

DISCLOSURE STATEMENT

WAC308-190-040 requires the disclosure of the following information in written form by counselors to their clients

Lynne M. Springer, MSW
New Beginnings Counseling Service
Phone: 425.238.9320; Fax: 425.322.3596
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Mukilteo, WA 98275

WASHINGTON STATE REGISTERED COUNSELOR #RC 00046753
Licensed for Business in the State of Washington and the City of Everett

DISCLOSURE STATEMENT

This is a statement of your rights and responsibilities for our therapeutic relationship. The RCW 18.19.060 and WAC 246-810-031 require counselors to provide written disclosure of the following information to clients before counseling begins. Counselors practicing counseling for a fee must be licensed or registered with the State of Washington, Department of Health, for the protection and safety of the public. I am registered with the Washington State Department of Health and meet all of the Mental Health Professional Requirements.

Please read this statement thoroughly and then sign the consent for treatment at the end. If you have any questions or concerns, please let me know and I will be happy to discuss those with you. If you have specific questions for the State of Washington either about me as a registered counselor or about the counseling/mental health profession in general, please contact them directly at:

Department of Health
Business and Professional Administration
PO Box 9012
Olympia, WA 98504-8001
360.753.1761

CLIENT'S RIGHTS AND RESPONSIBILITIES

Clients have the right to choose a counselor who best suits their needs and purposes. Clients may ask questions about treatment at any time and may choose to terminate services at any time.

MY EDUCATION AND TRAINING

- PhD in Psychology with Emphasis in Marriage and Family Therapy, North Central University (In – process with program start date - September 2008)
- Masters Degree in Social Work (MSW), Eastern Washington University
- Bachelors Degree in Human Services (BA), Western Washington University
- Associate of Art's Degree, General Studies (AA), Edmonds Community College
- I have taken multiple professional development trainings on a variety of related subjects on an on-going basis in order to keep my therapeutic skills up to date with current research and evidence-based practice. A list will be made available upon request.

MY RELATED EXPERIENCE

- Private Counseling Practice serving Individuals, Couples, Families and Groups, New Beginnings Counseling Service
- Family Preservation Therapist, Pioneer Human Services
- Counseling Intern, Pathways for Women – YWCA
- Community Impact and Investment Manager, United Way of Snohomish County
- Adoption Counselor/Program Coordinator, New Hope Child and Family Services

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- I am currently working on my Washington State Social Worker Licensing, an optional process that requires many hours of client contact and continuing education. This process also requires that I be supervised by a Licensed Clinical Social Worker of 5+ years, meaning that I meet with this person periodically to discuss my clinical social work practice. I also feel this is my ethical responsibility to my clients to ensure I am keeping current with research in mental health and counseling practices and am therefore providing the best possible service with the intention of guarding the well-being of the individuals, couples, families and groups that I serve.

MY CLINICAL FOCUS

My work integrates the strengths and goals of the client with evidenced-based research driven therapeutic mental health models. I work with adults, couples, families and groups in a safe and supportive environment where individuals can grow through the therapeutic process focusing primarily on these areas as needed by the client: healthy relationship building; couples and family counseling; managing life transitions and change; stress management; anxiety; depression; grief and loss issues; parenting skills and education; emotion regulation; self-esteem building and potential realization; child adoption support services; parenting skills; divorce support; problem identification and solving; and/or goal setting and empowerment to meet the goals of the client. I provide the information, therapy, tools, empowerment and support necessary for client growth toward their hoped-for therapy outcomes. Once an assessment of the situation that brings the client into therapy has been completed, a treatment plan will be developed and agreed upon by both the client(s) and therapist according to the needs of the client and the goals of treatment. Therapy models primarily used include Cognitive-Behavior Therapy (CBT); Solution-Focused Therapy; Talk Therapy; Psychodynamic Therapy, and other services provided are Foster Care Retention, Parenting Skills Training, Healthy Relationships Training, Adoption Support Services such as Home Study and/or Post Placement Report Preparation, attachment building, and/or parent education.

CONFIDENTIALITY

It is my goal to develop a trusting relationship with my clients and therefore my clients can rely on me to maintain complete confidentiality regarding our work and conversations together, client identity, as well as all psychotherapy and financial notes and other information. I will not share any information about you with anyone without your prior written consent, and this includes your family, employer, friends, previous therapists, etc.

However, Washington State Law requires all mental health professionals to release client information in the following situations:

- Washington State Law requires that suspected abuse or neglect of a child, dependent adult or developmentally disabled person be reported. I am therefore mandated by law to report such incidences that I may come across in the course of my counseling sessions with clients.
- Washington State Law also requires that others be informed if a client threatens to harm her/him or others. If that threat is perceived to be serious, the proper individuals must be contacted, and this may include the individual against whom the threat is made.
- In the event of a court order, I may be required to disclose information in the presence of a judge.
- In the event of a medical emergency, emergency personnel may be given necessary information.
- If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
- In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
- In cases other than these, information about you will only be given to others requesting it upon the written consent of the client. I may also need to gather further information about the client, and when that is the case, it will also ask the client to give written consent.

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- Adolescents, age 13 and older, are protected under confidentiality laws and information about them cannot be shared with anyone without their prior written consent, including parents, school staff, previous counselors, friends, etc.

In addition, please be aware that I may consult with other therapists and/or my licensing supervisor regarding client situations. In the case this should happen, please note that no identifying information will be given and also note that these mental health professionals are also required to abide by Washington State Law and keep client information confidential.

CLIENT REVIEW OF RECORDS

I establish and keep a file for each client that I work with in a locked and secure location. This includes contact information, in-take forms, signed disclosure and privacy statements, assessments, agreed upon goals and treatment plans if applicable, and a record of services. As a client you have the right to see and copy your record as requested. You may also request to correct the record if you feel appropriate. I may charge a fee for copying records.

FEE INFORMATION AND PAYMENT POLICIES

- Please refer to my fee schedule which is located on my website, and all clients will be given a copy to sign at the first session.
- I require payment to be made at the time of services.
- I accept Visa, MasterCard, debit cards, cash and/or checks.
- **I am not able to bill insurance at this time.** I will however provide all clients with a receipt for services at the time payment is made. It is the client's responsibility to seek pre-authorization and/or reimbursement from their insurance company. My services may or may not be reimbursable by your insurance provider.
- **I cannot accept Medicare payments or medical coupons.**
- There is a \$30.00 charge for returned checks.
- I do not accept post-dated checks unless arrangements prior to the session have been made.
- **I require a 24-hour advance notice for cancellation** or appointment change of a scheduled appointment; otherwise you will be charged for the session missed. I will send an invoice to cash paying clients, and I reserve the right to charge the credit/debit card on file for credit/debit paying clients without advance notice. In the case that happens, I will send you a receipt in the mail.
- For new clients, I provide a free 30-minute consultation upon request.
- I provide a sliding free rate scale based on the household income of the client, or the combined income of a non-married couple, seeking my services. In order to be eligible for the sliding fee rate scale, clients may be required to show proof of income.
- In the case that I need to make copies of any parts of a client file, I may charge a photocopy fee.
- In the case that I need to make collateral contacts on the client's behalf, or to write a report, the client will be billed at their normal hourly rate for this service, along with any applicable photocopying and/or mailing fees, and telephone conversation time.
- Unpaid balances will be turned over to a collection agency after 30 days unless payment arrangements have been made.
- **By signing this Disclosure Form, you agree to take full responsibility to pay for all charges you incur during the course of counseling and therapy services with New Beginnings Counseling Services.**

COUNSELING SESSIONS/TERMINATING SERVICES

- Counseling sessions are by appointment only.
- Counseling sessions take place at my office located at 12221 Village Center Place, Suite 211, Mukilteo.
- Counseling sessions are typically 55 minutes in length, unless other arrangements have been made.

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- I am not able to see clients who arrive more than 15 minutes late for a scheduled appointment unless they have called me and I have agreed to do so. If you do arrive late for a session, the session will likely still end at the appointed time.
- Likewise, I will make every effort to be on time for your scheduled appointment and will not keep you waiting.
- If a client “**no-shows**” for a scheduled appointment without calling, unless the no-show is due to clearly explained circumstances beyond the clients control, I will consider the client to no longer be vested in the counseling process and I may discontinue services.
- The client can terminate services at any time but it is requested adequate notice be given so that one last session can occur in order to bring appropriate closure for both the client and the therapist.
- The therapist can terminate services at any time if it is deemed services are no longer ethically necessary or if the client is not engaging in services or making steady progress or has in some other way violated the professional client-therapist relationship. Every attempt will be made to give adequate notice so that one last session can occur in order to bring appropriate closure for both the client and the therapist.

CONTACT INFORMATION:

I can be reached at 425.238.9320. If you get my voice mail please note that I check it daily and return telephone calls within 24 hours other than week-ends or holidays, in which case I will return telephone calls on the next business day. I can also be reached via email at *info@lynespringersmsw.com*

If you are experiencing an emergency situation, please call 9-1-1; the Crisis Line at 425.258.4357 in you live in Snohomish County; or 206.461.3222 if you live in King County; or go to the nearest hospital.

SIGNATURES:

By signing this Disclosure Statement, you acknowledge that you have read and understand the information contained within this Disclosure Statement and the accompanying counseling information sheets (if applicable), and that you have been given a copy.

By signing this Disclosure Statement, you are also giving consent to counseling and/or therapy with Lynne M. Springer, MSW, Director of New Beginnings Counseling Service, according to the terms described within this document; and that you are agreeing to participate in and comply with services according to the terms as stated in this Disclosure Statement.

_____ CLIENT	_____ DATE	_____ PRINTED NAME
_____ CLIENT	_____ DATE	_____ PRINTED NAME
_____ Therapist	_____ DATE	_____ PRINTED NAME