

**Purpose of Disclosure Statement**

This statement provides information about the treatment provider and the treatment offered to assist the client in choosing the treatment and the provider, which best suits their needs. It is every client's right to refuse or discontinue treatment at any time, with or without notice to the treatment provider. **Each professional at CCFT is an independent care provider and therefore not responsible for the actions of the other professionals at this office.**

**Education /Training /Experience**

I have a Doctorate of Psychology From Southern California University For professional studies in Irvine, CA, and a Master's degree in Education from Phillips University in Oklahoma. I am a Licensed Mental Health Counselor (**LMHC**) in the state of Washington (**# LH00005245**), Licensed Professional Counselor (**LPC**) in the state of Oklahoma (**#2252**), Registered Play Therapist & Supervisor (**RPT-S**), National Certified Counselor (**NCC**) and Registered Traumatologist.

I am a clinical member of the American Counseling Association (**ACA**), the International Association for Play Therapy (**APT**), National Board of Certified Counselors (**NBCC**), and I adhere to code of ethics of all the above and the professional standard of the Washington State and Oklahoma state licensing law.

I was part of the team who provided support, counseling, and debriefing to rescue workers, victims, and victims' families of major national tragedies including the 9/11 World Trade Center attack (2001); the Oklahoma City Murrah Federal Building Bombing (1995); the Oklahoma City Tornado Disaster (1999); and Hurricane Katrina (2005).

**Treatment Orientation and Methods**

Counseling is not easily described in general statements. It varies depending on the needs of the client, and the particular problems you are experiencing. There are several approaches I may use to make an individualized therapy plan for client and client's treatment needs. My theoretical orientation is developmental, which incorporates cognitive, behavioral and relationship-based principles. I have found that when treating children and adolescents, it is most useful to use a multi-model approach. It is essential for me to have a working knowledge and full understanding of a child's family, social, cultural, educational, and emotional experiences in order to effectively treat an individual in counseling.

My treatment of young children is typically Play Therapy. The theoretical grounding of Play Therapy is that children use play to communicate/process their experiences and difficulties more effectively through play than they can through language. I also believe that a critical aspect of play therapy for young children, particularly children who have experienced loss or trauma, is the relationship that is established with the counselor. In order to establish this relationship and benefit from the counseling process, **consistency in maintaining appointments is imperative.**

**Course of Treatment**

Treatment begins with assessment from which clarification of problem area(s) ensues. Counseling includes your active involvement as well as efforts to change your thoughts, feelings, and behavior. I cannot guarantee a particular treatment outcome; successful treatment is dependent upon the mutual effort of both client and counselor. I can, however, assure you that I will use my skill and training to the fullest intent to assist you in reaching your goals. If you are dissatisfied with any aspect of my work, please discuss them with me. This will make our work together more efficient and effective.

**Billing**

The name on the billing statement you receive will be *New Direction Counseling* and payments need to be made out to *New Direction Counseling*.

**Appointment and Cancellation Policy**

I am rarely able to fill a canceled appointment within 24 hours, so you will be charged for the Missed / No Show session and the fee will be based upon your original session length of time. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. **Your insurance will not cover this charge.**

Initial \_\_\_\_\_

**Emergencies, Phone calls & Communication:**

I can be reached through the office phone at (360) 698-9258. I do not communicate via Email at this time. Due to my work schedule, I usually am not immediately available by telephone; you may leave a confidential voice message. I typically do not check my voicemail on weekends, days off, or vacation time. However, I will make every effort to return your call as soon as possible. The nature of my practice does not allow me to provide continuous emergency services. If you have an **EMERGENCY**, call the **Crisis line at (360) 479-3033** or in case of a **life-threatening emergency call 911**. Advanced notice will be given in the event that I will be unavailable for an extended time.

**Records and Record Keeping**

I use Office Ally for billing and scheduling. This business and software is HIPPA compliant. I will keep your records for 5 years after we end counseling unless I am contractually obligated by your health insurance to keep them longer. 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.

**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 reports or sign letters, declaration, or affidavits to be used in your legal matters. I will generally not provide records or testimony unless compelled to do so. Fees for phone or any other consultation for legal matters will be billed at the regular counseling \$150 per hour. Court appearances and or other legal matters are billed at \$ 250 per hour. Concerning court appearances in person or by phone, the time starts when this provider leaves the office until the court, judges, or attorneys dismiss and I return to the office (portal to portal). **You will not be reimbursed by your health insurance; therefore you will be responsible for all fees.** Initial\_\_\_\_\_

**Consultation**

I may occasionally find it helpful to consult other health and mental health professionals about a case. During consultations, I avoid revealing identifying information. These professionals are also legally bound to keep the information private and confidential.

**State Requirements**

Counselors practicing counseling for a fee must be licensed with the Department of Licensing and the Department of Health for the protection of the public’s health and safety. Registration of an individual with the department does not include recognition of any practice standards nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. The full law and regulations can be found in RCW 18.19, or, contact the Washington State Department of Health, PO Box 1099, Olympia, WA 98507-1099.

**Consent For Treatment**

I authorize and request Golnar Ansari Psy.D, LMHC, to provide counseling services. I understand that while my treatment is designed to help, Golnar Ansari cannot make any guarantees about the outcome. This authorization constitutes informed consent without exception. I have read the above information and have received clarification as needed; my signature below signifies that I agree to the terms as stated above.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Golnar Ansari, Psy.D., LMHC, RPT-S, NCC

\_\_\_\_\_  
Date

Copy accepted by client       Copy accepted by additional person  
Updated 04/2019