**DISCLOSURE STATEMENT / TREATMENT CONTRACT**

Welcome! Before we start counseling it is both my desire and a requirement of WA State law to provide you with the following information.

Signing this form establishes our contract for therapy services.

The Washington State Counselor Credentialing Act (WAC 246-810) requires that any counselor practicing counseling for a fee must be registered or certified with the Department of Health (DOH). This law was designed for the protection of public health and safety, and to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. However, registration of an individual with the DOH does *not* include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment (WAC 246-810-031).  ***It is every individual’s right and responsibility to choose the provider and treatment modality which best suits their needs.*** To best help you make that decision I offer you the following information.

**Formal Training:** I graduated from Judson Baptist College with an AS in 1980 and with a BA from Western Washington University in 1982. I received my Master’s and Doctorate of Philosophy (PhD) in Clinical Counseling Psychology from Western Conservative Baptist Seminary in 1986. As part of this training I completed both a research project and clinical internship at Harborview Community Mental Health Center in Seattle, WA.

**Professional Practice:** I have worked steadily as a full-time psychologist in WA since 1986. During the first ten years of practice I developed enhanced skills in the treatment of domestic violence and dissociative disorders, and gained considerable experience working with adolescents. While I have always held a private practice, I also worked for several years as Clinical Director for Northwest Family Life, a nonprofit counseling agency in Seattle specializing in domestic violence.

**Counseling Approach:** Technically I am a “cognitive-behavioral psychologist”. In regular language this means I pay very close attention to *how* people think and how their behavior interacts with their thinking style. People develop assumptions about life, religion, roles, rules and their identity—assumptions which operate for the most part unconsciously to govern their thoughts, behaviors and social interactions. When one becomes aware of such dynamics they have more ability to *choose* beliefs and behaviors rather than be controlled by them. I am strongly oriented toward personal responsibility and my Christian faith. A client of mine can expect fairly active verbal interactions and frequent homework. Fifty minute sessions are usually scheduled on a weekly basis for best results, although some individuals benefit from monthly, bi-monthly or bi-weekly sessions. The length of counseling varies from a few months to several years. Ask me about an estimation of therapy length for your situation.

**Confidentiality:** I am bound by professional ethics and certain state and federal laws to protect client rights to confidential communications regarding their involvement in counseling. *All issues discussed in the course of counseling are confidential*. By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian. For this reason, if you want me to release information about your participation in therapy, I will require a formally signed authorization for this purpose. A release is legally valid for up to one year from the date of signature unless otherwise specified.

**Washington law (RCW 18.83.110) provides** **exceptions to client confidentiality** **where *information may be released without your consent*:**

1. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals ***must*** be contacted. When indicated, this will include any other person(s) considered at risk.
2. In the event of suspected abuse of a child or dependent adult, the proper authorities ***must*** be contacted. The abuse does not have to be personally witnessed by the counselor.
3. A client waives their right to privileged communication with a psychologist when they file a complaint with the Washington State Department of Health. Information *will* *be released* as requested or required by the State to resolve the issue.
4. If ordered by a judge or other judicial officer, information regarding your treatment ***must*** be disclosed.
5. If an attorney duly subpoenas your records, they may be released unless you file a Protection Order within 14 days of the subpoena.
6. In the event of a client’s death or disability, information will be released as authorized by the client’s personal representative or beneficiary.
7. In the event of a medical emergency information deemed necessary for treatment *may* be released
8. A counselor *may* report client communication(s) revealing the contemplation or commission of a crime or harmful act.
9. Evidence that a minor client was a victim of a crime *may* be released to the proper authorities.

**Record Keeping, Review & Correction:** I keep two types of written health care records—medical progress notes and clinical notes. Medical progress notes become part of your permanent file and may be disclosed as part of your medical record. Medical progress notes are kept for 7 years following the last date of service. Clinical notes are for my own professional purposes in providing competent treatment and will be destroyed when I no longer need them. You have the legal right to see and receive a copy of your medical record (RCW 70.02.070) with the exception of certain proprietary testing materials. You may also ask to register written corrections or additions to your medical progress notes, but neither I nor you are allowed to remove or destroy any part of a permanent medical record. A reasonable fee will be charged for reviewing, adding to and/or photocopying any portion of a medical record.

**Case Consultation:** I advocate and practice professional consultations for the purposes of professional training, accountability and providing the best counseling service possible to clients. I may be discussing your situation with other professionals. Please speak with me if you have concerns regarding this practice.

**Unprofessional Conduct & Complaint Process**: A form entitled “Unprofessional Conduct” is available at [www.michaellolson.com](http://www.michaellolson.com). If you have any concerns about the course of your treatment I ask that you attempt to resolve such concerns with me individually. If you are not heard or satisfied, and/or the matter is not resolved, the next step would be to take the matter to a similarly trained psychologist who can hear you out and consult your case with me. Expect to pay the other psychologist for this service. If the matter is still unresolved, you may consider contacting the WA State DOH (WA State Department of Health, Health Systems Quality Assurance, PO Box 47869, Olympia, WA 98504-7869, 360-236-4700, or by email at HSQAComplaintIntake@doh.wa.gov).

**Termination:** It is every client’s right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination and review counseling goals and progress.

**Cancellation of Appointments:** If you need to cancel your appointment, please let me know at least 24 hours in advance. Missed sessions or cancellations of a scheduled appointment without 24 hour notice will be charged at a reduced hourly fee. Charges for missed sessions cannot be billed to insurance.

Also be aware that my phone number is NOT blocked. If you have concerns regarding return calls from my phone number showing up on your personal phone(s), please make sure you clearly inform me in writing.

**Fees & Payment:** Payment of fees is expected at the time of the appointment. Sessions begin at the scheduled time. The standard individual session is 45-50 minutes in length at a fee of $175. A half-hour individual session is billed at $85. Adjustments in the standard fee are not offered when a client has effective insurance coverage. Representation in court is billed at $225/hr beginning from the time I leave my office and ending when I return. A more detailed list of services and fees can be found on my website on the NEW PATIENTS page—click on the document, “General Counseling Fees.”

 **Insurance Coverage & Payments:** Insurance company carriers, plans, coverage and provider contracts are so varied in regards to mental health benefits that **there is no way of guaranteeing your insurance plan will cover services for your particular diagnosis and counseling**. Although I bill insurance for clients (unless requested to do otherwise), I **STRONGLY** advise each client to personally call their insurance company to estimate what coverage may apply before entering into therapy. Insurance companies require a formal diagnosis to determine eligibility for payment. Be aware that this diagnosis becomes a permanent part of your personal health care information. Also be aware that insurance company contracts between subscribers and the insurance company regularly include authorizations for the insurance company to review medical progress notes. Insurance benefits are received directly to my office.

I, , authorize Michael L. Olson, Ph.D. to engage in counseling services with me and/or my child (a minor for whom I am a legal guardian). I have read and understood the preceding disclosure and policy statements. I agree to the conditions of this therapy contract.

Patient Signature Date Parent/Guardian Signature Date

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