certification.

Psychology licensure provides that psychologists have passed examinations administered by the Examining Board of Psychology for Washington State and attests that Psychologists are qualified to engage in the independent practice of psychology. The Washington State licensure law provides complaint and discipline recourse procedures for clients. Inquiries about a psychologist's professional qualifications and/ or treatment may be directed to the Examining Board of Psychology, Division

of Professional Licensing, P.O. Box 9649, Olympia, WA 98504. My WA State license number is PY60450189.

The Therapeutic Process

You have taken a positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Making changes in your life, remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Working with these feelings as they come up is an important part of therapy. I cannot promise that your mood, behavior, or circumstance will change; however, psychotherapy has been shown to have benefits for people who engage in it. I can promise to support you and your work in your therapy goals while applying my knowledge and skills to the best of my ability.

Confidentiality

Your session content and all relevant materials to the client's treatment will be held confidential unless you, the client, requests in writing to have all or portions of such content released to a specifically named person/persons.

Limitations of such client held privilege of confidentiality exist and are itemized below:

- If you threaten or attempt suicide or otherwise conducts yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
- If you threaten grave bodily harm or death to another person.
- If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
- If a court of law issues a legitimate subpoena for information stated on the subpoena.

In my role as a psychotherapist and WA Department of Health license holder, I am a mandated reporter and am required by law to report:

- If I have a reasonable suspicion that you are or were previously the victim, perpetrator, or knowing party to physical, emotional or sexual abuse of children under the age of 18 years.
- Suspicions as stated above in the case of an elderly or vulnerable person who may be subjected to these abuses.
- Suspected neglect of the parties named in items #1 and # 2.

Unless in the case of an emergency, I will do my best to discuss the matter with you before I share any information, and will do the best I can to resolve any objections you have about the information I am about to discuss.

Consultation

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

These policies will be updated periodically and a notice will be given to current clients. Updated forms will also be available on the “Forms and Notices” section of the website (www.meaningfuljourneycounseling.com).

I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client, Print Name

Client, Signature

Date of Birth

Today's Date