

Wendy A. Naiman, LMFT, PLLC
Marriage and Family Therapist
4113 Bridgeport Way West, Suite C-1
University Place, WA 98466
253 234 5608

Informed Consent & Disclosure Statement

You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

I am not able to propose an appropriate course of treatment for you until we have spent some time together. As soon as I am able to identify an appropriate course of treatment, however, I will discuss it with you.

Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency;
- If I have any other legal duty, obligation, or right to report.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect

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of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Rights and Privacy Practices.

Insurance Providers

I do not take insurance for therapy services. I can provide a super bill for reimbursement by your insurance company if I believe a psychological diagnosis has been met.

Family, Couples and Marriage Counseling

When conducting family, couples, or marriage counseling it is important that you understand that the family or couple as a unit is my client. I will adhere to the ethical and legal requirements of confidentiality as stated below, however, I cannot ensure that you or the other participants in family, couples, or marriage counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of family, couple, or marriage counseling the entire treatment record will be available to any and all participants in the family, couples, or marriage counseling and all participants must consent to any authorized third party disclosure.

If you have any questions about the limitations to confidentiality, or about the access to treatment records, for family, couple or marriage therapy, please let me know. I will be happy to discuss this with you further.

Supervision and Consultation

I seek ongoing supervision and consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I also have an agreement with Carmell VanPatten to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Carmell accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

My Education, Training, and Experience

I am a licensed Marriage and Family Therapist in Washington state (LF60419664). I received my Master's degree in Couple and Family Therapy from Antioch University Seattle in 2011. My Bachelor's degree is in Psychology from Antioch University Seattle. I have received advanced training cognitive behavioral therapy, therapy with infants, children, and adolescents, couples

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therapy, treating anxiety and depression, and family therapy. My experience includes youth and family therapy at Kent Youth and Family Services, Childhaven, and Neighborcare Health. I worked with military service members and their families at Value Options. I have also worked with individuals, couples and families in private practice.

Please feel free to let me know if you have any questions about my education training and experience. I will be happy to discuss this with you in more detail.

Therapeutic Philosophy

My approach to therapy varies based on what best fits for you, the client. My approach may include Cognitive Behavioral Therapy, Solution Focused Therapy, Narrative Therapy, Psychodynamic Therapy, Emotionally Focused Couples Therapy and/or Gottman Couples Therapy. We will work together to establish goals and develop a plan to achieve set goals. Your initial intake with me will help determine what approach to use based on what you would like to achieve.

Please let me know if you have any questions about my therapeutic philosophy. I will be happy to discuss this with you in more detail.

Financial Requirements

The cost of each individual counseling session is \$175. The cost of each couples or family counseling session is \$235. Payment is due at the beginning of each session. If you are unable to keep your appointment, you must give me 48 hours advance notice or you will be charged \$100 for the missed session. Under Washington State Law, you are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement. I offer a limited number of sliding scale appointments based on client financial need. I will be happy to discuss this with your further if you feel this might apply to your situation.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can help you find a referral to a forensic expert. I do not normally serve as an expert witness, however, for those case I do chose to participate in, my fee for appearing as an expert witness at trial is \$220 per hour.

Electronic Communications and Social Media Policy

In the regular conduct of my practice, I may make use of a cellular phone, or other portable communication device, to communicate with clients. In such cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store you name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone, please inform me so that we can make alternative arrangements.

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In order to best protect your confidentiality, I typically will communicate with clients via email for the purposes of scheduling or canceling appointments only. I cannot guarantee the security or confidentiality of information sent via email. If you need to communicate with me via email for any other purpose, please discuss that with me in person. Professional ethics standards do not permit me to communicate with clients via social media. For this reason, I cannot accept any client requests to connect on Facebook, or other similar social media platforms

Emergencies

If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at (206) 461-3222, (253) 396-5180, or (800) 244-5767. In such situations, you may also go to the nearest hospital Emergency Room.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information.

Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Credentialing of an individual with the department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

I maintain a referral list of other Counselors with a wide range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

Distance Counseling

At your request, for your convenience, and if it is therapeutically appropriate, I may make use of technology assisted distance counseling tools such as telephone communications and internet enabled video and/or audio services. It is important that you understand the benefits risks, and limitations of such services.

- If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I may be able to provide to you.
- Distance counseling services are not appropriate for all clients and all situations. If you or I determine that distance counseling services are not appropriate for you, I will assist you in obtaining appropriate face-to-face counseling.
- At times, it may become necessary for me to terminate distance counseling services when such services are no longer appropriate or effective. If you or I determine that distance counseling services are no longer appropriate or effective for you, I will assist you in obtaining appropriate face-to-face counseling.
- Successful use of distance counseling services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
- At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make every reasonable effort to protect your confidential information.
- Distance counseling services may not be reimbursed by all insurance providers. Full payment for distance counseling services will remain your responsibility if your insurance does not cover distance counseling services.
- In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together.
- Upon beginning our distance counseling work together, I will ask you to provide me with a list of local crisis and emergency contacts.

Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA and Washington State Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Wendy A. Naiman, LMFT.

Client Signature

Date

Print Name

Wendy A. Naiman, LMFT

Date