

## **THERAPIST DISCLOSURE**

Center for Child and Family Therapy

**Jeffrey Weist, LICSW, RPT-S**

Washington License No. LW00006674

I appreciate your giving me the opportunity to be of help to you. Every client has the right to choose a provider and treatment modality that best suits your needs. Please read the following information and discuss any concerns with me or my office staff.

### **Education/Training/Experience**

I received my Master of Social Work degree from State University of New York at Buffalo. I have been a therapist practicing in the mental health field for 20 years. I have been a member of the National Association of Social Worker since 1996, Association of Play Therapy member, since 2006. I am a Licensed Independent Clinical Social Worker (LICSW) and Registered Play Therapist Supervisor (RPT-S). I am trained to practice social work not law, medicine, finance, or any other profession. I am not able to give you advice from these or other professional viewpoints. 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.

### **Treatment Orientation and Methods**

I help people to identify their goals and to access their internal strengths. Together we can concentrate on the steps needed to meet your individual and/or family's goals. I offer suggestions and alternatives to help facilitate growth. I urge you to make most of the planned activities, appointments, and assignments, including active involvement on your part and full participation of all those who are involved. Change will sometimes be easy and quick, but more often it will be slow and difficult and will need repetitions. There are some risks as well as many benefits of therapy. You should think about these when making any treatment decisions. Sometimes, a client's problems may worsen. 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.

By the end of our second session, I will discuss how I see your case at this point and how I think we should proceed. You define the problem areas to be worked on and I use my specialized knowledge to help you make the changes you want to make. Most of my clients usually see me weekly or bi-weekly for 3-6 months. After that, we can meet less often for several more months. Therapy then usually comes to an end.

My scope of practice includes play therapy, solutions focused therapy, mindfulness, and cognitive behavioral therapy. My focus is working with children, adolescents, and adults on many issues but not limited to relating to the family's mental health, parenting, behavior and social problems, depression, anxiety, stress, anger management, as well as recovery from physical, sexual, and/or emotional abuse.

### **Confidentiality with Family Therapy**

If we do family therapy, and you want to have my records of this therapy sent to anyone. All of the adults present will have to sign a release of information.

**Records**

It is my policy to destroy clients’ records 5 years after we end therapy unless I am contractually obligated by your health insurance to keep them longer. If I must discontinue our relationship for some unseen circumstances, I ask you to agree to let me transfer your records to another clinician who will make sure they are kept safe, confidential, and available when you want them, and destroy them following my above policy. You do have the right to request that I correct any errors in your file but this request must be made in writing. Should you request a copy of your records, such a request must be made in writing and release of information form be filled out. If you have questions, please ask me.

**Billing**

The name on the billing statement you receive will be *Center for Child and Family Therapy* and payments need to be made out to *Center for Child and Family Therapy (CCFT)*. I am a provider for many health insurances plans, and they will help pay for your therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan’s information or contact them regarding outpatient psychotherapy or behavioral health.

**Communication and Emergencies**

I would like to communicate with you through email. Also, I use 8x8 Meeting for all Telehealth sessions. I can provide more information about telehealth services upon request. I have found email to be more effective than calling me. Most of the time, it will be necessary to leave a message with my confidential voice mail. I only check my voicemail and email during my business hours. I do not check my voicemail and email on weekends, days off, or vacation time.

Email is not secure, nor encrypted which can possibly be read by others. I cannot guarantee, but will use reasonable means, to maintain security and confidentiality of e-mail information sent and received. I am not liable for improper disclosure of confidential information that is not caused by my intentional misconduct. E-mail is not appropriate for urgent or emergency situations. I cannot guarantee that any particular email will be read and responded to within any particular period of time. All e-mail will be saved in the client’s record. I understand the risks associated with the communication of e-mail between the provider and myself. Clients/parents/legal guardians should not use e-mail for communication of sensitive medical information. If you would like to encrypt and secure our sensitive email conversations, please let me know.

I consent to the conditions and instructions outlined, as well as any other instructions that the provider may impose to communicate with me by e-mail. If you would like to communicate via email, I can be reached at [jeffrey@ccftherapy.com](mailto:jeffrey@ccftherapy.com).

Please initial:

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

If you have an emotional or behavioral emergency or crisis and cannot reach me or my receptionist immediately text 988 or call 911 or the Kitsap Crisis Line at 1-888-910-0416 (crisis chat at <http://www.imhurting.org>) or go to the nearest hospital emergency room. If it is an urgent issue but not emergency, please mention this to my receptionist or when you are leaving a voice mail that you need to be contacted urgently.

Short phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than 10 minutes’ worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week, I will bill

you on the prorated basis from our regular therapy fee \$150 per hour. This will not be covered by your insurance. If a fee is approaching, I will remind you of this well in advance.

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

**Appointment and Cancellation Policy**

We both agree to meet at my office and to be on time. If I am ever unable to start on time, I ask for your understanding and that you will be charged proportionately. If you are late, we will be unable to meet for the full time, because I likely have another appointment after yours and you will be charged proportionately.

I require *24-hour* notice for any canceled appointment. I am rarely able to fill a canceled session with-in 24 hours, so you will be charged for the missed appointment. If you do not show up and you do not contact me within 24 hours of your appointment, you also will be charged a fee for the missed appointment. Your insurance **WILL NOT** pay for this. If you are late, we will be unable to meet for the full time because it is likely I will have another appointment after yours. The charges are as follows:

- \$25 for the first missed appointment
- \$75 for the second missed appointment
- \$150 for the third missed appointment

If you miss THREE appointments in a row or no show TWO appointments in a month consistently, all future appointments will be canceled, and your current treatment session will be terminated. If you are wanting to start a new treatment session you will be responsible for initiating the intake process. We will talk about the circumstances for missing appointments at your next session and work together to find a reasonable solution.

If there has been no contact/communication between either of us for 60 days, the current treatment period will be terminated. You can restart therapy any time, but you will need to go through our intake process again.

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

**Other Fees**

Any other services, such as letter writing, etc. will be calculated and prorated at \$150 per hour which will be discussed ahead of time. However, a letter of attendance for a school is available upon request for no charge.

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

**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. I will provide an additional fee sheet related to court and/or any proceedings. You will not be reimbursed by your insurance company; therefore, you will be responsible for all fees prior to my attendance in any court matter.

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

**Consultation**

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.

**Informed Consent with Minor-age Child of Estranged/Divorced Parents**

If the parents of a minor-age client are estranged/divorced it is my policy that a copy of the court-decreed parenting agreement be on file. Parents should be aware that even non-custodial parents usually have the right to access their child’s Clinical Record.

**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 Jeffrey Weist, LICSW, RPT-S 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

\_\_\_\_\_  
Jeffrey Weist, LICSW, RPT-S

\_\_\_\_\_  
Date

- Copy accepted by client       Copy accepted by additional person