

## **Disclosure Statement**

**Training and Degrees:** I received my Bachelors in Psychology from Western Washington University in Bellingham, Washington. I then completed a Master of Arts in Counseling Psychology from The Seattle School of Psychology, which included a one year internship. Currently, I am a Washington State Licensed Mental Health Counselor (LMHC), #LH60605589.

**Counseling Approach:** To me the primary purpose of the counseling process is to establish an alliance with you, so together we can explore the nature of your struggles and the possibility for growth and change. Therefore, we will focus on the significant relationships in your life, past and present, as well as the dynamics of the relationship we will establish. New self-knowledge may cause emotional disruption in the form of pain or anxiety. The choice is always yours as to how much disruption you want to step into. If your situation also has a medical component, then medical consultation will be advised. If you are uncomfortable with any aspect of the therapeutic process or have questions, I am available for your questions and concerns.

**Fee and Insurance Information:** The fee for individual counseling is \$105 per 50-minute session and couples counseling is \$125. Payments will be taken at each session, unless otherwise arranged. You will be charged for a missed appointment if you have failed to notify me within 48 hours of our scheduled appointment time (illness and emergencies excepted). For NSF returned checks, you will be charged an additional \$25. A sliding fee scale may be available for those with financial hardship. Separate fees are applied for any court/legal related paperwork and/or time. Fees may increase periodically and they are subject to change with two weeks' prior notification.

I can submit insurance claims on your behalf, but it will be your responsibility to understand your insurance benefits. If your insurance provider will be reimbursing you directly, I can provide a billing statement and would be glad to fill out any form that is required.

**Choosing a Counselor:** You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

**Confidentiality:** I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. *All issues discussed in the course of counseling are strictly confidential.* By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian. For this reason, if you want me to release information about your participation in therapy, I will require a signed "Release of Information" from you. A release is legally valid for ninety (90) days from the date of signature. However, the law (RCW 18.19.180) provides **exceptions to client confidentiality** where *information may be released without your consent:*

1. In the event of a medical emergency, information deemed necessary for treatment *may* be released.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals *must* be contacted. This may include the individual against whom a threat is made.
3. In the event of suspected abuse of a child, dependent adult or elder, the proper authorities *must* be contacted. The abuse does not have to be personally witnessed by the counselor.
4. If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
5. If ordered by a judge or other judicial officers, information regarding your treatment *must* be disclosed.
6. If an attorney in the state of Washington duly subpoenas your records, they will be released unless you file a protection order within 14 days of the subpoena.
7. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
8. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.

9. Evidence that a minor client was a victim of a crime *may* be released to the proper authorities.

**Consultations:** I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

**Scheduling Appointments:** Appointments are generally made on a *regular, weekly basis*. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

**State Information:** Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

**Contacting Me:** You may leave me a message in any of the following ways:

Phone: 206.453.6015      Email: [MeghanBurtCounseling@gmail.com](mailto:MeghanBurtCounseling@gmail.com)      Website: [www.meghanburtcounseling.com](http://www.meghanburtcounseling.com)

I will check messages on a regular basis and will respond as soon as possible.

**Emergencies:** If you are in an emergency and cannot reach me, please call one of the following numbers for help:

**General Emergencies**                                      **911**  
**Crisis Clinic**    **800.244.5767 or 206.461.3222**

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*I have read and understand the information presented in this form.*

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Client Signature    Date    \_\_\_\_\_  
Client Signature    Date

\_\_\_\_\_  
Client Name (Printed)                                      Date    \_\_\_\_\_  
Client Name (Printed)                                      Date

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