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DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Your Rights As A Client In Counseling

As a client in counseling, you have certain rights that are important for you to know about. There are also certain limitations to those rights I want you to know about.

As a client of a counselor registered or licensed by the State of Washington, you have the right to expect our communications to be kept confidential under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The confidence is yours not mine, and cannot be waived without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

The following situations are exceptions to your right of confidentiality:

- If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services or Adult Protective Services.
- If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies require basic information including a psychiatric diagnosis.
- If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (court, attorney etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents agreement to this requirement.

In some cases it is useful for me to discuss your situation with others such as your physician or your former therapist. I will always discuss this with you and obtain your written permission before seeking any exchange of information.

I regularly consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues. During these consultations, neither your last name nor other unique identifying information is revealed. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contacted me and thank them for the referral. I will not discuss your situation with them unless I have your written permission.

You always have the right to request a change in treatment or to refuse treatment. It is important that what we do together meets your needs. Your participation in therapy is fully voluntary. If you believe you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do so, I will assist you in finding another therapist.

My **Voice Mail number is (206) 394-6338**. I check my voice mail frequently throughout the day. If you are unable to reach me call the **Seattle Crisis Clinic at (206) 461-3222** or **911** for immediate help.

Although you are free to terminate therapy at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straightforward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without leaving notice of rescheduling with my secretary, notice of termination will be assumed and your time slot will be given to the next available client.

Appointments and Fees

Appointments are usually scheduled once per week or once every other week. **The session lasts for 45-50 minutes**, unless we arrange in advance to meet for a longer time. Longer sessions will incur an extra charge based upon the amount of time we take. **The scheduled time for your session is set aside for you. If you miss a session without canceling, or if you cancel with less than 48-hours notice, I will bill you in full for that time.** Insurance or other third-party payors will not compensate you under such circumstances. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate.

My standard fee is \$145.00 per session. This fee is standard regardless of the number of people attending the session. Payment must be made at the conclusion of each session unless we specifically agree on another method of payment. I accept checks or cash. I cannot take medical coupons or barter. A \$25.00 fee per check will be charged for returned checks. A finance charge of 1 percent per month or \$2.00 minimum, whichever is greater, will be assessed on balances outstanding over 30 days, unless we have made other arrangements in advance about your incurring a debt to me. In the event that this matter is turned over to a third-party for collection, you agree to pay all principal, interest and the cost of collection. You further agree that the reasonable cost of collection shall be fifty percent (50%) of the total amount of principal and interest due and owing. _____ **(Initial Here)**

If I am doing work related to your treatment that is outside the bounds of our scheduled counseling, I will bill you on an hourly basis for all the time I spend on your case. This will include travel time to another location (such as the hospital, your home, an attorney's office, or another setting), meeting with other professionals regarding your case, writing reports, preparation time, etc. My fee for this type of work is \$145.00 per hour.

Following the completion of our work together, your complete financial and clinical records will be stored and available for review. After seven years all records will be deleted from our computer systems, as well as the physical files shredded. If my work with you includes a minor, this time frame will begin when the youngest client reaches age 18.

My Training and Approach to Therapy

My educational preparation in counseling includes a Ph.D. in Clinical Psychology from Seattle Pacific University and a Masters Degree in Applied Behavioral Science from City University. Prior to that, I earned my Bachelors Degree in Communications at Whittier College, Whittier, California. My extensive background in education and social services all had counseling components. Being a life-long learner, I continue to educate myself in newer methods of therapy through workshops and educational offerings.

My therapeutic orientation stems from Systemic Theory. Systemic theory is based in part on the assumption that how people think, feel and behave is largely dependent on their role or position in their family system. This role is usually rooted in the client's family of origin. Part of therapy is an exploration of your role(s) and discovering how patterns reappear in the current situations such as family or social environment of your life. I attempt to bring to light some habitual patterns of interaction that are sources of difficulty for you and/or your family. I also will assist your learning and developing new ways of behaving that might be more useful for you.

My role of therapist can be likened to one of a "coach"; I challenge old ineffective behaviors and beliefs. Together we create a safe environment where risks can be taken and new possibilities can emerge.

We take this journey together. You are responsible for setting your goals and working toward change outside of the therapy hour as well as during it. My role is to educate and support you during this period of change. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them. I see you as the one who sets the course for your own life and as the one responsible for the decisions and life changes that you make. I may, at various times, make suggestions and give advice, but of course, you are in control of what choices you make and how you implement them.

Since people are complex, I cannot guarantee that specific changes will take place as a result of our work together. Usually my clients gain a greater understanding of themselves and frequently improve their interpersonal skills. If you find yourself dissatisfied with any aspect of therapy, it is important that you share your concerns with me as soon as you are aware of them.

