

CARNETT COUNSELING
DEBORAH CARNETT, M.Ed., M.S., LMHC

Disclosure Statement

Welcome! The following information is provided to help you make an informed choice about your therapy process. You have the right to choose a health care provider who best suits your needs and purposes. You have the right to refuse treatment. Please read this document carefully. If you have any questions please ask me prior to signing.

CREDENTIALS: I am a Licensed Mental Health Counselor (LMHC) in the State of Washington. My license number is LH60108028. I have a Master's Degree in Counseling Psychology from the University of West Alabama. I also have a Master's Degree in Special Education & Psychology from the University of North Carolina. I am a Child Mental Health Specialist (CMHS) in accordance with Washington State requirements. I am a solo practitioner in private practice working with adults, teens, couples and families to address personal and educational concerns. This may include, but is not limited to: Anxiety, Depression, Childhood Sexual Abuse and other Trauma, Post Traumatic Stress Disorder, Grief and Loss, Divorce, Life Transitions, Parenting Concerns, Disabilities, Sexual Orientation, and Relationship Issues.

My training is in the following therapeutic approaches: Cognitive-Behavior Therapy (CBT), Trauma Focused CBT, Eye Movement and Desensitization Reprocessing (EMDR), Family Systems, and Solution Focused Therapy. I have received training from Harborview Sexual Assault Center on treating clients who have been sexually abused or experienced other types of trauma. I have post graduate training in the treatment of anxiety, depression, and family issues. I have extensive post graduate training in working with individuals who have Autism, Asperger's and Attention Deficit Disorder.

PROFESSIONAL EXPERIENCE: I have over 25 years combined experience working with adults, children, teens, and families as a Mental Health Counselor, Child, Adult and Family Therapist, Special Education Teacher, Autism and Asperger's Consultant, and At-Risk Counselor. My experience includes counseling adults, children, adolescents, and families in community mental health agencies, facilitating support groups for women who were victims of domestic violence, teaching social skills and anti-violence programs, and working with homeless youth and adults.

SPECIALTY AREAS: I have extensive experience in working with individuals who struggle with: Anxiety, Depression, PTSD, Sexual Abuse, other Trauma, ADHD, Learning Disabilities, and Asperger's Syndrome.

THERAPY APPROACH: In counseling I will be actively involved in working with you, providing information, guidance, and support. My philosophy towards treatment is to work with you in developing an effective treatment plan based on your presenting issues. I see you as the "expert" on your life and my role as one of guide and partner. Essential to my treatment is addressing your specific needs and goals in order to effect the change you are looking for. I believe that clients should come away from their therapy experience with a "tool kit" of strategies they can incorporate in their lives as well as deeper insight into themselves.

I primarily use talk therapy to develop trust and create an emotionally-safe environment for clients to share their inner most feelings and concerns. I rely heavily on Cognitive-Behavioral Therapy (CBT); this approach helps you to address dysfunctional emotions, maladaptive behaviors, and thinking processes. CBT can be effective for the treatment of a variety of conditions, including mood disorders, anxiety, and personality disorders. This approach can be helpful in changing attitudes and behaviors that are causing you emotional pain.

At times I may give you homework; I may ask you to do some specific activities outside the therapy session, such as reading a book, journaling, meditation, relaxation techniques and aromatherapy, or trying a modification to your normal routine. The length of time you might be in treatment cannot be known at the start of therapy. Clients progress at their own pace. Counseling is understood to be a choice you've made among available options. Other options include: receiving therapy from another counselor, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

A highly effective therapy approach I use is EMDR (Eye Movement Desensitization Reprocessing); this form of psychotherapy is successful for a variety of issues including trauma related to childhood sexual, physical and emotional abuse, car accidents, phobias, anxiety, grief and even different forms of addictive behaviors. EMDR is very effective for treating clients who suffer from the symptoms of PTSD.

RISKS AND BENEFITS:

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, counseling has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress.

FEES AND PAYMENT;

The fee for a Mental Health Diagnostic Interview is \$170.00. The fee for an Individual Session is \$ 140.00. Couples sessions are \$170.00. Fees are also contingent on guidelines set forth by the insurance companies or Employee assistance Programs that contract with me to provide services. I do my best to minimize rate changes; however, I may find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, I will provide you with thirty days advance notice of any such increase. You are not responsible for any costs prior to being given such notice.

Unless we have made other arrangements, all fees and co-pays are due at the time services are provided. Co-pays are due by check or in cash. There are additional charges for past due accounts at a rate of 12% per annum.

If you are an adult and someone else is paying for your therapy, I request that you pay me directly and your family member, etc. reimburses you for my services. I can provide billing receipts for this purpose. It is expected that children under the age of 18 will have a parent/guardian paying for therapy services.

I do not provide letters of fitness or make evaluative statements concerning child custody situations or issues relating to divorce or separation, nor will I provide 'expert testimony' in these situations. These services may be obtained from a clinical psychologist. Please speak with me about a referral to another provider for this purpose.

MISSED OR LATE CANCELLED APPOINTMENTS:

I reserve space for you when you schedule an appointment. If you must cancel an appointment, please notify me at least 24 hours in advance or you will be charged for that missed or late cancelled appointment a fee of \$90.00. **You may call me at any time and leave a message if you need to cancel an appointment – (360) 870-2130.**

EMERGENCY SERVICES;

I am not available for emergency mental health services. My office hours are generally from 9:00 am to 6:00 pm, Monday thru Thursday. **If you are in crisis and in need of emergency services please call the 24-hour Crisis Line at: (360) 586-2800 or call 911.**

MINORS:

If you are a patient under 18 years of age and not emancipated, your parents have the right to examine your treatment records. Since privacy in counseling is often crucial to successful progress, particularly with teenagers, it is common that I request an agreement from the parents that they consent to give up access to their child's records. If they agree, I will provide them only with general information about your progress in treatment, and your attendance at scheduled sessions. Any other communication will require your authorization, unless I feel that you are in danger or you are a danger to someone else, in which case I will notify your parents of my concern. Before giving parents any information, I will discuss the matter with you, if possible, and I will do my best to handle any concerns you may have.

Washington State Law requires that the following language appear on every disclosure statement:

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health of the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, not necessarily implies the effectiveness of any treatment. The State's intent in regulating counselors is to provide a complaint process against those counselors who commit acts of unprofessional conduct as described by State Law (RCW 18.130.180). You can request a copy of the acts of unprofessional conduct, or access this information on the computer at: <http://www.leg.wa.gov/wsladm/rew.htm>. You may also contact the department of Health at 360-236-4902, or write to them at the following address: Dept of Health, Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869.

CONFIDENTIALITY: The following confidentiality statement complies with HIPAA requirements. No medical or psychotherapeutic information, or any other information related to your privacy as my client, will be revealed without your written permission unless: 1) It is believed that it is necessary to prevent harm to yourself or others; 2) There is reason to believe that a child or a dependent adult has been abused; 3) A court orders me to disclose confidential information about you; if this happens, I will disclose only the minimum amount possible; 4) You waive the right to confidentiality by bringing charges against me.

Confidentiality is of the utmost importance and every effort is made to safeguard confidential information. Other examples of disclosures are the following: 1) Payment by check - this permits bank employees to view names of my clients, because my name will appear on the check; 2) if required by a court order or other compulsory process. If you have concerns about this, please bring it up at our initial appointment.

TERMINATION OF THERAPY:

The therapy process is a joint effort between therapist and client. For therapy to be successful, it is important to keep lines of communication open. Please talk with me about any concerns you may have at any time during our work together. You have the right to terminate therapy and receive a referral to another therapist. A therapist also has the right to terminate therapy in the following situations: 1) If therapist feels it is in the client's best interest to be treated by another professional who has specialized expertise in the area needed by my client; 2) If a therapist feels threatened by a client or they are being treated abusively by a client; 3) If a client repeatedly attempts to violate the boundaries of the therapeutic relationship; 4) If a therapist is not being paid for services.

INSURANCE:

You are responsible for payment of all treatment fees and other costs. If you choose to use your health insurance, most companies reimburse for mental health therapy. *However, it is important that you contact your insurance company to verify your coverage prior to beginning therapy.* Your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures.

CONCERNS ABOUT TREATMENT NOT WORKING OR UNPROFESSIONAL BEHAVIOR;

You have the right to terminate counseling at any time. Stopping therapy early may result in the return or worsening of the initial problems and symptoms. I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion, or a referral to another therapist. If you intend to discontinue therapy, please discuss it with me first. If you are concerned about my professional conduct, you may file a complaint with: Dept of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their number is (360) 236-4700.

ACKNOWLEDGEMENT AND CLIENT CONSENT TO TREATMENT:

By signing below, each of us confirms this disclosure document to represent the agreement between us. It indicates an understanding of the information provided and your agreement to allow the disclosures of health information as described above. Your signature confirms that:

- You have read, understand, and agree to all the policies of this Disclosure statement.
- You have been given a copy of this Disclosure statement.
- You are giving Consent to Treatment.
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Client Signature

Date

Deborah Carnett, M.Ed, M.S., LMHC

Date

(Revised 3/16)