



C. Denise Wolf M.A., LMHC
Individual and Couples Therapy

Professional Disclosure Statement

Welcome to my practice. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to facilitate our work together, here is some basic information about my practice. Please read this information carefully and ask me to explain anything that you do not understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our therapy together.

Individual Therapy

My individual therapy orientation is diverse and emphasizes psychodynamics, mind-body connection, family-of-origin work, existential exploration, and cognitive re-structuring when appropriate. In essence, I use the most effective method to remove any barriers that are preventing you from living the life you wish to live. My specialties include but are not limited to treatment of adults who are at a crossroads in their lives, are depressed, are in a challenging relationship or know things should be different but are unsure of the cause.

It is important that you understand that any form of counseling has both benefits and challenges. You may experience a variety of feelings like sadness, guilt, anxiety, anger, loneliness and helplessness. Your therapy may also involve recalling unpleasant aspects of your history.

Psychotherapy has been shown to have benefits for those who engage in it. It often leads to a significant reduction of feelings of distress, and better relationships and resolutions of specific problems. However, it is an individual process and I can make no guarantees about how the therapy process will unfold for you specifically.

Qualifications

I obtained my Masters in Psychology from Antioch University in 1995. I chose to apply the knowledge I gained in a corporate environment rather than immediately going into private practice. I worked with and within organizations to help increase organizational effectiveness. I partnered with individuals at all levels to support

their desire to improve the effectiveness of their performance and to resolve their issues.

I moved into private practice in 2013 and have worked with individual and couples in a therapeutic setting since then.

Payment

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Please call your insurance company to determine your coverage prior to embarking on this journey. Any required deductible or co-pay is due at the beginning or end of our session.

If I am “out-of-network” for your insurance, I will require payment at the time of service but I am more than happy to provide you with a receipt monthly for you to submit to your insurance carrier.

If you do not have, or do not wish to use insurance, the fee for individual and couples psychotherapy is \$100.00 for a 50-minute session. Payment is expected at time of service. I accept cash, checks or credit cards. If your check does not clear a \$25 fee will be charged in addition to your initial session fee.

Office Hours and Guidelines

My office hours are Monday and Friday 12 a.m. – 4:00 p.m on Friday Harbor and Tuesdays on Orcas.

I consider our sessions very important and ask you to do the same. Please try not to miss sessions if you can possibly help it and I will do the same. When you cancel, please give me at least 24 hours notice. If you give less than 24 hours notice and I am unable to fill that time, I will have to charge you for the session.

If an emergency situation arises that prevents you from giving this notice, and you notify me, we will discuss and determine if the charge will be waived. This includes illness. I would prefer that you take care of your physical health as it is intricately connected to your mental and spiritual health.

If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to or a discounted rate. If you are running late, please let me know via text or a phone call. I will meet with you for the full hour if my schedule allows. Otherwise, you will be charged for the full hour even if we are unable to meet for that duration.

Confidentiality

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case, I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the content. Clients will be charged an appropriate fee for any time spent in preparing information requests.

Anything discussed in therapy, and all information obtained about you from any source, including the fact that you are my client, is confidential. There are, however, seven (7) exceptions to the privilege of confidentiality, as required by law.

1. If the client, (or a dependent child), is in immediate danger to himself / herself, the law demands that the therapist acts to protect the life of the client and/or dependent child. This may require notification of family or other appropriate persons, including the County Designated Mental Health Professional, who will decide if involuntary hospitalization is necessary.
2. If the client threatens harm to another person, and there is a possibility of injury or death, the law demands that the therapist acts to protect the lives of potential victims. This may require various appropriate interventions, including informing the police and the potential victims.
3. If the client reports his / her behavior or action against a child, elder, or other dependent adult which is considered abuse, including physical violence, neglect, and / or sexual molestation, or if the client reports such acts by another, the law mandates that the therapist must make a report of suspected abuse to the legal authorities.
4. If the client is involved in legal action where he/she places his/her psychological condition before the court, the client forfeits his/her right to confidentiality in matters before the court. In such cases, the therapist will attempt to discuss the situation with you in order to clarify and seek alternatives.
5. You should also be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis to the insurance company. Sometimes additional information such as a treatment plan or summary, or in rare cases, a copy of an entire record, may be requested. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, however, in some cases they may share the information with a national medical information data bank. In signing this document you authorize me to release any information, reports, or records to your insurance company and their managed care firm that are necessary to process your claim.
6. If I am aware that an identifiable individual is being unknowingly exposed to HIV infection, I will discuss the case with the local health officer or an authorized representative to determine what actions should be taken to protect the public health. Identifying information about the HIV-infected individual or their partners will be released consistent with state law, rules and regulations.

7. Other situations where the law allows disclosure of information without client authorization are to other health care providers, to public health authorities, and to any other person who requires information for audit, quality assurance, peer review, or administrative, legal, financial or actuarial services to the therapist.

Although I share office space with another professional, each of us operates as our own independent practitioner. No one else has access to your records, phone messages, or other confidential information.

I may occasionally find it helpful to consult other professionals about our work. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be advisable

Upon reading and understanding these policies, please sign below.

I have read and understand this Disclosure Statement in its entirety. Fee arrangements and terms of confidentiality have been clearly made. My signature below indicates that I agree to all terms herein, that I have received a copy of this Disclosure, and that I wish to enter treatment on these conditions.

Client Signature_____Date_____