

DISCLOSURE STATEMENT

Emily Sinclair Counseling, PLLC

Welcome to my practice. I am honored to have you as a client. This document will inform you about me, my professional services and my business policies. Please pay careful attention and jot down any questions you might have so that we can discuss them during our first session. When you sign this and other documents included in your intake, they will become a mutual agreement between us.

Education and Licensure: I have a Masters of Psychology – Systems Counseling, from LIOS Graduate College of Saybrook University. This program is accredited, well-rounded, integrated, and experiential, and I have an excellent foundation to have a productive and successful career as a psychotherapist. I am a Licensed by the State of Washington as a Mental Health Counselor (LMHC), license number: LH 60528134. Though I am fully licensed, I believe that ongoing supervision and consult group participation will be important throughout my career. I will also pursue continuing education and advanced training in many realms of treatment.

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.

I am dedicated to working through the entire therapeutic process with you. I have a general practice, which means that I work with a variety of problems facing adults and families. The process of psychotherapy varies depending on the personalities of the therapist and the client, and the particular problems you bring forward. Since I have an eclectic and integrated education, there are many different methods I may use to address the problems you bring to therapy, ranging from the pragmatic to the more symbolic and expressive. Some problems result in physical conditions and medical consultation may be advised. I believe body, mind and soul are connected, and when one part of you suffers, all areas in your life are affected. Your health and happiness are important to me.

What to Expect: I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need. If I determine that your problems are not within the scope of my expertise, I will provide you with a referral to a more appropriately specialized therapist.

If we work together, we will determine a regular meeting time for your sessions. I usually schedule a 50-minute session every week, although some sessions may be longer or more frequent depending on your situation. Your appointment time is reserved exclusively for you. If you are late to an appointment, your session will end on time and not run over into the next appointment hour. If you have an unavoidable conflict with a regularly scheduled appointment, I will offer you alternative options to reschedule the same week, as they are available.

You can expect therapy to last anywhere from a few weeks to a few years depending on the nature of your concerns and the amount of change you want to make in your life. Typically, the end of therapy occurs when the problems for which you sought help have been alleviated.

DISCLOSURE STATEMENT (continued)

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Rights, Responsibilities, Records: 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. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, and my goal is your well-being. There are also certain limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you.

- If at any point you have questions or concerns about our relationship or the direction of our work together, please feel free to address these with me. You also have the right to a second opinion, a different approach, or a different therapist.
- 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.*
- You are free to leave therapy at any time. You have the right to refuse anything that I suggest. You are also free to discuss your treatment with anyone you wish, and you do not have any responsibility to maintain confidentiality about your therapeutic experience since you are the person who has the right to decide what you want kept confidential.
- Therapists do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the therapist's power.
- 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 ended 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. In addition, if you cancel three appointments in a row, or frequently cancel appointments, we will evaluate whether we are a good fit, and I reserve the right to end therapy and refer you to another therapist.
- If you do violence to, verbally or physically threaten or harass me, my office colleagues, or my office, 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.

Complaints / Unprofessional Conduct: Washington State law requires that I inform you that if you have a concern or complaint about a licensed therapist, or if want to confirm that a particular therapist is licensed, you may contact the Department of Health at the following address, phone number or email: Health Professions Quality Assurance, Customer Service Center, P.O. Box 47865, Olympia, WA 98504-7869, 360.236.4700, hpqa.csc@doh.wa.gov. If you are unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond directly to your concerns. I will treat such feedback seriously and with the utmost care and respect.

DISCLOSURE STATEMENT (continued)

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Professional Consultation and Supervision: I participate in ongoing consultation with other mental health professionals, and in ongoing continuing education and supervision. Such activities allow me to stay current with professional standards and new developments in the field. It also allows me to receive valuable input on my work. When discussing cases, I will not disclose any identifying information about you.

Messages: You may leave a confidential message on my voicemail at any time. I regularly check for messages. Unless I am on vacation, I will make every effort to respond within 24 business hours of the time you try to reach me. I may respond with a text or brief message if we have a pending appointment. In a crisis or emergency, please call the Crisis Clinic at (206) 461-3222, or 911.

Emergencies: As an individual therapist in private practice, I am unable to respond immediately to your calls or texts in an emergency. *Therefore, if you are experiencing a crisis or emergency, please call the Crisis Clinic: 206-461-3222. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.* Please call me *after* you have taken care of getting immediate help in a crisis.

Master Agreement:

By signing below, I agree to psychological treatment with Emily Sinclair, MA, LMHC. This consent shall be in effect for the duration of treatment.

I also acknowledge having received and fully read a copy of the following documents, and have had the opportunity to ask questions and get clarification about them. A signature on this document serves as a *Master Agreement* to all policies of Emily Sinclair Counseling, PLLC, and verifies that I understand and agree to all policies in the following documents:

- Disclosure Statement
- Payment & Cancellation Policies
- Confidentiality Rights & Limitations
- Client Rights Regarding HIPAA Authorizations
- Fee Agreement (or Reduced Fee Agreement, if applicable)

Please print your name

Client Signature

Date

Please print your name

Client Signature

Date

Emily Sinclair Garnish, MA, LMHC

Date