

## **THERAPIST DISCLOSURE**

Center for Child and Family Therapy

**Stacie Flynn, MA, MHP, LMHCA**  
Washington License No. MC60748025

### **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. Each professional at CCFT is an independent therapist and therefore not responsible for the actions of the other professionals, at this office. 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 Masters of Counseling Psychology degree from City University of Seattle and a Bachelor's degree in Psychology from the University of Washington. I have been working in mental health since 2000 in various capacities including providing counseling, mental health assessment, group therapy, psychoeducation, teaching undergraduate psychology students, and creating curriculum for undergraduate psychology courses.

I am a licensed mental health counselor associate (LMHCA). Because my license is an LMHCA, your therapy sessions will be billed under therapist Helena Hauge, LMHC. I am 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 the codes of ethics and professional standards of the Washington State Department of Health. In your best interest and following the professional code of ethics, I can only be your therapist. 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**

My treatment approach is individually, strength, and behaviorally based. I believe you come to therapy already equipped with inherent skills to help address your areas of concern, my role is to help you identify and access those strengths and skills, gain insight into and address problematic behaviors, provide education, and information in order to achieve your goals. I expect you will be an active participant in the therapy process and complete any outside activities agreed upon during our sessions. A large part of behaviorally based therapy is continually applying the information from therapy to your life and experiences outside the treatment sessions. The more active you are in your therapy process, the more you will benefit from the work we do together. Participating in therapy may involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences.

**During the therapeutic process, many clients find that they feel worse before they feel better.** This is generally a normal course of events. You should address any concerns you have regarding your progress in therapy with me. There are some risks as well as many benefits of therapy. You should think about these both when making any treatment decisions. One risk might be that for a time, there may be an uncomfortable level of negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother you for a while. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt marital or couple relationship. Sometimes, a client's problems may worsen after the beginning of treatment. Risks like these are hopefully temporary and should be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out as you would like. All of these should be weighed against the cost of not changing and continuing as you are. I do not take on clients I do not think I can help.

My treatment methods include but are not limited to cognitive behavioral therapy, positive psychotherapy, dialectical behavioral therapy, brief solution focused therapy, psychoeducation, play therapy, and family systems therapy. I utilize positive parenting approaches when treating children and families. The delivery of these methods is accomplished via individual, couples, family and play therapy. We will maintain an open dialogue throughout your therapy process to ensure the methods and focus of treatment remain aligned to your goals.

### **Communication and 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 confidential voice mail, which is operational 24 hours per day. I do not check my voicemail on weekends, days off, or vacation time. The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, please 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.

## Client e-mail Informed Consent

### Risk of using email

- a. E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. E-mail senders can easily misaddress and it may not be secure and therefore confidentially may be breached, which I am not liable for.
- c. Back-up copies of e-mails may exist even after the sender and/or the recipient has deleted his or her copy.
- d. E-mail can be used as evidence in court.
- e. E-mail does not contain contextual information normally acquired through in-person meetings, which can lead to misunderstandings. If we have a misunderstanding, let's resolve this over the phone or in-person.

I cannot guarantee, but will use reasonable means, to maintain security and confidentiality of email information sent and received. I am not liable for improper disclosure of confidential information that is not caused by my intentional misconduct. If you would like to secure our email conversations, please let me know and I can secure and encrypt our email communication. If you would like to communicate via e-mail, I can be reached at [stacie@ccftherapy.com](mailto:stacie@ccftherapy.com)

Please initial:

\_\_\_\_\_ Agree to communicate via email \_\_\_\_\_ email  
\_\_\_\_\_ Disagree to communicate via email

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between the Provider and myself. I consent to the conditions and instructions outlined, as well as any other instructions that the Provider may impose to communicate with client by e-mail.

\_\_\_\_\_ initial here

### Electronic Health Records

I use EHR 24/7 Electronic Health Records by Office Ally to store all client records. Additionally, I use Office Ally for billing. This business is certified HIPPA 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. I may take notes during session, and will also produce other notes and records regarding your treatment. These notes and records constitute my clinical and business records, which by law, I am required to maintain. Records are the sole property of me. You do have the right to request that I correct any errors in your file. Should you request a copy of your records, such a request must be made in writing. I reserve the right, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of your record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. If you have questions please ask me.

### Billing

The name on the billing statement you receive will be *Center for Child and Family Therapy*. Any payments need to be made out to *Center for Child and Family Therapy*.

### Litigation

I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matters. I will generally not provide records or testimony unless compelled to do so. Fees for telephone or any other consultation for legal matters will be billed at the regular therapy hour \$150 per hour. For any court appearances and or other legal matters are billed at \$250 per hour. Concerning court appearances, the time starts when the clinician leaves the office until the court, judges, or attorneys dismiss them and they return to the office (portal to portal). This includes appearance by phone. You will not be reimbursed by your insurance company, therefore you will be responsible for all fees.

\_\_\_\_\_ initial here

### Other fees

Any other services, such as letter writing and any time spent on other services over 15 minutes, will have an additional charge of \$50 per 30 minute increments.

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**Supervision and Consultation**

As a LMHCA I continue to receive supervision and will have the opportunity to consult about my clients with my Supervisor, Helena Hauge, LMHC. Helena is licensed in WA State # LH00006918 and has gone through the required training as a supervisor. She is also required to keep your information private and confidential. 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.

**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**

By signing below, I acknowledge that 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 Stacie Flynn, MA, MHP, LMHCA and to cooperate fully and to the best of my ability, as shown by my signature below.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (relationship to client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stacie Flynn, MA, MHP, LMHCA

\_\_\_\_\_  
Date

- Copy accepted by client       Copy accepted by additional person