



Therapy for Individuals and Couples

David Sanders Counseling, LLC
Redmond WA · (971) 220-5797
License #: MC60189034

DISCLOSURE STATEMENT

This document contains important information about the professional services and business policies of David Sanders Counseling, LLC. It also contains information about your health information privacy rights. Please read it carefully and let me know if you have any questions or concerns.

In the state of Washington, RCW 18.19 requires that all counselors, counselor interns, and volunteer counselors be registered. WAC 246-810-031 requires all clients to sign a copy of a client disclosure information form. WAC 246-810-030 requires all clients to be provided certain disclosure information, which is described in WAC 246-810-031. In my counseling practice, I follow all codes as described above and enforced by Washington State.

TRAINING AND DEGREES

I practice under the title of a Washington State Licensed Marriage and Family Therapist Associate (MC60189034). I am supervised by Dr. Gary Snyder, Clinical Psychologist (PY00001110) and focus on working with adolescents and adults in the areas of depression, anxiety, trauma, chronic health conditions, and life transition.

I received my training at Washington State University, where I received my Master of Arts in Counseling in 1997. Following graduation, I worked as a high school teacher and public school counselor for several years, at which time I also coached boys' and girls' basketball at middle- and high-school levels. Following this period, I helped oversee a counseling intern program for a large church in the Bellevue area, where I also worked with people from the community in need of crisis care. All of these experiences gave me insight into many of the struggles and concerns that people of all walks of life experience today, which in time led me to start my own counseling practice.

THERAPEUTIC ORIENTATION

Every counseling relationship is unique. Your past experiences and present circumstances both help to inform your story in ways that are wholly your own, and your distinctive qualities and goals help determine each course of action we take. For this reason, my counseling approach is purposefully

flexible according to each client's needs. During our time together, we may integrate several different therapeutic approaches into your cohesive treatment plan, including:

- **Acceptance and Commitment Therapy (ACT).** This action-oriented approach centers on an open examination of responses and emotions, recognizing that negative feelings do not need to control behavior. In a safe and supportive environment, ACT can help clients recognize the unhelpful self-talk that is working to prevent change, as well as the opportunities they currently have to act in accordance with personal goals and values.
- **Solution-Focused Therapy (SFBT).** SFBT is a future-oriented approach that incorporates the client's personal goals in a way that looks beyond present circumstances so they can move toward healthy solutions. By looking at past experiences, clients come to a deeper appreciation of their abilities to cope with difficulties and to implement changes in their lives.
- **Existential Therapy.** Through an exploration of the client's central role in influencing their experiences, Existential Therapy helps awaken the capacity to make choices that align with the individual's values, goals, and worldview. Through self-awareness and self-discovery, clients gain an understanding of the opportunities in front of them to build toward their true potential.
- **Cognitive Behavioral Therapy (CBT).** For CBT, the counseling focus is on the relationship between the ways a client thinks, feels, and behaves. This approach examines unhelpful thought patterns or emotions that lead to repeated negative behavior, which in turn fuel more negative thoughts and feelings. By disrupting this cycle with intentional refocusing of inaccurate or unhelpful thoughts, CBT helps clients respond to situations in healthier, more productive ways.

With curiosity and care, we will work together to identify the approach or approaches that best fit your overall needs, goals, and preferences. While the specific concerns that brought you to the counseling relationship will be our primary guide and measure of progress, we may also look beyond those immediate issues to examine more 'big picture' concepts such as your overall hopes and dreams, and the places you look to find meaning and purpose. In my experience, the way that people approach these existential questions has a profound influence on how they face adversity in their lives.

I have over 20 years of experience working with people from all walks of life who deal with depression, anxiety, relationship concerns, trauma, chronic pain or other chronic health conditions, and life transition. I have often seen the amazing ability that people possess to move forward from their present situations and to reawaken their capacities for a rich, meaningful life. I look forward to entering into this journey of discovery with you!

BILLING INFORMATION

Counseling appointments are 50 minutes in length. The session fee for individual and couples counseling is \$145. This rate includes a fee for credit card processing; if you want to lower your rate by \$5 you can pay by cash or check ahead of time – including for Telehealth appointments.

If I have not received cash/check by the time of service, I reserve the right to charge your credit card on file. Please have the cash/check ready at the beginning of the session. If a payment by check does not

clear due to insufficient funds or any other reason, reimbursement in full for any related bank fees is required, which includes the original amount owed plus a \$35.00 returned check fee.

Note: I do not voluntarily participate in legal proceedings. If my participation is requested or required in a legal matter, the regular hourly rate applies to all preparation, participation, travel, and waiting times.

APPOINTMENTS/CANCELLATIONS

In the event that you are not able to make your appointment, please notify me 24 hours in advance. If you miss your appointment and fail to give me adequate notice, you will be responsible for the full fee for the session. If you are late for your appointment, I will stop at our regular appointment ending time.

If you encounter an emergency that requires rescheduling our session, I will try my best to work with you, but regular absences or attempts to reschedule will be cause for suspending our appointments until you are able to commit to a regular meeting time.

CONFIDENTIALITY

The “Client Rights” section of this Disclosure Statement (below) describes how I might use and disclose your health information. There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others:

- a. In the event of a medical emergency, emergency personnel or services may be given necessary information.
- b. In the event of a threat to harm oneself or someone else. If that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
- c. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
- d. If ordered by a judge or other judicial officers, information regarding the client’s treatment must be disclosed.
- e. If the client brings a complaint against the therapist with the State of Washington, Department of Health, client information will be released.
- f. If an attorney in the State of Washington subpoenas records, they will be released unless the client files a protection order within 14 days of the subpoena.
- g. In the event of the client’s death or disability, information may be released if the client’s personal representative or the beneficiary of an insurance policy on the client’s life signs a release authorizing disclosure.
- h. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
- i. In the case of a client who is a minor, information indicating that the client was the victim of a crime may be released to the proper authorities. If there is reasonable cause to suspect that a

child is suffering from abuse or neglect, the law requires that a provider file a report with the appropriate government agency, usually DSHS. Once such a report is filed, a provider may be required to provide additional information.

If you wish for me to release information about you outside of the above cases, I will require you to sign an Authorization for Release of Health Care Information form (available on my website under 'Forms').

PROFESSIONAL RECORDS

The Laws and standards of health professionals require keeping health information about you protected in your Clinical Record. Apart from the unusual circumstance that it is concluded that disclosure could reasonably be expected to lead to the identification of the person who provided information to me in confidence, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you initially review them in the presence of your provider.

CLIENT RIGHTS

The 1996 Health Insurance Portability and Accountability Act (HIPAA) provides you with several rights in regards to your Clinical Records and disclosures of protected health information. These rights include requesting that your record be amended; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement and our privacy policies and procedures.

The State of Washington also provides you with basic rights, such as the right to receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability, and the right to be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, or cultural difference. For more information, see WAC 388-877-0600.

The client understands and agrees that the therapist's working notes are not considered part of the Clinical Record and will not be released to the client or to any other persons, agencies, or organizations under any circumstances. The client understands and agrees that any records obtained from other therapists, agencies, or institutions will also not be released by the therapist under any circumstances. The therapist will respond to any court order for records by providing only the dates of treatment or contacts with the client and a general summary of psychotherapy/counseling activity.

STATE OF WASHINGTON DISCLOSURES

The State of Washington requires that I provide you with the following information:

- You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want.
- You have the right to choose a provider who best suits your needs and purposes.
- A copy of the acts of unprofessional conduct can be found in RCW 18.130.180.
- Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
 Post Office Box 47857 Olympia, WA 98504-7857
 Phone: 360-236-4700
 E-mail: HSQAComplaintIntake@doh.wa.gov

I will provide you with a referral to another provider if your needs are beyond the scope of my expertise, or if you request such referral information.

AFTER-HOURS CONTACT

You may leave me a message at (971) 220-5797 or email me at david@davidsanderscounseling.org. I will check these messages on a regular basis. **Please limit your phone calls to appointment scheduling and emergencies. If you choose to email, please note that I cannot promise that your information will be completely secure.** If you cannot reach me and are in an emergency, please call 911, or the King County Crisis Line at (206) 641-3222, or the Snohomish County Crisis Line (425) 258-4357.

I have read and understand the information provided in this form.

Client Printed Name Date

Client Signature Date

Second Client Printed Name (if applicable) Date

Second Client Signature (if applicable) Date

Therapist Signature Date