

## **Cory Staton, MA**

Washington State License #LF60078869

**Center for Child and Family Therapy  
7500 Old Military Rd NE Suite103  
Bremerton, WA 98311  
(360) 698-9258**

### **DISCLOSURE STATEMENT**

#### **Purpose of Disclosure Statement**

This statement provides information about me and my treatment methods to better help you understand if I best suit your needs. Every client has the right to choose a practitioner and treatment modality that best suits his/her needs. Please read the following information and discuss any concerns with me or the office staff.

#### **Education/training/Experience**

I received my Masters of Psychology degree from Chapman University. I have a certificate in attachment therapy. I am a licensed Marriage and Family Therapist (LMFT) and trained to practice in the area of individual, children, and family mental health (not law, medicine, finance, or any other profession). I am not able to give you advice from these other professional viewpoints.

I adhere to the Code of Ethics of the American Association of Marriage and Family Therapists (AAMFT) and the professional standards of Washington State Department of Health. In your best interests and following AAMFT code of ethics, I can only be your therapist. I cannot have any other role in your life. I cannot, how or ever, be a close friend to or socialize with any of my current and past clients. Even though you might invite me, I will not attend your family gatherings. I can never have a romantic relationship with any client during or any time after therapy. I cannot have a business relationship with any of my clients other than the therapy relationship.

#### **Treatment Orientation and Methods**

Psychotherapy is a process by which a therapist assists you or your family in understanding beliefs, feelings, thoughts, and relationships that are areas of concern, gaining insights into human behavior and gaining new information and applying it to enrich and enhance your everyday life. To facilitate this process, it is important for you to set specific therapeutic goals, which will serve to focus our work together. While I can assist you, you must set your goals for therapy in order for them to be effective.

Each individual is unique and it is my responsibility to tailor treatment to your specific circumstances. At the same time, you are responsible for your decisions, how you make use of the services that I provide, and for making changes in your life. I believe that you bring strengths, experiences, and resources with you that can be invaluable in assisting you to reach your goals, and I will work with you to make use of them.

My treatment methods include but are not limited to client education and insight, cognitive-behavioral therapy, behavioral therapy, and family systems therapy. The delivery of these methods is accomplished via individual, family and play therapy. At times, I may provide home assignments such as journal writing, reading or other tasks outside the therapy session.

The length of time that individuals and families participate in therapy varies with the extent and type of issues that need to be addressed, and the speed in which individuals and families are able to effect change and/or resolve issues. In light of this, it is not possible for me to determine the length of the therapy at the beginning of the process. It is also not possible for me to determine which methods may be most effective or what specific results you may attain at the beginning of therapy. Instead, we will maintain an ongoing dialogue as to the progress and outcomes of your treatment.

My approach with children is usually non-directive experimental play therapy. Through play therapy, children can effectively communicate and resolve issues that have resulted in emotional conflicts. Along

with play therapy I assist in parents in examining their current approaches to parenting and developing skills.

**Emergencies**

I can be reached through the office phone at (360) 698-9258. At times I will be available to take your call. At other times, it will be necessary to leave a message with my voice mail, which is operational 24 hours per day.

The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, call the **Crisis line at 479-3033**; or in case of a **life-threatening emergency**, call **911**.

**Electronic Health Records**

I do not currently use EHR, however, I may be transitioning to this method of record keeping in the near future. Additionally, I use Office Ally for billing. The business is certified HIPAA compliant. I will keep your records for 5 years after we end therapy unless I am contractually obligated by your health insurance to keep them longer.

**Billing**

The name on the billing statement you receive will be Cory Staton, the name of my business.

**Communicating With Your Therapist**

I do communicate via email at this time. If you need to contact me, please call the front office during business hours and leave me a voicemail or I may, at times, be available to speak with you directly. I am in the office on Wednesdays and Thursdays and typically check my voicemail and return calls at that time.

**State Requirements**

Therapists practicing counseling for a fee must be licensed with the Department of Licensing and the Department of Health for the protection of the public health and safety. Licensure of a therapist does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment. The full law and regulations can be found in RCW 18.19.

**Consent**

I have read the above information and have received clarification as needed. I agree to the terms as stated and acknowledge I may request and receive a copy of this disclosure should I require one.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient or Legal Representative**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**If signed by Legal Representative,  
Relationship to Patient**

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**Cory Staton, MA, Therapist**

Copy accepted by client     Copy accepted by additional person