



Disclosure Statement

In accordance with the Washington Administrative Code and the revised Code of Washington, the following Client Disclosure Information is provided for the client and must be signed by both the client(s) and counselor. The client's signature indicates that she/he has read and understands the information.

Introduction/Education

I am a licensed marriage and family therapist associate (license #MG 60407776). I earned my Masters in Psychology Counseling from the LIOS Graduate College of Saybrook University. The scope of my practice includes individuals, couples and families.

I use audio and video recording in my practice in order to improve my work as a therapist. I review recordings myself and very occasionally share one (with all identifying information removed) in supervision about a case. I keep only 1-2 session recordings at a time all are kept in a password protected folder on my password protected computer.

Therapeutic Approach:

My approach to psychotherapy is systemic; I view people and their behavior within the larger context of their families and cultures. I will consider the impact of your relationships, past and present, on the issues you face, and I will consider the well being of the others in your life as we work together.

I consider you to be your own expert and I hold you responsible for the incentive for change. My goal is to support and challenge you and/or your family to realize your goals and be the best version of yourself. It would be a disservice to water down our time together to meet your limitations.

Hope and resilience are strong elements I carry with me into sessions, and I am mindful of searching for, naming and fostering the personal strengths of my clients. I will always seek to reach the best parts of you, and I will challenge those parts to come forward. I will expect you to grow in your ability to honestly look at your darker motivations and to confront yourself about them. Only the best part of us can talk about the worst parts; the worst parts will always pretend they are not there.

While the focus of my practice is health related therapy, this does not mean I am an expert in your issue or diagnosis. Although the focus of our work will be the emotional aspects of your situation, if you would like me to have a better understanding of your health issue, you may need to educate me about your specific scenario.

Fees and Cancellation Policy

For detailed fee information, please see the separate fee agreement form. Sessions are 50 minutes in length and I will stop sessions on time, even if we are in the middle of something. Doing so allows me to stay on schedule with other clients.

I collect the fee for the session at the beginning of our time together so the time left can be dedicated to therapy. I accept cash, checks and credit cards in the exact amount due.

I do not bill insurance at this time. I can and will provide a receipt of services however, that can be submitted for possible reimbursement. Some insurance plans cover mental health services, and I recommend that you check with your carrier to see what benefits are available.

If you must cancel a pre-arranged appointment, please do so at least 24 hours beforehand. Failure to do so will result in being charged for that session. Exceptions will be made, at my discretion, for emergencies.

Emergencies

You may call me anytime and leave a message on my voicemail, and I will get back to you as soon as I can. I retrieve my messages daily, and whenever possible, I will get back to you within one business day. If I will be out of town or otherwise unavailable for an extended period of time, I will provide you with alternate contact information should you need support during my absence.

If you have a physically or psychologically life-threatening emergency, please immediately call 911 and/or the King County Crisis Clinic at (206) 461-3222 or go to the emergency room. The Crisis Clinic has 24-hour availability to offer crisis

counseling, community resources, and emergency assistance. Do not use email to communicate emergent or crisis information. I am not able to provide on-call crisis or emergency services.

Confidentiality

Conversation between you and me will not be disclosed without written permission. The following situations are exceptions to your right of confidentiality:

- If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.
- If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services, a state agency.
- If you are currently in litigation, or become involved in litigation during the treatment process or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution so as to protect your privacy.
- If you are seeing me in couples or family therapy, and you, your partner or another family member should happen to see me in an individual session, information shared with me in that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together. Your signature on this document constitutes a release to this kind of disclosure.

To comply with Washington State regulations, I receive supervision from Anne Lucas, MA, LMHC. During these consultations, I protect your anonymity by keeping unique identifying information confidential. She, too, is held to the same standard of confidentiality as I am.

If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (court, 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 agreement to this requirement. If this concerns you, please bring it up the next time we meet together.

In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, your attorney, etc. In such cases, I will seek your written permission for this exchange of information.

I do consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues or with other professionals. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contracted with me for services and I will thank them for the referral. I will not discuss your situation with them unless I have your written permission.

Please review my Notice of Privacy Practices for the most current legal description of private healthcare information and exceptions and exclusions per HIPAA regulations. I request that you do not subpoena me, or my records, in any family court action.

Electronic Communication: I often use electronic communication to schedule appointments, send receipts, and relay other information to client(s). Please be advised that texts, emails and voicemails are not considered to be wholly confidential mediums of communication.

Client Records

I keep records of the care and service I provide. You may ask to see and copy that record (a fee will apply for copying the file). You may ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it by request.

I ascribe and adhere to the Code of Ethics of the American Psychological Association and the American Association for Marriage and Family Therapy.

Benefits and Risks to Counseling

Counseling has been shown to have many benefits. It often leads to symptom reduction or elimination, better relationships,

higher self-esteem, increased resiliency, and solutions to specific problems. Counseling also has certain risks. Since it often involves discussing difficult aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. There is also the risk that you will not improve in the ways that you desire or you will not fully accomplish your goals. It is understood that counseling is a choice you have made among available options and that you assume responsibility for your experience. I encourage you to bring forth any questions or discuss any concerns you may have regarding your treatment. Often times, I am able to adjust my approach to better suit your needs. If appropriate, I can also help you find someone who will better meet your counseling needs.

Quality of Service

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved; I welcome an open dialogue about our work together. If you feel that this does not resolve the issue, you may contact the following agency:

The Department of Health
Examining Board of Psychology
P. O. Box 47869
Olympia, WA 98504-7869
Telephone: 360.236.4700

Client Consent to Treatment

I have read or have had satisfactorily explained to me Lauren Lippincott’s Disclosure of Information, Policies, and Client Agreement and understand it. I have asked any questions that I had about this statement, and about statements regarding fees and payment policies. (For clients under the age of 13, consent must be given and a parent or legal guardian must sign this form.) I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the terms described above with Lauren Lippincott and understand that I have the right to terminate counseling at any time. My signature below indicates that I have received a copy of this agreement.

Client Signature Date

Lauren Lippincott, MA Date

Client Signature Date

____ Check here to indicate that you have received a copy of my Notice of Privacy Practices.