Courtney Peck, MSW, LAICSW

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DISCLOSURE AND COUNSELING SERVICES AGREEMENT

Welcome to my private practice. I hope to provide a compassionate space where we can help you connect more fully to the person you want to be for yourself, others, and the world. Washington State law and professional ethics mandates that each client be provided with the following disclosure information at the commencement of any program of treatment. This document contains important information about my professional services and business policies. Please read it carefully and note any questions or concerns so we can discuss them.

I am licensed by the Washington State Department of Health as a Licensed Clinical Social Worker Associate (License # SWIA.SC.60856259). Licensure indicates that a practitioner has met required education, competency, and supervision standards. I hold a Master of Social Work degree from Boston University, as well as a Bachelor's of Family Science and a Master of Arts in Instructional Psychology from BYU. In accordance with professional licensing and ethical guidelines, I consult regularly with WA state licensed clinical supervisors and receive continuing education in topics relevant to my clients' needs. I may also consult with colleagues or attorneys about your case if needed. In all cases, confidentiality of the record will be maintained to the fullest extent possible as I see fit at the time of consultation and/or supervision.

Counseling can be very useful in helping people develop skills and awareness that contribute to a full and meaningful life. The experience varies depending on our personalities, your unique circumstances, and the particular problems and strengths we encounter. I bring a curious, compassionate, strengths-based approach, creatively applying various therapeutic methods to help you reach your goals. As we work together I may apply cognitive-behavioral therapies such as ACT and DBT, mindfulness and nature, empowerment, or solution-focused approaches. I appreciate feedback and build in opportunities for evaluating our process so that it resonates with you.

BENEFITS AND POTENTIAL RISKS

Clients typically experience positive results from the changes they make in their lives as a result of counseling. However, there are potential risks of counseling, and it is not unusual for clients or their families to experience discomfort, stress, anxiety, frustration or other changes as they begin to use new skills and change occurs. Generally, this is a temporary stage that passes as the client transitions and grows through the therapeutic process. Clients typically report positive benefits from counseling including better relationships, solutions to specific problems, and reductions in feelings of distress. But there are no guarantees of what you will experience.

RIGHTS AND RESPONSIBILITIES

Counseling calls for a very active effort on your part. In order for it to be most successful, you have a responsibility to work on goals we develop together both during our sessions and at home. You have the right to ask questions or express concerns about my approach whenever they arise in our work together and we will discuss them. If doubts persist, you may end our counseling relationship at any point and I will be happy to make referrals to other mental health professionals.

CONFIDENTIALITY

I keep as confidential as possible the information you share during counseling, but there are exceptions to that general rule required by law that allow me to disclose your information without your authorization. Such exceptions include but are not limited to: a) if I have a reasonable cause to believe, whether true or not, that a child, elder, or dependent adult has been abused; b) if I believe you may pose a danger to yourself or others; c) when ordered by a court of law to release information; d) if you make a complaint against me; e) if you file a suit placing your health in question; f) if I believe in good faith that disclosure is necessary to prevent or lessen a serious and imminent threat to anyone; or g) subpoena.

APPOINTMENTS AND PROFESSIONAL FEES

Appointments are typically 50 minutes. My fee is $100 per session, with limited sliding scale openings. I do not take insurance at this time. The fee is the same whether the session is in person, on the phone, or virtual. Payment is due at the end of each session unless other arrangements have been made in writing. I ask that you give 24-hour notice for cancelled appointments although any notification is better than none. I reserve the right to bill for missed appointments without 24-hour notice and/or to terminate counseling services after two missed or late cancelled appointments.

COUPLES AND FAMILIES

When the couple or family is my client, I have found that it is not therapeutically productive for me to hold secrets between/among family members. Thus, if a couple or family member should speak to me or write to me individually, you must do so with the knowledge and expectation that the information may be revealed in the next session. If, for some reason, you believe that such disclosure could cause harm to you or anyone else, it is your responsibility to tell me so explicitly and in writing. If you are afraid for your safety, we may discuss whether another form of treatment may be better for you.

ADOLESCENTS

I enjoy working with adolescents and being a witness to their unique dreams and challenges. Gaining trust and building a strong therapeutic alliance is vital for progress with all clients, including adolescents. Parent support is invaluable, but it is important to be aware that adolescents in Washington state age 13 and over have the right to privacy and confidentiality regarding mental health treatment. Parents/Guardians are encouraged to share information they feel will be helpful as I work with their child. I will only share information from counseling sessions if my client (adolescent) requests I do so and signs a release.

DUAL ROLES

Psychotherapy is a professional relationship with clearly defined boundaries needed to create a safe space. Our relationship is limited to counselor-client. Due to confidentiality and privacy concerns, I do not acknowledge clients, or the existence of a relationship with a client, outside of session. I do not engage in social or romantic relationships with current or former clients. I do not accept social media requests or engage in any social media platforms. I do not engage in physical contact, including hugging, with the one exception of handshakes. While touch can be healing and appropriate in some counseling modalities, it is not part of my approach. Please use words to communicate your thoughts and feelings.

EMAIL, TEXTING, AND ONLINE SOCIAL MEDIA POLICY

Because it is not possible to guarantee the confidentiality of email communications, please use discretion in deciding whether to communicate with me via email. I cannot be held responsible for any information lost in transit or viewed by a third party. Therapeutic questions or sensitive information should be communicated

to me over the telephone or in person. As far as text messages, I ask that you only text me about scheduling, directions or late arrivals. I do not communicate with clients via online social networking sites (including but not limited to Facebook, Twitter, LinkedIn, MySpace, or Instagram.).

LEGAL DISPUTES

I am not a parent evaluator. Should you become involved in a divorce or custody case, please be informed that I will not provide evaluations, opinions as to custody, or expert testimony in court. This is a specialization I do not provide, and to act in those capacities is outside my scope of practice. If subpoenaed, my time will be billed at an alternate higher rate of $350 per hour in 15 minute increments for all services related to the legal process including but not limited to preparation, writing, legal or professional consultation, travel, waiting, time lost for deposition or testimony, or any other costs associated with your case. You agree to pay these costs even if 1) you are not the party requesting my services, 2) my services are ultimately not needed (such as if settlement is reached), 3) the results of my participation do not serve your cause, and/or 4) you are not happy with the results of my participation whatever the reason may be. Please be advised that bringing your therapeutic information into the legal arena may not render the results for which you may hope, may be upsetting to you, unhelpful, and may even be harmful to the course of your therapy.

EMERGENCIES

If you should experience a crisis or emergency while you are seeing me, it is important to remember that I am not an emergency service provider and can't always be reached. Instead please call 911, or the 24- hour crisis hotline at 800-843-4793 or 206-461-3222.

DEPARTMENT OF HEALTH (DOH) COMPLAINT

If you believe I have acted in an unprofessional manner, please let me know so I can address your concern and correct the problem. However, if you wish, you may also file a complaint with the DOH. Their contact information is: Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, and P.O. Box 47857 OLYMPIA WA 98504-7857 or by calling 360-236-4700.

NOTICE

I keep a record of the health care 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 emailing info@courtneypeckcounseling.com or calling 360-930-4497.

INFORMED CONSENT AND ACKNOWLEDGMENT OF DISCLOSURES

Your signature below acknowledges informed consent for counseling services with Courtney Peck, MSW, LAICSW and that you are the client/s or person authorized to give consent. Your signature acknowledges you have read and understand the information provided on the *Disclosure and Counseling Service Agreement* and have been provided copies, understand you are responsible for payment, all questions were answered to your satisfaction, and you understand that you can refuse treatment at any time.

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_____ _____

Client Signature/s (or Parent/Legal Representative if applicable) *Date*

_____ _____

Counselor Signature *Date*