

### **Professional Disclosure**

Therapy is the working relationship between therapist and client that is defined by client rights and therapist responsibilities. It is important that a client entering into therapy to have an understanding of these rights. In addition, Washington State law requires all mental health practitioners to disclose these rights and practice regulations before you enter treatment.

As an individual entering treatment, you have the right to refuse treatment at any time. Each client also has the right to pursue treatment and the practitioner that suits their needs best. This document is meant for all clients' benefit and your signature indicates that you have read, understood, and agreed with the document, and consent for therapy to begin.

A copy of this disclosure can be requested along with more information about the laws or ethics that guide treatment. Please reach out to address any questions.

### **About Me**

I am a 2021 graduate from Antioch University Seattle, with my master's degree in Marriage and Family Therapy. During my education, I completed a clinical internship at Youth Eastside Services, a local community mental health non-profit agency. Before working here at Center for Child and Family Therapy, I worked for Atlas Counseling, a group practice serving the greater Seattle-area from February 2021 to January 2024. I also have non-clinical educational experience teaching theatre and improvisational skills from 2013 to 2018.

I have training primarily in psychodynamic therapy, person-centered therapy, and family systems therapy. I also have a certification in play therapy. Depending on client preferences, I would love to utilize my background in expressive arts such as drama, art, writing, and movement for therapy. For clients younger than 11, my primary focus is play therapy.

I am trained to practice therapy and not in any other field such as law, medicine, finance, or any other profession. I am unable to give advice from these or any other viewpoints. I cannot and will not have any other role in your life. I cannot and will not ever be a close friend to socialize with at any point and any time with past or current clients.

### **The Therapy Process**

Therapy looks different for everyone, and how it helps is unique for each individual. The aim is to understand the client and client's family dynamics. Suggestions are made often and done so to assist in identifying goals and the proper course of treatment.

What can be expected is respectful curiosity. A strong relationship with each client and their family is valued and very important in order to understand how each unit functions as a whole system. My style leans towards being client-centered, reflective, and strength-based. Feedback is important in the therapy process. Feedback will be sought out for what does and doesn't feel helpful, which style is the most comfortable, and what goals to work towards next.

All education, training, and experience will be leveraged in order to provide the best and most comprehensive care available. Current clinical competency includes working with children and teens ranging from 3-19, families, and adults, while providing support for the following:

- Depression
- Anxiety
- Anger
- Divorce
- Post-traumatic stress
- Family conflict
- Parenting challenges
- Low self-esteem
- Suicidal ideation
- Poor communication
- School performance
- Attachment/relationship building
- Self-harm
- Grief and loss
- Gender identity and exploration
- Neurodivergent challenges

The ultimate goal of therapy is to provide a safe place and structure for self-exploration and to feel seen, heard, and understood. The therapist will attempt to be present in order to explore the inner world.

The first session will be dedicated to reviewing documents, signing paperwork, and learning more about how to provide most accurate support. The first few weeks of appointments will be focused on goals and appropriately tailoring treatment. Appointments can be scheduled either weekly or every other week. In order to establish good rapport and assess session frequency requirements, it is preferred to meet weekly for the first few weeks. Therapy often takes about 8-20 sessions when working on something specific and longer if there are multiple or longstanding issues.

If a third party, such as an insurance company, is paying for a part or all of the appointment bill, a diagnosis may be required from the third party in order for the bill to be paid. Diagnoses are technical and clinical terms that are found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) that describe various natures of the presenting problems and whether they are short- or long- term concerns. If a diagnosis is used and identified, this will be discussed in session.

### **Risks and Benefits**

Therapy often involves the exploration and expression of painful and powerful emotions. This can cause us to face difficult situations in the present, as well as revisit frightening or challenging issues from the past. Understandably, this is stressful and it's normal for things to feel worse before they get better. Therapy presents us with the opportunity to receive benefits such as learning more about yourself and your family, improving relationships, developing healthy coping skills, and overcoming personal barriers and challenges.

There is the risk that a client's presenting issues may worsen. Even with working together and giving our best efforts, there is a risk that therapy may not work out as anticipated. All of these can be discussed and weighed during sessions.

### **Confidentiality**

Confidentiality, or privacy, is a necessary and an important aspect of good therapy. Participation in therapy, what we discuss, and any information given is protected by legal confidentiality. There are some specific exceptions to confidentiality which may be chosen to or legally obligated to disclose certain information. Please address any questions or further concerns in session.

### **Consultation**

It is the responsibility of a therapist to provide care with their client's best interest in mind. Consultation from peers, colleagues, and other professionals may be sought out in order to provide the best service possible. Client's name and any other easily identifiable information will be omitted. These professional individuals are also obligated to keep information private and confidential. Only information necessary for the case to be understood will be disclosed.

### **Record Keeping**

Brief notes are kept of each of our sessions. This can include the date met, topics discussed, interventions used, impression left, and next steps. These records are kept private and not shared with others in accordance with HIPPA requirements and regulations. Records are required to be kept for 5 years, after which they are destroyed. The chosen phone system, email server, cloud document storage, and electric medical records are secured with encryption and all physical devices are password-protected. Paper documents are scanned, uploaded, and the original copy is destroyed. Clients have the right to request records. This would be done so in writing along with a signed release of information. Please inform the therapist of any further questions.

### **Scheduling**

Availability is open and sessions are available on Mondays and Tuesdays in-person and Wednesday and Thursday virtually. Phone calls and emails are to be returned within 48-hours during working hours. Please schedule appointments through the therapist or with the office staff.

### **Cancellation Policies**

A scheduled session may be rescheduled or canceled no less than 24 hours prior to the appointment. If canceled less than 24 hours in advance or the client fails to appear for the session, the entire session fee will be charged. Of course, there are times that emergencies arise. In this case, send the office notification as soon as possible to reschedule the appointment. It is important to remember that insurance **will not** pay for missed appointments. Client is responsible for the full fee, not just a co-pay.

If there are any symptoms of a viral illness, please notify the office as early as possible to switch to a Telehealth platform or reschedule. If the illness impacts participation in Telehealth therapy, please notify the office in order to find a time to reschedule or cancel the appointment.

Both parties are in agreement to meet at the office and to be on time. If the therapist is running late, the therapist will be responsible to notify client of arrival time. If the therapist begins a session late, the appointment will be charged proportionately for time missed. If client is running late, the client is responsible to alert the therapist. Note that the session will not continue after the hour due to upcoming appointments. The entire billed time will be charged regardless of notification of arrival.

In the event that the client is running late and doesn't communicate anticipated arrival, the session will be canceled 15 minutes after start time. After 15 minutes, therapist will then cancel the appointment and the session will be charged.

If three appointments in a row are missed or client is no-show for two appointments in a month, all future appointments will be canceled. Client will be responsible to re-engage in treatment. Any further circumstances that may be impacting attendance will be discussed and with the goal to work together to find a reasonable solution.

### **Communication**

The most effective way to communicate due to scheduling is via email. Other modes of communication offered include calling, leaving a confidential voicemail, or reaching out through the 8x8 app. Note that email, text messaging, and other electronic communications may not be secure. Please try and limit messages to address necessary items such as scheduling or billing inquiries. Client should not use email to communicate sensitive medical information. Any sensitive medical or therapeutic information should and will be held until our next appointment. All correspondence containing these items will not be subject to a response in order to maintain confidentiality. All emails will be saved to the client records.

Professional ethical standards and regulations do not permit mental health providers to communicate via personal social media. For this reason, therapist will not be accepting any request to connect or follow on Instagram, Facebook, or other similar social media platforms. There will not be any solicitation or any responses to client testimonials or reviews.

Lastly, please note that email is not appropriate for emergency situations.

### **Emergencies**

Emergency situations and events may occur at various times and when least expected. I do not provide 24/7 crisis responses. If experiencing a crisis, please call the Crisis Clinic at 866-427-4747, text 988, or Kitsap Crisis Line at 1-888-910-0416 for immediate support. In case of an emergency, please go to the nearest emergency room or hospital.

If an urgent event occurs and is not emergent, please notify office staff to return contact urgently. Please reach out with any questions or concerns.

### **Divorce, Custodies, and Litigation**

Services are provided to children who are under the age of 13 with separated, divorcing, or divorced parents. We are committed to promoting a healthy parent-child relationship and encourage parents to communicate with us. Parents who are not present at the times of session are welcome to request short

calls or parent meetings in order to stay updated on their child's progress. All, including non-custodial, parents have rights to access their child's clinical records.

All legal and custodial documentation are required to be filed in order for services to begin. The arrangement documents can include either (a) signed consent from each parent or (b) copy of the current parenting plan.

In order to provide the best client care to our child clients, it is in best practice to not voluntarily be involved in legal action or proceedings. There will be no communication made to any legal representatives nor signing any letters, reports, declarations, or affidavits. Involuntary involvement will include any time spent in preparation and commute. These fees are not covered by insurance.

In addition, there are NO services provided in making custody or placement recommendations, as this is outside the therapist's professional scope and role. A referral may be made to a co-parenting mediator or counselor if it will help improve a child's mental health.

### **Termination**

If, without having discussed prior, the therapist has not heard or received any correspondence from client in 30 days, it will be assumed that there is no longer an interest or need for therapy. The therapist will then end the treatment episode and close client's clinical file. Re-entering into therapy is always welcome. In such cases, we may re-open the file and begin the new treatment phase by initiating the new cycle of care.

### **Consent and Authorization**

By signing this document, client is attesting that they received, read, reviewed, fully understood, and consented to the disclosures, terms, and conditions listed above. Client is permitting Cristina Vázquez, LMFT to perform any necessary services needed during diagnosis and treatment. Client is also permitting the release of any information required to process insurance claims. You are attesting to your consent to participation in therapy services with Cristina Vázquez, LMFT.

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Client Name

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Date

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Client/Parent/Guardian Signature

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Clinician Signature