



THERAPIST DISCLOSURE STATEMENT & CLIENT INFORMED CONSENT

Tim Ledbetter, MA LMHC NCC
2934 E. 27th Avenue
Spokane, WA
509.535.2301 ext. 231

You have the right to choose a counselor who best suits your needs and purposes. With that in mind, the following disclosure is provided to you.

I. THERAPIST DISCLOSURE TO CLIENT

- **Credentials:** I am a Licensed Mental Health Counselor in Washington State (LH60716398), a Nationally Certified Counselor (304323)
- **Education, Training, and Experience:** I am a nationally certified, licensed mental health counselor. I received a Master's Degree from the CACREP accredited Educational Psychology program at Gonzaga University. My areas of particular clinical interest are working with families, parenting, marriages, and those struggling with depression. My training includes individual and group psychotherapy. My approach is primarily solution focused cognitive-behavioral which focuses on facilitating one's capabilities to improve their quality of life through work on how we think, feel, and behave to change patterns that are less helpful in our lives. I will work with you to determine the best theoretical approach for your situation/circumstances.
- **Professional Memberships:** I am a member of the American Mental Health Counselor Association (WMHCA) the Washington Counselor Association (WCA) and a member of the National Board of Certified Counselors. (NBCC).
- **Services Provided:** I provide psychotherapy for individuals and couples.

II. WORKING RELATIONSHIP

- **Confidentiality:** The privacy of your personal information is of utmost importance. I am compliant with current Federal and State of Washington laws, including the Health Insurance Portability and Accountability Act of 1996. Federal and State laws set the limits on confidentiality. Please review these limits in my Notice of Privacy Practices.
- **Health Care Coordination:** It is important to make sure that the problems you present are not related to a physical health difficulty. Since I am not a medical provider, I cannot determine if you have physical conditions that might be related to your health and our work. Therefore, you should get a physical examination from a physician as soon as possible. It would be best to tell your medical provider that you will be working with me so we might begin to coordinate your health care. With your written authorization, I may obtain your medical records so I have a better understanding of your overall health.
- **Risks and Benefits:** During the course of therapy, you might notice changes in your symptoms, problems, and functioning. Since we will be exploring challenging territory in your life, you might experience greater difficulty throughout our work.

Counseling is intended to alleviate problems, but sometimes as you get to the root of some issues, you may feel them even more acutely than in the past. I cannot offer any promise or guarantee about the results you will experience. However, as you commit yourself to work through your areas of difficulty and build upon your strengths, it is likely that you will see improvements throughout our work and in the future.

- Appointments: We will schedule our appointments either via phone, email (TimL@southsidespokane.org) or in person. Please notify me via phone, at (509)535-2301 ex. 231, as soon as possible if you have any schedule conflicts or emergencies which would require you to cancel our appointment. Likewise, I will notify you via phone if I should need to cancel our appointment.

When you arrive for an appointment, please remain in the lobby and I will promptly meet you. Our sessions will be 60 minutes long, and we will need to end on time.

- Fee for Services: My standard fee is \$50.00 per 60 minute session; a sliding scale is available.

- Payment for Services: I accept cash or personal check payments made payable to **Tim Ledbetter**. Payments are due directly to me at the time of service (at the end of each session).

- Insurance: I do not currently accept insurance but will provide you with a receipt.

- Record-keeping: I will keep a confidential file containing your private health information (PHI) in my office. Your file will include your client forms, treatment goals, progress notes, and copies of any correspondence or medical records that have been compiled or obtained on your behalf. My purpose in maintaining records is to aid therapy by recording the topics discussed and my impressions. In addition, the Washington Department of Health instructs me to document according to a medical model, which they in part define as recording "what happens in a session." I make an effort to summarize what we discuss in each session, but I make no effort to capture sessions verbatim. Washington State law requires the retention of records for seven years after last contact.

- Emergency, Urgent, or Other Contacts: You may call me anytime and leave a message on my voicemail, and I will get back to you as soon as I can. I retrieve my messages daily, and whenever possible, I will get back to you within 24 hours.

I am not able to provide on-call crisis or emergency services. If you have a physically or psychologically life-threatening emergency, please immediately call 911, and/or Spokane Mental Health First Call for Help at (509) 838-4651. First Call for Health has 24-hour availability to offer crisis counseling, community resources, and emergency assistance. Do not use email to communicate emergent or crisis information. If I will be out of town or otherwise unavailable for an extended period of time, I will provide you with alternate contact information should you need support during my absence.

Therapy Relationship and Professional Boundaries: It is my intention to maintain a warm, safe, and professional environment where I consider your best interests my priority. Because I have the utmost respect for you and our therapeutic relationship, professional boundaries are essential so that no harm or damage is done.

I uphold the following practices regarding professional relationship boundaries:

- 1) I will not, at any time, have a social relationship with you outside of my office, even after we have ended our therapeutic relationship; this includes contact on social networking sites, like Facebook. I will not accept social or family event invitations from you, and I will not offer them to you. This is not for a lack of interest or care.
- 2) I will not, at any time, have physical contact with you aside from shaking your hand as a greeting or parting.
- 3) I will not, at any time, accept any gifts from you. I may accept a card or note from you.
- 4) If I were to see you in public at any time, I will not initiate any contact or familiarity with you. This is to ensure your confidentiality as my client. If you choose to initiate a visible or audible greeting I will reciprocate but will not attempt further communication unless you request it.
- 5) I will not, at any time, have a relationship with you beyond my range of psychotherapy, counseling, and referrals, and the collection of fees for these professional services. While this includes not having any social relationships with you, it also includes any business and financial relationships. Additionally, I will not provide any services beyond my expertise, including legal or medical advisement.
- 6) I will only provide appropriate referrals to other health professionals, with your consent. I do not make referrals to lawyers, accountants, financial planners, credit counselors, or other non-healthcare related individuals and agencies. I do not accept payments for giving referrals.
- 7) I will uphold confidentiality standards pertaining to Federal and State of Washington law during the course of therapy and thereafter. By law, our sessions are considered "privileged." Neither your death nor mine terminates your confidentiality rights.

8) In the event of a marriage ending in divorce I will not testify for or against either party.

• Therapeutic Work, Duration, and Termination: You have the freedom to make decisions as you please. You may engage in therapy for as long as you like. You may, at any time, change your goals for therapy, and/or you may choose to end our relationship, no matter where you are in the process of goal achievement. I respect and promote your right to make your own decisions. If you would like to end therapy, I would only ask that we first discuss this in person.

If more than 30 days have passed since our last contact, and I have not received any word from you, I will accept that as your notice that you no longer wish to continue counseling and that our therapeutic relationship is terminated.

• Complaints: If you have a complaint or inquiry about my professional service that cannot be resolved with me directly, please contact the Washington State Department of Health. Complaints or inquiries can be sent to: The Department of Health, Health Professions Quality and Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869.

Confirmation of Informed Consent

Tim Ledbetter, MA LMHC NCC
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Client Name (please print)

Client Signature

Date

This form will be retained in the mental health record.