THERAPIST DISCLOSURE

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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 received my Master of Social Work degree from the State University of New York at Buffalo and have over 20 years of experience in the mental health field. I am a Licensed Independent Clinical Social Worker (LICSW) and Registered Play Therapist Supervisor (RPT-S).

My services are limited to the practice of social work and psychotherapy. I do not provide legal, medical, financial, or other professional advice. To maintain appropriate professional boundaries, I do not engage in dual relationships with clients. This means I cannot have any relationship with current or former clients outside of the therapeutic setting.

Treatment Orientation and Methods

I work collaboratively with clients to identify goals and build on existing strengths. Treatment focuses on developing practical skills and strategies to support meaningful change for individuals and families.

Therapy is most effective when clients actively participate in sessions and follow through with agreed-upon recommendations. While some changes may occur quickly, others may take time and consistent effort. Therapy involves both potential benefits and risks, including the possibility of experiencing uncomfortable emotions or temporary worsening of symptoms. There is no guarantee of specific outcomes.

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 may include play therapy, solution-focused therapy, mindfulness, and cognitive behavioral therapy. I work with children, adolescents, and adults on a range of concerns, including family and parenting issues, behavioral and social challenges, anxiety, depression, stress, anger management, and recovery from abuse.

Confidentiality with Family Therapy

In family or conjoint therapy, the treatment unit may include more than one individual. Information shared in sessions may be documented in a shared record. Authorization from all legally authorized participants may be required before releasing records or information. If there is disagreement among participants regarding the release of information, the provider may decline to release records until all parties are in agreement or as otherwise required by law.

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 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: jeffrey@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

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 providers at this practice, including supervised associate therapists where applicable.

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Guardian (relationship to client) Date

_____ _____
Jeffrey Weist, LICSW, RPT-S Date

Virtual Scribe

I am using an AI-assisted documentation tool (NovoPsych) to support note taking during sessions. This allows me to focus more fully on our work together rather than manual documentation.

This tool may process session audio to generate a written summary. Audio is not permanently stored. Transcripts are used to assist in creating clinical documentation and are deleted within a limited time. The final clinical note becomes part of your medical record.

Reasonable safeguards are in place to protect your privacy, and any technology used is required to meet HIPAA standards for security and confidentiality. However, as with any electronic system, there are inherent risks to privacy.

Your participation in sessions that involve AI-assisted documentation is voluntary. You may decline or withdraw consent at any time, and alternative note-taking methods will be used.

By initialing below, I acknowledge that I have been informed about the use of AI-assisted documentation and consent to its use during my treatment.

_____ I consent to the use of AI-assisted documentation

_____ I do NOT consent to the use of AI-assisted documentation

❑ Copy accepted by client ❑ Copy accepted by additional person