



Professional Disclosure Statement and Informed Consent

Washington State law requires Mental Health Counselors provide clients with information about their rights and responsibilities. You have the right to choose a therapist that best suits your needs and purposes. This document is designed to provide details and information pertinent to engaging in a therapeutic relationship. Please read it carefully. Your signature below indicates that you have read and understand this Disclosure Statement and that you willingly consent to treatment.

Services

I offer therapy for children and their caregivers through individual, dyadic, and family sessions. I employ play therapy and other expressive therapies including art and sand tray. Play and expressive therapies offer children the opportunity to express their fears, worries, and conflicts in a safe and supportive environment. I also believe that parents/caregivers can affect significant changes in their children's lives, and I therefore encourage parents to be involved in the treatment process.

Training, Experience, and Theoretical Orientation

Bobbie Baker, MA, LMFTA

My theoretical orientation and approach is based on the power of a warm, accepting, and trusting relationship. Within such a relationship, children and caregivers are free to explore feelings, thoughts, and behaviors in a supportive, non-judgmental, and culturally sensitive environment. I utilize a person-centered, strength-based, systemic approach to working with individuals and families, with a focus on attachment theory.

I have a Bachelor of Arts in Communication Arts from the University of Wisconsin and a Master of Arts in Marriage and Family Therapy and Art Therapy from Antioch University. I have additional training and experience in Child Centered Play Therapy, Child Parent Psychotherapy, and Child Parent Relationship Therapy. I work with children both individually and with their primary caregiver(s), depending on the child's age and the issues being addressed. I am a Licensed Marriage and Family Therapist Associate in the state of Washington (license number: MG60657362) and am under the clinical supervision of Rosie Newman, MA, LMHC, RPT-S (LH 60331760). My supervisor can be reached at 206 553 9977 or via email at rosie@seattleplaytherapy.com (please be reminded that email is not considered a secure form of communication).

Appointments, Fees, and Cancellations

I currently see clients on **Wednesdays and Thursdays between 9:00am and 7:00pm**. If you have questions or concerns that cannot wait until your session, please call and leave a message on my confidential voicemail (206.660.9562). I check my messages daily and typically return calls within 1 business day Monday through Friday. **Phone calls lasting more than 10 minutes that are related to treatment will be billed in 20-minute increments (\$30.00 per 20 minutes)**. Infrequent communication regarding scheduling or other matters will not be billed.

If you are unable to attend your session, please call and cancel at least 24 hours prior to your appointment. Missed appointments not canceled with 24 hours notice and not due to illness will be billed at a rate of \$50 per hour. Regular attendance is essential to the therapeutic process. However, in order to protect the health and safety of all parties, please keep your child home if he/she is sick, has a fever, lice or other contagious ailments.

My fee is \$110 per 50-minute session and is due at the time of service. Intake sessions are 75 minutes at a rate of \$145. I offer a discounted rate depending on individual financial need. **I am an out of network provider and therefore do not bill insurance. Some insurance companies will reimburse for out of network providers, but it is not guaranteed.** In many cases, your out-of-network reimbursement covers a significant amount of therapeutic services, though you should contact your insurance company for more information. Please call your insurance company to ask about your Out-of-Network Outpatient Mental Health Benefit. *I may* be able to submit claims *on your behalf* directly to your insurance company, whereby you will be reimbursed directly. In cases where I cannot electronically submit claims on your behalf, you will be provided insurance-ready documentation that you will be able to submit for reimbursement. Please be advised that I will need to diagnose your child and provide the diagnosis to your insurance company for the claim to be considered for reimbursement by your insurance provider.

Emergencies

If you are experiencing a life-threatening emergency, please dial 911 or go to the nearest hospital emergency room. If you are experiencing a crisis that is not life threatening and I am not available, call the **King County 24 hour Crisis Line at 206.461.3222.**

Confidentiality

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is an essential part of securing and maintaining that trust. The specific details of our sessions may not be shared with parents. This encourages children to be honest and forthcoming, and helps maintain an emotionally safe environment. As part of the therapeutic process, I encourage children to share information with their parents.

In some instances it may be useful to coordinate with other mental health providers, teachers, school counselors, attorneys, physicians, etc. In these circumstances you will be required to sign a Release of Information.

Washington State law requires disclosure of information without consent in the following situations:

If there is reason to believe that you or your child is in danger of seriously harming self. If possible, I will discuss this with you in your session, recommending specific steps to insure safety. However, if there is reason to believe that you or your child is unwilling to take these steps, it may be necessary to call upon a crisis team or the police.

If there is reason to believe that someone else's life or property is threatened or endangered. I am required by law to notify the police and the endangered person or the property owner of this intent.

If there is reason to believe that physical, sexual, emotional abuse or neglect of a child or vulnerable adult is (presently) or was (in the past) occurring, I am required by law to contact Child Protective Services (CPS) within 48 hours.

If I receive a court order signed by a judge. I am mandated to abide by subpoenas. In this circumstance, you will be notified of the subpoena, however, even in the event that you oppose the disclosure, your information will be disclosed, as the law requires.

Email and Text Communication

Email and texting are not confidential forms of communication and are best suited for scheduling purposes only. If you choose to utilize either for communication regarding treatment issues, please know that I cannot guarantee that confidentiality will be maintained.

Social Media Policy

In order to maintain appropriate therapeutic boundaries, I will not, at any time, accept any social media requests (eg: LinkedIn, Facebook etc.) from clients or their parents.

Treatment of Minors

I want to help your family foster an environment that promotes open communication. With that in mind, please know that if your child is under 13 years of age, the child's permission is not required for me to talk to you about their private sessions. However, your child may need a "zone of privacy" a place where they can express their feelings and thoughts without having them reported to their parents. Therefore, I may not tell you the details of what occurs in session. If your child is 13 or over, their permission *is* required before I can communicate anything to you that was said in their sessions. In Washington State, children 13 years and older are afforded the same level of confidentiality that adults receive. In general, I will give you updates on how the treatment is going but will not talk about the specifics of what your child has communicated. Of course, a threat to safety to self or others is the absolute exception (see confidentiality).

It is my policy that parents/guardians stay on the premises during their child's session since parents may be asked to participate. In addition, unforeseen circumstances such as a sick or disruptive child, or other emergency may require that a session end early.

Medical Records

Records are kept of the health care services provided to you. You may submit a written request to review and/or have a copy of those records, unless I believe that it will be emotionally damaging to you or to your child, in which case I will provide them to a mental health professional of your choice. Baker Family Therapy *reserves the right to provide a treatment summary rather than copies of your records*. Your records will not be disclosed to others unless you (via a signed written release of information) or the law (via subpoena) authorizes it. Medical records are kept secure as required by the Health Insurance Portability and Accountability Act (HIPAA), the federal law protecting your health information (See Notice of Privacy Policy).

Children of Divorce or Separation

For families with residential schedules (shared custody, parenting plans etc.), both parents are invited to participate in the child's treatment. **For children under the age of 13, both parents must consent to the child's treatment.**

My goal is to help children cope adaptively with the forces acting upon their lives. Treating children in this context can be difficult because:

- Parents often have different views of the child's feelings and needs
- Parents may be affected by their own experiences, issues, and needs
- Parents often fear that the child's therapist will side with the other parent
- Parents often fear that the child's therapist will make custody or visitation recommendations that are not in the best interest of the child or parent.

In order to keep the treatment child-focused, and to reinforce the sole purpose of the therapy (to provide a safe place to work through feelings), *I will **not** disclose information from child sessions with either parent (with the limits and exceptions of confidentiality listed above, or as it relates to the treatment plan/progress), **nor** will the records be shared with either parent or the court.* Further, parent consultation sessions with both parents will be encouraged every 4-6 weeks, or as clinically indicated. **It is my policy not to testify in court proceedings regarding custody or parenting plans.**

By initialing here, we agree that both parents will consent to treatment before the child will be seen for counseling. In addition, we understand that all court related documents and parenting plans must be submitted in advance of the child's first session. We agree to submit any updated documents as they come into existence. By initialing here, we agree to this policy for treating children of divorced or separated parents. _____

Client Rights

As a client, it is important that you have a general understanding of your rights under Washington State law and to know the background of your therapist. You have the right and responsibility to choose a treatment provider and a treatment modality. You have the right to refuse consent and the right to withdraw consent to services.

There are benefits and risks involved in therapy. Since therapy often involves uncovering troubling aspects of life, clients may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Some clients see positive changes right away; others may feel that it gets worse before it gets better. It is normal for strong emotions to arise within the therapeutic relationship. It is also possible that your child may get physically hurt, as we are often active in play therapy sessions, though I make every effort to avoid this and have several safety precautions in place. In the event that your child is physically hurt in session, I will inform you verbally at the end of session and document it in writing in my chart.

Please know that I will endeavor to make your child's treatment as beneficial and productive as possible. If at anytime you feel concerned about the course of therapy, please do not hesitate to talk with me about your concerns. It is every client's right to terminate treatment at any time, with or without notice to the therapist. If you believe you need to address your concern with a professional monitoring agency, please contact: Department of Health, Professional Licensing Services, 1300 Quince Street, P.O. Box 477869, Olympia, WA 98504, 360.664.4375.

By signing this document, I hereby agree that I have read and understand the terms in this five-page disclosure statement and give my consent for my child to receive counseling services with Bobbie Baker at Baker Family Therapy. By signing here, I agree that have also received an electronic copy (or offered a paper copy) of the HIPAA privacy notice.

Client's Name (Please Print)

Client's Signature (age 13 or older)

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Bobbie Baker, Therapist

Date

Email

Email is not considered a secure form of communication. By initialing here _____ I understand the limits to confidentiality and choose to communicate through email despite the risks. Emails with therapeutic content will be copied and pasted and entered into your child's clinical file.

Artwork

Client artwork and sand trays are considered confidential information. By initialing here _____ I agree to the use of client artwork and play-based creations (including sandtray) for the purpose of consultation and supervision. Any identifying information will be removed.

Video

Audio and video recording of sessions can be useful for consultation and supervision. Such recordings are not part of the client record and are stored securely according to HIPAA standards. Recordings will be destroyed upon the retirement of the therapist, or the closure of the business, whichever comes first. You may withdraw your consent to be recorded at any time.

By initialing here _____ I acknowledge that I have read and understand the terms applied to audio/video consent, and acknowledge that my consent is entirely voluntary and will not impact my therapeutic services in any way.