

Disclosure Statement

**Amanda Sargent M.A. LMHC 2915 East Madison #208
Seattle, Washington 98112 (206) 264-4401**

I am pleased to welcome you as a client. Though this disclosure statement will introduce you to my practice, please do not hesitate to ask questions and discuss with me any concerns you have regarding my policies and your treatment here.

I am available by voice mail. That number is (206) 264-4401. I check my messages regularly and will return your calls as soon as I can.

You may also contact me through email however I will not conduct a therapeutic conversation via email. Please limit your email inquiries to information about scheduling.

Education

I received my Masters Degree in Applied Behavioral Science with an emphasis on Family Systems from The Leadership Institute of Seattle, Bastyr University. I received my Bachelors Degree from The Evergreen State College in Olympia, Washington and a degree in Massage therapy from The Brenneke School of Massage in Seattle. I am a Licensed Mental Health Counselor in the State of Washington (LH00011368) I am also licensed as a Massage practitioner in the State of Washington (#MA00005615).

Therapeutic Approach

I offer counseling services to individuals and couples: adults and older adolescents. My training is in Family Systems which means that I am always thinking about your experience in the context of the family you came from, the family you are forming now, the work group that you are part of and the larger world.

My work is also informed by Psychodynamic Theory which means that the feelings and responses you have to your current situation often have been influenced by your experiences as a child or young adult. In part Psychodynamic therapy is concerned with the impressions that past relationships have had on you which leave imprints that may affect self-esteem, how one conducts themselves in intimate relationships and how we perceive ourselves in the world. Though you may choose brief/ solution focused therapy or longer term, insight oriented counseling, I will always be looking at the over all system of relationships that you are part of. This means that work may be done specifically around family of origin issues, or I may explore more generally how the current family or work group you are part of is impacted by your experiences with the family you grew up in. There may be times that I may request to meet with other members of your family. This is not however a requirement for us to work together. I may employ the use of art therapy and writing. Though I am not a certified art therapist,

I find that the use of non verbal expression is often a gentle way of finding ones self into the work needing to be done. Each clients needs, issues and goals determine the course, mode and length of treatment. My intension as your therapist is to provide a safe and appropriate opportunity for you to engage in constructive and helpful counseling.

If part of the reason you are coming for counseling is to build a legal case in favor of yourself regarding child custody or domestic violence, I do not provide that service. I do not conduct parenting evaluations as such nor will I testify in court on your behalf. I will however refer you to someone who does.

Consultation

At times I receive consultation on the work that I am doing with my clients. If I discuss the work that you and I are doing I will do so without mentioning your name or any identifying characteristics that would impinge on your confidentiality

Confidentiality

All issues discussed during the course of therapy will remain confidential, however the law requires obligatory reporting (without consent) on my part in four instances: potential suicidal behavior, threatened harm to another person, suspected child or elder abuse, or a court subpoena. Other wise, the only way information may be released is by written release of information form signed by you and me in person.

Appointments and fees

My fee is \$120 per session. A session typically lasts one hour. If you would like a longer session my fee is \$180 for an hour and a half. Payment is expected at the time of each session. Concerning first time consultations, my fee is \$50. If you decide that you would like to make another appointment and begin work with me and you are using insurance then I will simply bill insurance after a few sessions. If I am billing insurance then a co pay will be expected at the time of each session. I reserve this appointment time exclusively for you.

I do not charge for last minute cancellations due to serious or contagious illness. I will charge full fee for lless than 24 hour cancellations such as obligations that you forgot you had ie: last minute work meetings, as well as sudden lack of child care. If I can offer another time in the same week that you will be able to come to then I will not charge the cancellation fee. If you are unable to keep your appointment please leave me a message 24 hours in advance in order to avoid full payment.

As a licensed practitioner I am eligible for insurance coverage. It is your responsibility to gather information from your insurance company regarding your benefits, deductibles, and co payments. Please be informed that in order to utilize your mental health benefits I will need to create a diagnosis from the DSMIV as well as submit limited notes regarding your treatment. Though I do not include my personal session notes I cannot guarantee complete confidentiality on behalf of the insurance company.

Commitment to sessions and Termination

The relationship that we build through out our work together is meaningful and essential to therapeutic change and healing. Showing up for your appointments regardless of how you are feeling whether it be tired, afraid or even mad about something that happened in a previous session, is how you will deepen your work and allows me to do the work that I bring to you, with you. For this reason I ask that you make every effort to commit to the times that we agree upon. In the same spirit of committing to your therapy sessions, I ask that if you decide that you will be terminating your therapy work with me that you do not communicate that through email. Please make a personal phone call or come for a last session. The reasons for leaving are important to talk about. Though I will honestly share my thoughts and inquire about your decision, I will be respectful and I agree not to pressure you to stay nor bully you into continuing the work that you started.

State law

WAC 246-810-031 “ counselors practicing counseling for a fee must be registered or certified with the Dept. of Licensing for the protection of the public health and safety. Registration of an individual with the Dept. does not include a recognition of any practice standards, or necessarily implies the effectiveness of any treatment”.

Counseling Credential Act

As a Licensed Mental Health Counselor in Washington State, I am required to inform you of the following information regarding the COUNSELOR CREDENTIALING ACT: The purpose of the law regulating counselors 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.

Complaints

If you believe that I have violated your rights as a client or engaged in unprofessional conduct, you may file a complaint in writing with me, and/or with the Secretary of Washington State’s Department of Health. Please contact the agency below for more information regarding misconduct (listed in RCW 18.130.180), complaints, and your rights as a healthcare consumer:

Washington State Dept. of Health
Health Professions Quality Assurance Customer Service Center
PO Box 47865,
Olympia, WA 98504-7865
Phone: (360) 236-4700 Fax: (360) 236-4818 www.doh.wa.gov

Authorization for treatment and informed consent

I have read the disclosure statement given to me by Amanda Sargent and I here by grant permission for Amanda Sargent M.A, LMHC to employ such established methods as may be appropriate in my treatment (and that of my children if applicable). I understand that I may ask questions, that I have my choice of treatment providers, and that I may end treatment at any time. I agree to take financial responsibility for all fees related to my treatment. I have received a copy of this form and I understand what has been said in it. I have also been given a copy of my rights as a client and a Notice of Privacy Practices for the private practice of Amanda Sargent MA, LMHC that are in compliance with HIPAA and Washington State laws.

Client signature

Date

Amanda Sargent M.A. LMHC

Date