



Disclosure Statement

Connie Bonner-Britt, MA, LMHC

SKAGIT FAMILY STUDY CENTER



Washington State Licensed Mental Health Counselor No. LH00009182

We have agreed to do important work together. I have designed this agreement to establish a safe structure for us and also to conform to Washington State Regulations. This structure, along with established professional ethics, protects our work and helps to make our relationship a safe place for growth and change. Please read the following carefully. If, for any reason, you have difficulty understanding any part of it please ask for assistance.

CLIENT RIGHTS:

- You have the right and the responsibility to control your own therapy.
- You have the right to choose a counselor that best suits your needs.
- You have the right to privacy, and information shared during the therapy process will remain confidential unless a signed release is obtained. (See exceptions below.)
- You have the right to ask questions at any time. I will do my best to be responsive.

Therapists practicing counseling for a fee must be registered or certified in accordance with the Counselor Credentialing Act with the Department of Health for the protection of the public health and safety. This empowers you with a complaint process against counselors who would commit acts of unprofessional conduct. Licensing of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. If you believe I have violated my responsibilities as your therapist, you can contact your local law enforcement agency or the State of Washington Department of Health at (360) 664-9098.

CONFIDENTIALITY:

Under the law, I will disclose confidential information in the following situations:

- When there is reason to suspect the occurrence of child abuse or neglect.
- When there is a clear threat to do serious bodily harm to self or others.
- To a court under court order.
- In the event that you bring charges against me.
- To my office manager, Skagit Medical Billing, for the purpose of record keeping and billing. Skagit Medical Billing has signed a confidentiality statement, which is on file in my office.
- When necessary to insure best practice I will seek consultation from other qualified professionals who are also bound by and respect your right to confidentiality.

COUNSELING GOALS:

The goal is **Voluntary** change. You can choose to change the way you think, and/or behave. It is possible that you may "get worse before you get better." Some experience this as they work at improving. For support with Women's issues you may choose to attend my Women's Circle.

REIKI GOALS:

Reiki means Life Force Energy. Reiki is voluntary and supports the healing opportunity for the release of blocked spiritual, mental, emotional, or physical areas within the individual. \$45.00 for a Reiki session lasting 60 plus minutes.

TREATMENT PROVIDED:

I am trained and licensed to provide individual, group and family therapy. I have a Masters Degree in Human Development, and over 20 years experience in the field. I do not discriminate on the basis of race, sex, age, religion, sexual orientation or physical challenges. I am a Child Development Specialist and Children's Mental Health Specialist. I teach Therapeutic Parenting Skills. I operate from a philosophical belief that the therapy process is most effective when the whole family participates. Duration of treatment will be negotiated as the therapy progresses. Good therapy is non-judgmental. I can invite you to look at the consequences of your choices. I have no right to judge anyone.

FEES, PAYMENTS AND CANCELLATION POLICY:

\$85.00 for therapy session lasting 50-60 minutes in length. The initial evaluation session may cost up to \$125.00 depending on complexity. Some insurance policies determine the allowed amount a therapist can charge. I expect full payment or your co-pay at the time of the session unless other arrangements are made. I require a minimum of 24-hour notification for cancelled appointment. Cancellations with less than 24-hour notice will result in being charged the full fee. (Genuine emergencies excepted). Reiki Session fees are \$45.00. Women's Group is \$25.00 per group session.

The specifics of your insurance plan or personal payment plan will be discussed at the first session.

URGENT OR EMERGENCY SITUATIONS:

EMERGENCY..... 911
 CARE CRISIS RESPONSE SERVICES (24 HOUR)..... 1-800-584-3578
 CHILD PROTECTIVE SERVICES..... M-F 8:00AM TO 5:00PM 1-360-416-7200
 After hours 1-800-794-9402

FOR HELP WITH A SELF TIME OUT CALL CONNIE AT... **360-542-6895** She will pick up if she can or return urgent calls as soon as she gets the message.

CLIENT SIGNATURE AND AGREEMENT:

I have received and read this sheet and understand it's content and intent. I understand the limits of confidentiality. I have received my copy of **Counseling or Hypnotherapy Clients, We Want You to Know** provided by the State of Washington for Counseling Clients. I understand that I am responsible to pay for each session in a timely manner. I understand that I may not get the results I want and that I can stop treatment at any time.

Connie Bonner-Britt, MA, LMHC: _____ Date: ____ - ____ - ____

Client: _____ Date: ____ - ____ - ____