

## **THERAPIST DISCLOSURE**

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

K. Helena Hauge, MA, LMHC  
Washington License No. LH00006918

### **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 hold a Master's Degree in Psychology from Chapman University with primary emphasis on Marriage, Family and Child Counseling. I am a Washington State Licensed Mental Health Counselor and trained to practice Mental Health Counseling (not law, medicine, finance, or any other profession). I am not able to give you advice from these other professional viewpoints.

I adhere to codes of ethics of all the above and the professional standard of Washington State Department of Health. It is in your best interest to follow my professional code of ethics. I can only be your therapist. I cannot have any other role in your life. I cannot, now 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, relaxation & guided imagery, behavioral therapy, and family systems therapy. The delivery of these methods is accomplished via individual, couples, 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.

### 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. I typically do not check my voicemail on weekends or days off.

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. In the event that I will not be available for a prolonged time such as during vacation periods or during professional workshops, advanced notice will be given.

### Electronic Health Records

I do not currently use EHR, however, I may be transitioning to this method of record keeping in the near future.

### Billing

The name on the billing statement you receive will be Center for Child and Family Therapy, the name of my business.

### Communicating With Your Therapist

I do not 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 directly.

### Confidentiality

All issues discussed in the course of therapy are confidential. However, the law requires the release of confidential information in the following situations: (1) With your written consent or, in the case of death or disability, your personal representative, other person authorized to sue, or the beneficiary of an insurance policy on your life, health, or physical condition; (2) That which I am not required to treat as a confidential communication, such as information that reveals the contemplation or commission of a crime or harmful act; (3) If the person is a minor and the information acquired by me indicates that the minor was the victim or subject of a crime, I may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry; (4) If you waive the confidentiality privilege by bringing charges against me; (5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter [18.130](#) RCW; or (6) As required under chapter [26.44](#) RCW dealing with suspected child abuse; potential suicidal behavior; inability to care for one's own basic needs; or threatened harm to another. In addition, the court may subpoena treatment records.

### Consultants

I sometimes consult with other professionals about my clients. This helps me provide high-quality therapy. These professionals are also required to keep your information private and confidential. Your name will never be given to them, some information will be changed or

omitted, and they will be told only as much as they need to know to understand your situation. The two professionals that I consult with are Terry Boyle, MFT and Dr. Tony Stanton, PhD.

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 all of the above information and have received clarification as needed. I agree to the terms as stated above. I hereby enter into therapy with this therapist and to cooperate fully and to the best of my ability, as shown by my signature below.

\_\_\_\_\_  
Responsible Party/Client Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Copy accepted by client     Copy accepted by additional person