



DISCLOSURE STATEMENT AND OFFICE POLICIES

STATE OF WASHINGTON REQUIRED DISCLOSURE STATEMENT

Washington State law requires that I inform you that “Counselors practicing counseling for a fee must be licensed with the Department of Licensing for the protection of the public health and safety. Licensure of an individual does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment”. I am a Licensed Marriage and Family Therapist in the State of Washington (License # LF00001263).

EDUCATION

I received my B.A. in Comparative Religion at Beloit College in 1976. I completed my Masters in Counseling at San Francisco State in 1984. I became an AAMFT Approved Supervisor in 1996 which is advanced training in the supervision of other therapists.

THERAPEUTIC APPROACH

I work from a family systems perspective which means I see people as a part of a variety of systems. This means I see things as interconnecting and influencing each other. These systems could include the family you grew up in, your work environment, what communities you belong to, and the bigger systems that can include gender, sexuality, and spirituality. I use cognitive behavioral approaches as well. I have been doing this work for over 25 years and have accumulated a variety of techniques that I can access as we go along.

During our initial sessions I will be gathering information as we formulate goals and a plan together. I do both short and long term therapy. The length of treatment varies depending on the issues and goals you would like to address. All of this can be updated as needed by any of us at any time.

CLIENT RIGHTS

You are entitled to receive appropriate care, respect and confidentiality. It is appropriate for you to raise questions at any point in the therapy process. **You have the right to receive treatment that is non-discriminatory, and sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socio-economic status, marital status, and sexual orientation.** It is your right as a client to choose the therapist and therapy modality which best suits you. You have the right to terminate therapy at any time. In order to have a healthy closure, it would be important for us both to participate in the process.

CONFIDENTIAL COMMUNICATIONS

All issues discussed in the course of therapy are strictly confidential. Information regarding your treatment will only be released with your written permission. However, the laws of the state of Washington require certain information to be released in specific situations, such as: suspected abuse or neglect of a child or elder; in the case of possible imminent harm to yourself or others; or in some cases of court subpoena.

Other exceptions to confidentiality occur when you choose to use a cell phone or e-mail to communicate with me.

Like other therapists, I seek supervision and consultation from other therapists to ensure the highest quality of services to you and to facilitate my own professional growth. Identifying information is protected and confidentiality rules bind the consultants.

OFFICE POLICIES

Appointments are scheduled directly with me. My fees are \$150 for the initial diagnostic session and \$120 per 55 minute therapy session and are payable at each session unless we make specific plans to do otherwise. If you arrive late for an appointment, I can't extend the session into another person's time. Please help me to start on time for you and the next person. (Initial)_____

There is no charge for appointments that are canceled with 24 hours notice. Without 24 hours notice, you will be responsible for full payment (\$120). (Initial)_____

Phone calls longer than 15 minutes are pro-rated at my hourly rate (\$120). (Initial)_____

If you have insurance that will pay for your therapy, you need to be aware that I cannot guarantee confidentiality. Many insurance companies require information about diagnoses, treatment goals and progress towards goals. Your insurance company may exercise their right to view your records for auditing purposes. I assume that you will take responsibility for knowing your insurance benefits. Any fees not covered by your insurance company are your responsibility. (Initial)_____

I have received a copy of Judy Hait's Notice of Privacy Practices. (Initial)_____

Your fee will be as follows:

Full Fee	Estimated with Insurance	Payment Due at Time of Service	No-Show Fee

I am an independent psychotherapist in private practice and am solely responsible for my personal, professional and financial decisions and actions. Each professional in this office is an independent care provider and therefore not responsible for the actions of the other professionals at this office.

I look forward to working with you.

I have read the above material and agree to its terms. I have had the opportunity to ask questions.

Client Signature

Date

Judy Hait, LMFT

Date