

Deborah M. Connors, L.M.H.C.A.
CHARIS Counseling Associates
11802 N.E. 117th Avenue
Vancouver, WA 98662
(360) 891-2000 x 111

DISCLOSURE STATEMENT

This statement has been provided for your information and protection. Please read it carefully.

CREDENTIALS AND APPROACH TO COUNSELING

Deborah Connors brings compassionate understanding to the counseling process, while honoring the uniqueness of each person's story. She strives to provide a warm, accepting space for clients to resolve issues and find the empowerment they need to move forward. Deborah has experience working with individuals, teens, families and groups facing a variety of concerns including: depression, anxiety, self-harm, suicidal ideation, stress management, trauma, life transition, unexpected challenges, complex relationship and family dynamics, and parenting skills. Deborah uses a psychodynamic, systemic and holistic approach considering all aspects of the person's life. She has training in Family Systems and EMDR therapy. Deborah operates from a Christian world-view, however will not impose her beliefs on clients. She is happy to integrate a client's faith into their counseling process if requested. Deborah truly believes in the value and worth of all people, and does not discriminate based on age, color, ethnicity, disability, culture, national origin, gender, race, religion, or sexual orientation.

Client's who actively engage in the counseling process both in and between sessions will best increase skills, empower change, and have lasting benefits. Deborah may ask you to participate in specific activities and reading material, practice skills, and complete assessments to help you make the most efficient use of therapy.

Deborah completed her master's degree in Clinical Mental Health Counseling from Northwest University, Kirkland, WA. She received her bachelor's degree in Family Science from Concordia University, St. Paul, MN. Deborah is a Licensed Mental Health Counselor Associate (MC60992183) and abides by the laws and code of ethics of Washington State. As a professional, she participates in annual continuing education, workshops, and conferences, read relevant books, articles, and magazines, and consults with other professionals in the field to grow and learn new concepts, approaches, and skills. Deborah is a certified Family Life Educator, Certified Parent Coach and has extensive experience working with diverse family systems. She is supervised by Dr. Bart Fowler, M.A., Psy.D., a licensed psychologist in Washington (PY60153263).

Sessions between a counselor and client may be very intimate emotionally and psychologically. This therapeutic relationship is a context that promotes self-understanding, healing, and growth. The counseling relationship will also remain on a professional level. Therefore, contact will be limited to the paid sessions in the office or over the phone. Deborah Connors and you will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Counseling sessions focus exclusively on your concerns.

CONFIDENTIALITY

Everything said in therapy is confidential and will not be disclosed except when reporting is required or permitted by the HIPAA Privacy Standard or Washington state law, including the following: (1) suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) potential suicidal behavior; (3) threatened harm to another, which may include knowledge that the client is HIV positive when there is an unwillingness to inform individuals with whom the client is intimately involved; (4) unprofessional conduct of a license holder, a license holder who may not be able to practice with reasonable skill and safety, or any unlicensed healthcare practice; and (5) when required by compulsory process. Information may also be disclosed if you sign a written authorization or in the event that a complaint is filed by you against Deborah Connors. Furthermore, payment by check permits bank employees to view your name. If you have caller identification on your phone, the name of CHARIS may appear on the monitor. Deborah Connors and the CHARIS staff do use cell phones to contact clients. If insurance reimbursement is sought, confidentiality is waived with your insurer. CHARIS may use outside professional businesses for billing, administrative assistance, communication, record management, and collection purposes.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the best practices and procedures with other mental health professionals, including other counselors and staff at CHARIS, who are bound by the same rules of confidentiality as previously stated herein. Deborah Connors is supervised by Dr. Bart Fowler, M.A., Psy.D.

RIGHTS OF CLIENTS

Therapy is a choice made by you to find the treatment that best suits your needs. Options include other centers, psychologists, social workers, or counselors, therapy orientations, support groups, self-help resources, medications, and other modes of treatment. You may also choose not to seek treatment at this time. If therapy is chosen, your symptoms may worsen before improving, fail to

improve, or even continue to worsen. Deborah Connors will work collaboratively with you to promote your self-understanding and eventual change during these times. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. It is impossible to guarantee your course of treatment. You have the right to request a change in approach, treatment modality, counselor or to terminate at any time for any reason. Premature termination, however, may result in the return or worsening of the initial problems and symptoms.

It is appropriate for you to raise questions about the Deborah's orientation and training, diagnoses, fee policies, and course of treatment. All communication between you and Deborah Connors is considered to be part of the clinical record, which is accessible to you upon written request to view or to obtain copies. Records are maintained for a period of eight years from the date of termination. You are encouraged to talk with Deborah Connors directly if dissatisfied with the services received, desirous of a second opinion or referral, or if intending to discontinue appointments. If Deborah Connors is not able to resolve your concerns, a complaint can be filed with the CHARIS Executive Director (360-891-2000 x109). You may file a complaint with the Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869 (360) 236-4902. The purpose of the Counselor Credentialing Act is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct. Therefore, "Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing 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."

EMERGENCY SERVICES

If in need of emergency services, you should call the crisis line at (360) 696-9560 or (800) 626-8137 or (503) 988-4888 or call 911. You may also go to your nearest emergency department. To access the next available, non-emergent appointment with Deborah Connors call 360-891-2000 ext. 111

ACKNOWLEDGMENT

I/We _____ have received a copy of *What to Expect* published by the Washington State Department of Health, a copy of the *Notice of Privacy Practices*, and this disclosure statement about the counselor. I/We have read the information, were afforded the opportunity to ask questions, and understand the contents of all three documents.

I/We _____ agree to pay the counseling fee at the start of each session. I/We understand that the standard fee for one session (50 minutes) of counseling is \$80 and \$160 for the initial assessment (90-120 minutes). Couples, family sessions and other assessments will vary and depend upon costs of materials and the prorated standard hourly rate. Fees can be discounted in cases of financial need. I/We understand that if I/we do not cancel a minimum of 24 hours prior to any scheduled appointment, I/we will be held financially responsible for that appointment. I/We further agree to pay the prorated standard hourly fee (in 15 minute increments) for phone calls, letters, reports and preparation for legal testimony made by the counselor at my/our request. I/We agree to pay three times the standard counseling fee for court appearances. A \$50 fee will be charged for returned checks in addition to any bank charges. Any payment plan and/or discounts may be modified and/or discontinued should a check be returned from the bank. I/We understand that CHARIS may use outside businesses for billing and collection purpose and that I/we will be charged for any costs to collect on past due balances. I/We understand that the standard fee or rate of discount may be periodically reviewed and adjusted.

I/We _____ agree to be fully responsible for all financial obligations, regardless of any insurance coverage. In the event that insurance reimbursement is requested, I/We will be billed at the standard session rate of \$80 per hour and \$160 for initial assessment. Rates for couples and family sessions vary.

Date

Client/Guardian Signature

Counselor Signature

Client/Guardian Signature