THERAPIST DISCLOSURE **Emily Reyes, LMFTA**

Center for Child and Family Therapy Washington License No. MG61562262

You have the right to choose a provider and treatment approach that best fits your needs. Please review the following information carefully and discuss any questions or concerns with your provider or office staff.

Education/Training/Experience

I am a Licensed Marriage and Family Therapist Associate (LMFTA) in the State of Washington. I earned a Master's degree in Marriage and Family Therapy from Abilene Christian University and am a member of the American Association for Marriage and Family Therapy.

I provide therapy to individuals, couples, and families, with a focus on supporting healing, personal growth, and improved communication and relationships. My clinical approach integrates established therapeutic models with my professional training and experience. I have experience working with concerns including trauma, depression, anxiety, co-dependency, women's issues, and life transitions across the lifespan.

In working with couples and families, I focus on relational patterns and communication. For clients who desire it, I am able to incorporate faith and spirituality into the therapeutic process.

Services may be provided by a supervised associate therapist under the supervision of Jeffrey Weist, LICSW, RPT-S, a Washington State Approved Supervisor. All services provided are reviewed as part of ongoing clinical supervision.

All policies outlined in this document apply equally to all providers within this practice. Associate therapists provide psychotherapy within their licensed scope of practice and do not provide legal, medical, financial, or other professional advice. To maintain appropriate professional boundaries, associate therapists do not engage in dual relationships with clients and do not have relationships with current or former clients outside of the therapeutic setting.

Treatment Orientation and Methods

Therapy is a collaborative process that focuses on supporting growth, healing, and improved relationships. While therapy can be beneficial, it may also involve uncomfortable emotions or temporary worsening of symptoms. These reactions are a normal part of the process and can be addressed within sessions. There is no guarantee of specific outcomes.

Effective therapy requires active participation from both the client and the therapist. We will work together to identify goals and develop strategies to support meaningful change. Progress may occur at different paces, and some concerns may take time and consistent effort to address.

Early in treatment, we will discuss your goals and develop a plan for moving forward. Frequency and duration of therapy vary depending on individual needs, though many clients begin with weekly or bi-weekly sessions and adjust over time.

My approach integrates evidence-based models, including emotionally focused therapy, with attention to relational patterns, communication, and individual strengths. Interventions may include discussion, skill-building, and structured exercises to support change.

For clients who desire it, I can incorporate faith and spirituality into the therapeutic process. This may include discussion of spiritual beliefs or the use of faith-based principles. Participation in this aspect of treatment is always optional and guided by client preference.

Confidentiality with Family Therapy

In marriage and family therapy, the couple or family may be considered the treatment unit. Information shared during sessions may be included in a shared clinical record.

Authorization from all legally authorized participants may be required before releasing records or information to outside parties. If there is disagreement among participants regarding the release of information, I may decline to release records unless required by law.

At times, individual sessions with one or more family members may occur. Information shared in individual sessions may be brought into future family sessions when clinically appropriate. I maintain a limited secrets policy, meaning I do not agree to keep information confidential from other participants in ongoing family therapy, except when necessary to protect someone's safety.

Records

Client records are retained for a minimum of five (5) years after the end of treatment, or longer if required by law, insurance contracts, or clinical considerations. After that time, records may be securely destroyed. All client records are maintained in secure, encrypted, and HIPAA-compliant systems. Reasonable measures are being taken to protect the confidentiality and security of your information.

If services are discontinued due to unforeseen circumstances, your records may be transferred to another qualified clinician to ensure continuity of care. That clinician will maintain your records in accordance with applicable laws and professional standards. You have the right to request amendments to your clinical record. Requests must be made in writing.

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. You are ultimately responsible for understanding your insurance benefits and for any balance not covered. Please read your plan's information or contact them regarding outpatient psychotherapy or behavioral health.

Communication and Emergencies

I use a HIPAA-compliant telehealth platform for virtual sessions. Additional information about telehealth services is available upon request. Email may be used for communication; however, response times to email, voicemail, or other communications may vary and are typically within 1–2 business days. Communication outside of scheduled sessions is not a substitute for therapy.

Email is not secure or encrypted and may be read by others. While reasonable efforts are made to protect confidentiality, there are inherent risks when using electronic communication. Email should not be used for urgent or emergency situations or for sharing sensitive clinical information. All email communication will be included in the client record. If you would like to use a secure method for electronic communication, please notify the office.

By initialing below, I acknowledge and accept the risks associated with email communication and agree to the conditions outlined above.
If you would like to communicate via email, I can be reached at: emily@ccftherapy.com
Please initial: _____ Agree to communicate via email _____ Disagree with email communication

If you are experiencing an emotional or behavioral emergency and cannot reach me or my office, call or text 988, call 911, contact the Kitsap Crisis Line at 1-888-910-0416 (crisis chat available at www.imhurting.org), or go to the nearest emergency room. I do not provide 24-hour crisis services. For urgent (non-emergency) matters, please notify the office or indicate in your voicemail that your call is urgent.

If communication exceeds 10 minutes in a given week, it may be billed on a prorated basis at $150 per hour. These services are not covered by insurance. You will be notified in advance if charges are expected.

APPOINTMENTS, CANCELLATIONS, AND NO-SHOW POLICY
We agree to begin sessions at the scheduled time. If you arrive late, your session may be shortened to accommodate other scheduled clients. You are responsible for the full session fee regardless of the length of the session if you arrive late.

A minimum of 24 hours' notice is required to cancel or reschedule an appointment. Appointments canceled with less than 24 hours' notice, or missed without notice (no-show), will be charged the full session fee of $150. Insurance companies do not cover no-show fees. If your insurance plan (including Medicaid) does not allow missed appointment fees, you will not be charged for missed appointments. However, attendance expectations still apply.

Attendance Expectations and Termination
Consistent attendance is essential for effective treatment. Missing three (3) appointments within a three (3) month period or missing two (2) consecutive appointments without communication may result in termination of services. If services are terminated, you may request reinitiate care in the future. Reinitiation may require a new intake and is subject to provider availability. If treatment is terminated due to attendance, you will be provided with referrals and advised to contact your insurance plan for additional providers.

If there has been no contact or appointments for sixty (60) days, your case will be considered closed. You are welcome to reinitiate services at any time, which may require completion of a new intake process.

Other Fees
Services outside of scheduled sessions, including but not limited to letter writing, report preparation, and consultation, may be billed on a prorated basis at $150 per hour. These services are not covered by insurance and will be discussed in advance. A basic letter confirming attendance for school or similar purposes is available upon request at no charge. _____ initial here

Litigation
I do not voluntarily participate in litigation, custody disputes, or other legal matters involving clients. I do not communicate with attorneys, nor do I provide letters, reports, declarations, or affidavits for legal purposes.

If I am legally compelled to provide records, testimony, or other involvement, you will be responsible for all associated fees. A separate fee schedule for legal services will be provided upon request.

These services are not covered by insurance, and payment is required in advance of any court-related involvement. _____ initial here

Consultation

To provide high-quality care, I may consult with other professionals, including supervisors, as part of treatment planning and professional development. As an associate therapist, I am required to participate in clinical supervision, and my supervisor may have access to your clinical information as part of that process. All individuals involved are bound by confidentiality laws and professional standards.

When consulting, I make reasonable efforts to limit the information shared to what is necessary and to protect your privacy. I may also coordinate care with other healthcare providers or third parties (such as for referrals or insurance billing) as needed. When required, appropriate authorization will be obtained in accordance with applicable laws and regulations.

Minor-age Child of Estranged/Divorced Parents

If a minor client's parents are separated or divorced, a copy of the current court-ordered parenting plan or custody agreement must be provided prior to the start of treatment.

Unless otherwise specified by court order, both parents may have the right to access the minor's treatment information and records. It is the responsibility of the parents to inform the provider of any legal restrictions regarding custody, decision-making authority, or access to records. The provider may limit or terminate services if custody-related conflicts interfere with treatment.

Consent

By signing below, I acknowledge that I have read and understand the information provided in this document and have had the opportunity to ask questions and receive clarification. I agree to the terms outlined above and consent to participate in therapy services with Emily Reyes, LMFTA, under the supervision of Jeffrey Weist, LICSW, RPT-S.

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Guardian (relationship to client) Date

I have reviewed the information in this document with the client and/or the client's parent or legal guardian and have answered any questions to the best of my ability.

_____ _____

Emily Reyes, LMFTA Date

❑Copy accepted by client ❑Copy accepted by additional person