

DISCLOSURE STATEMENT

Shelley Burns, MA, LMHC #LH00005879
P.O. Box 1688; Duvall, WA 98019
425/844-2103
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BurnsCounseling.com

What follows is important information about me, my practice and the laws governing the practice of psychotherapy in this state. Please read this carefully and ask any questions you might have. Please sign indicating you understand this material.

MODE OF THERAPY: I have developed skills in a number of psychotherapy techniques in order to tailor my work to the individual needs of each client. In keeping with the current trend toward short term, solution focused treatment, I try to keep length of treatment to a minimum. However, it is always in discussion with the client that final determination is made as to length of treatment. Involved in that discussion are agreements on goals, understanding of funding limitations, time constraints, and the nature of the issue or issues to be addressed. **As an outpatient psychotherapist I am not in the position to provide emergency medical or suicide intervention services. Emergency services are available 24 hours a day by calling the crisis line at (206) 461-3222 or by calling 911.**

I believe that the role of the therapist or counselor is to be a helper. At times that means being a guide, other times it means being a teacher, and still other times it means being a caring witness to another's process of healing. I believe we all possess an inner sense of our true self, which is valuable and worthwhile. In the process of living we put on many layers of "clothing" to weather whatever storms we encounter. However, even after these storms have past we are often left with those layers of "clothing." Some of them are still useful; some are not. It is the task of therapy to sort out which to keep and which to shed. This metaphor seems to hold true for both individuals of all ages and for couples and families.

BACKGROUND AND EDUCATION: I received my master's degree in psychology from Antioch University, Seattle, in 1986. I have worked in the mental health field since 1982 in a variety of settings in Alaska and Washington.

ETHICS AND PROFESSIONAL STANDARDS: I subscribe to the code of ethics and professional standards of Licensed Mental Health Counselors (LMHC) in Washington State. Please feel free to discuss with me any questions or concerns you may have about our work together.

CONFIDENTIALITY: All information discussed in psychotherapy sessions is held confidential except in the following situations (according to state and federal law): Potential suicidal behavior; threatened harm to another; suspected abuse of a minor or an adult dependent or developmentally disabled person; court subpoena; you bring charges against the counselor; or you give written consent.

For professional enrichment, I utilize other professionals for case consultation. Should I discuss our work together, I will disguise all of your identifying, personal information.

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USE OF EMAIL: The privacy of email communication cannot be guaranteed. Therefore, I will limit my use of emailing to the setting of appointments and other non-clinical communication.

FOR YOUR INFORMATION: Should you elect to use your health insurance benefits to pay for psychotherapy, your diagnosis, symptoms, substance abuse issues (if any) and history will become part of your medical records. These records may be accessible to other insurance companies, and, on occasion, are accessed by employers or private investigators.

SESSIONS: Our sessions will be 50 minutes in length unless otherwise agreed upon. The time you reserve for an appointment is yours. **If you need to cancel your appointment please allow 24 hours notice or I reserve the right to charge you the full fee for your missed appointment. Please note that insurance does not cover missed appointments so you will be responsible for the full cost of the session.**

FEES AND PAYMENT: My fees are set according to prevailing standards in our community as follows: Initial session, \$155; fifty minute session, \$110; eighty minute session, \$155. Fees are negotiable **before** we begin our work together. I hold you responsible for payment of agreed upon fees and expect payment at the time of service. Charges over 90 days old will be subject to collections procedures. **Please have your check prepared ahead of your session so we need not use your time for payment details.**

Time spent preparing documents on your behalf or other time preparing and traveling to and from legal proceedings will be billed at the same rate as are counseling sessions (\$110 per hour). I charge \$250 per hour spent in deposition or court appearances. I reserve the right, with prior notification, to charge you for lengthy phone calls and long distance charges accrued on your behalf.

CLIENT ACKNOWLEDGMENT: I have read and understand the contents of this disclosure statement. Should I have further questions about this document or any other aspect of the counseling process, I understand I have the right to discuss them with my therapist at any time.

Signature _____ Date _____

Signature _____ Date _____