

## **LIZ HUNTER COUNSELING PLLC**

Liz Hunter, MA, LMFTA

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### **DISCLOSURE OF INFORMATION AND CLIENT AGREEMENT**

The information provided in this document and written acknowledgement of its receipt are requirements of Washington state law. The purpose is to inform you of your rights as a client as well as provide you with information about my qualifications, methods of working, and my office policies. Please read this document carefully, return a signed copy of the final page to me for my files and keep a copy of this document for yourself. I welcome any questions or concerns you may have regarding this agreement or my services.

Psychotherapists practicing counseling for a fee must be licensed or certified with the Department of Licensing for protection of the public health and safety. I am a Licensed Marriage and Family Therapist Associate with the State of Washington, License #MG60653886. As a licensed Associate, I practice under ongoing supervision.

#### **Your Right to Privacy As A Client In Counseling**

As a client of a counselor licensed by the State of Washington, you have privileged communications 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 privilege is yours, not mine, and I will not waive it without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

I will disclose as required under mandatory reporting or as otherwise required or authorized by law. The following are exceptions to your right to confidentiality:

1. 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.
2. 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 or Adult Protective Services, state agencies.
3. If you are currently in litigation, or become involved in litigation during treatment, or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation, so I can exercise due caution to protect your privacy.
4. I may consult with colleagues regarding our work together to gain feedback and suggestions in order to help you. If I do so, it will be without using your last name or any other unique identifying information. All discussions of this type are subject to the rules of confidentiality. In some cases it will be useful for me to discuss your situation with others such as your physician, your

former therapist, etc. In such cases, I will seek your written permission for this exchange of information.

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. There are also certain limitations to those rights that you should be aware of. You have the right to understand my reasons for making suggestions or using particular techniques. If you do not understand something about our work together, it is your right to ask any questions you may have. You have the right to refuse treatment, or, at any time for any reason, to decide that you do not wish to continue counseling. I encourage you to discuss your decision to end treatment with me. I believe this is an important part of the therapy process. If you wish, I can provide you with the names of other qualified professionals.

As your therapist, I have corresponding responsibilities to you.

- I keep a record of the services I provide you. You may ask to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so, or unless the law authorizes or compels me to do so. You may see your record or get more information about it by asking me. You may also request that I NOT keep notes for your file, by signing a legal authorization form.
- Therapists do not have social or sexual relationships with clients or former clients because it is not only unethical and illegal, it would be an abuse of the therapist's power. I do not accept Facebook "friend requests," or any invitation to communicate via social media from any client, current or former.
- Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. You may feel worse before you feel better. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you already have. You may find your relationship with your therapist to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.
- Therapy may also be terminated under the following conditions: If I determine that I am not able to help you because of the kind of problem you have or because my training and skills are not appropriate, you will be informed of this fact and referred to another therapist who may better meet your needs.
- If you do violence to, verbally or physically threaten, or harass me, or my office space, or ask me to engage in any illegal conduct, you will be unilaterally and immediately terminated from treatment. Under this circumstance, a report will be filed with the police, and no referrals will be provided.

### **Appointments and Fees**

Appointments are usually scheduled once per week or once every other week. Sessions are 50 minutes in duration, 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 spend together. The scheduled time for your session is held for you. If you are late to a session, your session will end at the appointed

time. **If you miss a session without canceling, or if you cancel with less than 24-hours notice, I will bill you in full for that time.**

My standard fee for 50-minute sessions is \$100 for individuals and \$120 for couples. Additional session time will be prorated based on these fees. Payment is to be made at the end of each session unless we specifically agree on another payment schedule. I accept cash and checks in my office. There is a \$20 service charge for returned checks.

### **Insurance**

I am an out of network (OON) provider. You can check with your insurance company to find out its policy for reimbursing OON providers. Upon request, I will provide you with an OON receipt which you can submit to your insurance company. I do not bill insurance companies.

### **Communication**

I use email communication and text messaging only with your permission and only for administrative purposes. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text message me about confidential or sensitive matters because email and text messaging are not secure ways to contact me. Messages sent either by text messaging or email are not considered private or confidential. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. Please do not use email or texts for emergencies. By choosing to communicate with me by email or text message, you assume risks to confidentiality.

### **My Training and Approach to Therapy**

I have a Masters of Arts in Couples and Family Therapy from Seattle University. I am licensed by the State of Washington as a Marriage and Family Therapist (LMFTA), license number: MG 60653886. I am licensed as an Associate, which means that I am working with ongoing supervision. I am a member of the American Association of Marriage and Family Therapy (AAMFT), and I pursue continuing education and advanced training in many forms of treatment.

My therapeutic orientation is based on a humanistic and family systems approach. I believe that all humans possess a deep desire for purpose and meaning, and that we are influenced and impacted by the people in our lives. Understanding ourselves and how each of our relationships impacts us helps us to understand our behaviors.

I have provided therapy to individuals, couples, and families for 18 months in community mental health, and have worked with teens, children, and parents in the field of education for over 20 years. My education, training, and life experiences have prepared me to counsel individuals of all ages, abilities, ethnicities, races, religion/spiritual backgrounds, gender identities, and sexual orientations.

I ascribe and adhere to the Code of Ethics of the American Counseling Association and the American Association of Marriage and Family Therapy. I must also answer to the ethical and professional standards of the Washington State Omnibus Credentialing Act for Counselors and the Uniform Disciplinary Act for the Regulation of Health Professions.

### **Quality of Service/Ethical Protection**

The Therapy Process: Psychotherapy is a process of examining feelings, thoughts, behaviors, and relationships that cause distress. The goal of psychotherapy is to help an individual, couple, or family, examine and change distressing areas in life, and to reduce suffering. Your active participation is a necessary part of this process. While I cannot guarantee that any specific goal will be achieved, your ability to be open and honest with me will greatly enhance the effectiveness of your therapy.

As a consumer you have certain basic rights as follows: you have the right to receive appropriate care and treatment, employing the least restrictive alternatives available; the right to be treated with respect and dignity; the right to receive therapy and family support which is non-discriminatory and sensitive to differences in race, culture, language, sex, age, national origin, disability, creed, socioeconomic status, and sexual orientation; the right to confidentiality; the right to refuse proposed treatment for you or your child; the right to be free of any sexual exploitation or harassment; and the right to lodge a grievance if you feel you have been violated. Complaints about the work or ethical behavior of any counselor can be directed to:

**Washington State Department of Health Professionals Quality Assurance P.O. Box 47865  
Olympia, WA 98504-7865 | 360-236-4700**

The Universal Disciplinary Code applies to our relationship. You can access it at RCW. 18.130.180.

### **Emergencies**

If you are in an emergency and cannot reach me, please call one of the following numbers for help: **Crisis Clinic: (206) 461-3222** or General Emergency: **911**

**Client Consent to Treatment**

I (we) consent to mental health services by Liz Hunter, MA, a licensed marriage and family therapist associate, and I (we) understand and have received all policy information including information on consumer rights/ethical protection, disclosure information, confidentiality, appointments, and payment policy.

I (we) have read the above guidelines presented to me by Liz Hunter. I (we) agree to and understand these terms. I acknowledge that I am responsible for what has been mutually agreed upon in fees, and that I am further responsible for all necessary collections, attorney and legal fees incurred over and above the fees discussed.

Clients assume financial responsibility for any willful accident or accidental damage done to the property or premises and release Liz Hunter from liability from any physical injury sustained in an accident or during the commission of vandalism or violence.

\_\_\_\_\_ Client Name (Please Print)  
\_\_\_\_\_ Client Signature  
\_\_\_\_\_ Date

\_\_\_\_\_ Client Name (Please Print)  
\_\_\_\_\_ Client's Signature  
\_\_\_\_\_ Date

\_\_\_\_\_ Therapist Signature  
\_\_\_\_\_ Date