

Treatment Policy and Disclosure Statement

I am pleased you have chosen me as your counselor. This document is designed to provide you with basic information regarding my practice and our professional relationship. Please feel free to bring up any questions or concerns you might have regarding this document or our work together.

I have passed the National Board of Certified Counselors' examination, and I am Licensed in the state of Washington as a professional counselor/psychotherapist. I hold a Master's degree (MA) from LIOS, the Leadership Institute of Seattle, which is Bastyr University's Graduate School of Applied Behavioral Science. The graduate program I completed is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). I have been a counselor since 2002. I provide services for clients in my private practice whom I believe have the capacity to resolve their own problems with my assistance. A counseling relationship between a Licensed Counselor and the client is a professional relationship in which the counselor assists the client in exploring and resolving difficult life issues. I believe that as people become more accepting of themselves, and more aware of their thoughts, emotions and actions, they are more capable of making decisions which lead to happiness and fulfillment in their lives. Self-awareness and self-acceptance are goals that sometimes take a long time to achieve. While some clients may need only a few counseling sessions to achieve their personal goals, others may require months or even years of counseling. Except in the case of court-ordered treatment, clients have complete control, and may end our counseling relationship at any time for any reason. If it becomes clear to me that our working relationship is not beneficial to you, or if I feel that I am not helping you to achieve your treatment goals, I will provide you with referrals for services elsewhere. I do request that you do not begin individual or couples counseling with another therapist while still receiving treatment from me.

Engaging in therapy can be a highly rewarding, beneficial process. I use a broad range of clinical techniques and therapeutic models to help move the client towards change and health, including but not limited to cognitive-behavioral and solution-focused therapies, narrative, and experiential models. I also encourage awareness practices and mindfulness techniques to connect the client with his or her moment-to-moment experience, as a means of continual opening to and acceptance of present reality. My approach is holistic and systemic by nature, although I also have broad knowledge and experience in treatments using pharmaceutical medications and the more traditional (Western) medical model. I work with adolescents and adults, and have much clinical experience treating chronic and severe mental illnesses, including schizophrenia, bipolar disorder, depression, anxiety, and addictions. My practice also includes couples and marriage counseling, divorce mediation, grief and loss, and phase-of-life issues. You should know, however, that results and expected outcomes are not guaranteed; I only ask that you are willing to participate fully in the process of your treatment. As in life, your attitude and engagement in this experience will impact the benefits you reap immeasurably.

There are potential risks involved in therapeutic work; deep emotional release can occur, accompanied by confusion, pain, and fear; hidden truths may surface, and the true nature of various facets of your life and relationships may be revealed, all of which may involve emotional pain and turmoil. Be assured that the hurt involved is most often temporary, a necessary part of your process, and that it ultimately leads to clarity, peace, self-knowledge and acceptance--wisdom. I vow to collaborate with you, and to be by your side on this path to personal growth and balance. You have the right--and I will encourage you--to participate in your ongoing treatment plans. You also have the right to refuse any recommended services or modality, though I again encourage you to discuss this with me. I see our relationship as collaborative and personally empowering for you, rather than hierarchical.

For most individual and couples therapy, payment is expected at the end of each 50-minute session. In some cases, monthly billing statements are prepared and mailed out on the first of each month; payment is due within 30 days of receipt of the invoice. Although I do not presently take insurance, I am a Licensed Counselor and can provide receipts for services showing my license number, appropriate CPT codes, and fees charged. Clients can often be reimbursed for all or a portion of fees paid through their insurance companies. Since you will be paying each session for my services, any later reimbursements from the insurance company should be sent directly to you. Please do not assign any payments to me. Health insurance companies usually require that I diagnose your mental condition and indicate that you

have an illness before they will agree to reimburse you. In the event that a diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the insurance company.

Our work together is limited to the scheduled sessions we have together. This usually occurs within my office, and sessions usually are limited to 50 minutes in length. If you would like to continue the session beyond this time, and I don't have another client scheduled, you will be expected to pay my fee prorated for the extended time. It is important that you realize that although our sessions may be very intimate, we have a professional---rather than a personal---relationship. Our contact will be limited to only the paid sessions we have together; please do not invite me to social engagements, offer gifts, or expect me to relate to you in any way outside our therapy sessions. You will be served best if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

I require at least 24 hours advance notice for appointment cancellations, as I am often booked far in advance; otherwise you will be charged a full one-hour fee for the missed appointment. Please see the attached fee schedule for current rates. I accept cash, personal check, Mastercard or Visa. Although I encourage you to come to each session at my offices, if you are unable to physically attend, I welcome telephone sessions.

With few exceptions, our meetings will remain completely confidential. Without your written consent, everything that is said during sessions is held in strictest confidentiality. There are exceptions to this confidentiality, however; these include:

- Any information or suspicion of child or elder abuse, neglect, sexual abuse or incest.
- Serious threat of danger to yourself, as in potential suicide.
- Serious threat of danger to another, or contemplation of a serious crime.
- Court-ordered request for your records.
- Requests by 3rd-party billings (insurance companies) to provide diagnosis, records, or statement of service.

In order to better serve you and make the best clinical decisions, I often consult with other healthcare professionals, such as doctors, psychiatrists, social workers, and other psychotherapists. I may also wish to speak with members of your family, friends, school counselors, etc. Before I can talk with anyone else regarding your treatment, however, a release of information signed by you is necessary. It is entirely your decision whether or not to sign this, allowing me to discuss your case with anyone else. In Washington State, the above rules of confidentiality apply to anyone over the age of thirteen years. I keep confidential records of each of our sessions, which are assembled in your chart. These are secured in a locked cabinet inside my office. I do not keep any files, records, or personal information electronically (on computer). You have the right, upon written request, to review these records. In couples or family therapy, all participants are required to make such written requests. My policy is to review records with you at a scheduled appointment time. You may receive a copy after such a review. Additionally, you may ask the record to be amended or corrected. A more complete description of the way I keep or disclose personal information is available for you to see, and you may peruse this description prior to signing this Consent Form. You may also request that I restrict how your personal information and records are used or disclosed; I will consider any such requests. You have the right to revoke your consent on these matters in writing, except to the extent that actions have already been taken by me based on prior consent.

Except for scheduling purposes, I rarely speak with clients between appointed times. If you are in crisis, please call the King County Crisis Line at 206-461-3222; or call 911 if there is a life-threatening emergency. In the event that you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Washington Department of Health, at (360)753-1761, Monday-Friday, 8am-5pm. Please see the attached "Counseling and

Hypnotherapy” pamphlet provided by the State for additional information on your rights and responsibilities.

Thank you for taking the time to read this statement. If you have further questions regarding my policies or treatment philosophy, please do not hesitate to ask me.

Print client name

Aaron Strong, MA, LMHC (date) Client signature (date)