

Counselor Disclosure Statement

Introduction

Please take your time and read all sections of this disclosure form carefully. Feel free to ask any questions you might have.

Your Rights

You have the right at any time during the course of treatment to request a change of therapy, request a referral for another therapist, or to discontinue therapy for any reason. You have the right to be treated with respect and to have treatment tailored to meet the specific needs of your child and family. You have the right to treatment that is kept confidential (Please see confidentiality and privacy agreement).

Your Responsibilities

It is important for you to be actively involved in all aspects of treatment including:

- Attending sessions (or providing at least 24 hours of notice if missing session)
- Voicing your opinions, thoughts, and feelings, honestly and openly, whether negative or positive
- Being actively involved during sessions
- Doing between-session work as requested
- Experimenting with new behaviors and new ways of doing things

About Your Therapist

Tracy LeBlanc, LICSW, CMHS earned a Master's in Social Work (MSW) from Portland State University in 1997. She has worked as a mental health therapist for individuals, groups, and families for over ten years and specializes in working with children and families. She is trained to work with individuals who have experienced trauma including abuse/neglect, anxiety disorders, and to provide attachment work for families using age appropriate and creative measures to enhance relationship between children/teens and their caregivers. Tracy LeBlanc is a Licensed Independent Clinical Social Worker (#LW60211288) and Child Mental Health Professional in Washington State. She is also a Licensed Clinical Social Worker (#L3022) in Oregon State.

Therapeutic Orientation

Tracy uses an integrated approach including aspects of client-centered, narrative, and attachment-based therapies, as well as cognitive-behavior techniques with a particular focus on the use of play and expressive arts in the therapeutic process.

Course of Treatment

Length of treatment varies from person to person and will be discussed with you on an individual basis. If you feel that you are not being helped by therapy or need to terminate therapy for some reason, please discuss this with Tracy at any time during treatment. Tracy may also request termination if she feels that she is no longer able to help you. However, therapy will never be terminated without discussing these issues with you first.

Treatment Risks

Some clients experience an increase in stress particularly near the onset of therapy. It is not unusual for clients to feel worse before feeling better.

Financial Agreement

Services are charged on an hourly or per session basis. The fee per 50-minute session is \$120 . This is payable at the time of our session, unless I have agreed to bill your insurance plan. There will be a \$15.00 service charge for each non-sufficient funds check. Accounts are not to accrue any unpaid balance of more than two sessions. After two sessions of unpaid balances, services may be withheld until the account is paid in full. Past due balances may be turned over to a collections agency.

Cancellations, Missed Appointments, and Lateness

A 24-hour advance notice of cancellation for scheduled appointments is required. The full fee may be charged for missed sessions not canceled 24 hours in advance. Note: Your insurance will not pay for missed or cancelled sessions, so you will be responsible for paying out of pocket. In addition, if you are more than 20 minutes late, your insurance will not pay for the full session, and you may be responsible for the remainder of the full fee. All messages, including cancellations, may be left on Tracy’s voicemail at (360) 836-1297 or via email at playfulhealingcounseling@gmail.com

Records

Your records are maintained in a secure, confidential fashion. If you wish to review your record, please submit a request in writing and provide at least two weeks for Tracy to prepare them for your review.

Complaints About Your Therapist

If you have concerns or complaints, you may contact the Washington State Department of Health at (360) 236-4700.

Please retain a copy of this agreement for your files.

Your signature below indicates that you have read and understood all of the above material and are willing to work within the parameters of Tracy LeBlanc’s policies and procedures.

Client Signature Date of Birth Date

Parent/Guardian/Conservator Signature (if child is younger than 13) Date