

Patricia McClure, MA, LMCHA
1730 Minor Ave East, Suite 1140
Seattle, WA 98101
206-226-7943
patti@oneowlcounseling.com

RCW 18.19.060 and WAC 308-190-040 requires the disclosure of the following information in written form by mental health counselors to their clients.

DISCLOSURE STATEMENT: Washington state law requires all psychotherapists and counselors to provide written disclosure of the following information to clients before counseling begins, and to obtain signed consent to counseling once the client understands the information to their satisfaction. Please read this statement thoroughly and, if you are comfortable with the information and policies provided, sign the Consent for Treatment at the end. If you have any questions or concerns, please let me know and I will be happy to discuss them with you.

EDUCATION AND EXPERIENCE: I am a Licensed Mental Health Counselor Associate (license MC60574443) in the State of Washington. I started my career in mental health as a grief counselor at Providence Hospice in Everett. I received my Master's degree in Systems Counseling from LIOS, Saybrook University, and I am currently enrolled in the Chemical Dependency Certification program at Bellevue College. I also have a Master's in English from The University of Washington and served many years as a college writing instructor at Bellevue College and University of Washington. I receive ongoing supervision and mentorship from experienced therapists to ensure that I bring you the best possible care. At times, I may share information from our work together with a supervisor or a consultative group for feedback. As much as possible, when sharing such information, I will protect your privacy and not share identifying information.

MY APPROACH: I have been trained in and utilize a range of different modalities, including Family Systems Theory, Cognitive Behavioral Therapy, Mindfulness, Solution-Focused Therapy, and Narrative Therapy. Before I jump in with a specific approach, I seek to join you in understanding all the dimensions of the difficulty you are experiencing, as well as your personal style of processing and coping with difficulties. My goal, always, is to build on your existing strengths and to utilize those therapeutic techniques and approaches that are most aligned with your personal values and needs. I also strive to be as direct as possible in sharing with you my observations and concerns about the work we are doing together.

Our initial sessions will involve identifying your therapeutic goals and evaluating your needs. By the end of the evaluation, I will offer you some initial impressions of what our work might include and we will create an initial plan for working together. At any point during therapy, we may revise this plan based on your emergent experience and needs. If you have questions about our work together, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a different perspective and approach.

A Note about Diagnosis: Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. Diagnoses can help us make sense of troubling situations by providing them a name; however, they can also limit and/or damage the ways we understand ourselves and our experiences. Therefore, as a general policy, I do not give diagnoses except in the following cases: 1) It becomes necessary or beneficial during the course of treatment 2) You choose to be reimbursed by your insurance company. Most insurance companies require you to authorize me to provide them with a clinical diagnosis, usually

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on the receipt for services. I cannot guarantee that your insurance company will maintain the confidentiality of your records.

CLIENT'S RIGHTS AND RESPONSIBILITIES: You have the right to choose a therapist who best suits your needs. You have the right to ask questions about treatment at any time throughout the period of our counseling sessions. You have a right to respectful treatment, and you may terminate therapy at any time. In our work together, I encourage you to voice concerns so that we may discuss and attempt to remedy any issues that arise.

PRIVACY AND CONFIDENTIALITY: I am committed professionally, ethically, and personally to maintain confidentiality regarding our counseling sessions. You have a right to this confidentiality, including the fact that you are or have been a therapy client. I keep records relating to dates of service, fees both paid and unpaid, and session notes to assist me in our work together; these records are strictly confidential. Exceptions to confidentiality are as follows: 1.) I am required by Washington state law to report suspected abuse or neglect of a child, dependent adult, or developmentally disabled person to the appropriate regulating agency. 2.) I am also required by Washington state law to inform others if a client threatens to harm herself/himself, or others. 3.) In the event of a subpoena, I may be required to disclose information to the court. 4.) I will share information regarding our counseling sessions with a third party (i.e. your doctor, teachers, family members) if you provide me with a signed release form asking me to do so. This permission can be revoked at any time. 5.) If you are seeking reimbursement from your insurance provider, I may also be required to release relevant information about the service I am providing.

In addition to the above situations, in order to comply with Washington State regulations, I receive regular supervision from a licensed and State-credentialed supervisor, with whom I discuss my cases. My supervisor's name is Lynn Garvey, MSW, LICSW, (license # LW 00006088), and she can be reached at 206-932-2997 or lynngarvey@gmail.com. As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I also consult regularly with psychotherapy consultants and with other therapists who are required to keep client information confidential. In the case of these consultations, I make every effort to withhold any identifying information about you.

If you contact me by email, please note that our email communications will not be encrypted. By nature of the inherent limitations of Internet security, privacy and confidentiality of any email communications we have cannot be assured.

UNPROFESSIONAL CONDUCT: If you feel your privacy rights have been violated, you may obtain a copy of the acts of unprofessional conduct listed under RCW 18.130.180 and/or file a complaint with the Secretary of the Department of Health and Human Services at:

HSQA Complaint Intake PO Box 47857 Olympia, WA 98504-7857
Email: HSQUComplaintIntake@doh.wa.gov
Phone: 360.236.4700
Fax: 360.236.2626

FEES AND SCHEDULING: I charge \$100 for individuals per 50-minute hour and \$125 for family or couples per 50-minute hour unless otherwise agreed upon. Payments are to be made at the beginning or end of each session, either by check, cash or credit card. You will not be charged for brief phone calls; however, any phone conversation over 10 minutes will be billed at a rate of \$20 per 10-minute block. If you are

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unable to keep your scheduled appointment for any reason, please notify me of the cancellation by voice mail at least 24 hours prior to the time of your appointment. There will be no charge for appointments cancelled 24 hours or more in advance. I reserve the right to charge my full fee for any session cancelled for any reason with less than 24 hours in advance, and for missed appointments. I ask that you pay this fee before your next regularly scheduled appointment.

A Note About Insurance: I am currently not on an insurance panel, so I cannot bill your insurance directly. However, if your insurance covers costs for Out-Of-Network or Non-Preferred Providers, you may be reimbursed for a portion (or the full amount) of your session fee, depending upon the type of insurance you carry and your insurance provider. Please let me know on or before the first session if you plan to file claims for reimbursement. I will either submit billing to your insurance company on your behalf or supply you with a super-bill, which includes diagnostic and service codes for you to submit to your insurance company. It is up to you to check with your insurance provider about your coverage for out of network providers and their services. If your insurance company requests more information than is provided on the receipt, I will provide my treatment plan or therapy notes. You retain ultimate responsibility for payment for services if your insurance company decides that this documentation does not meet their requirements for coverage of your treatment. Note: Health insurance companies will not pay for missed appointments or telephone consultations.

VIDEO AND AUDIO TAPING POLICY: I may videotape all or part of our session together for the purpose of enhancing the care I provide to you. The content recorded is held to the same laws of confidentiality as other material produced during our therapy sessions. I may review the videotape on my own or in consultation with my supervisor only. I will destroy the videotape immediately after our session or after I have reviewed it for educational purposes with or without my supervisor. Your initials document that you have granted your permission for our sessions to be recorded and the tape to be observed by my supervisor or a co-therapist. You may revoke this permission at any time.

Please initial _____

CONTACT INFORMATION AND RESOURCES: You may contact me via email at patti@oneowlcounseling.com or leave a message at (206) 226-7943. I check my messages on a regular basis Monday – Friday and will get back to you within 24 hours. If you choose to text me, I check my text messages on a regular basis and will get back to you within 24 hours. Please note these forms of communication are not fully protected, and if you do communicate via email or phone, you do so at your own risk to your confidentiality. Because of this, please do not use these avenues to communicate important therapeutic information; our sessions are the best place to discuss personal issues. In case of emergencies, call 911; the 24-hour King County Crisis Clinic at 206.461.3222 or 1.866.427-4747; or visit the nearest emergency room.

SOCIAL MEDIA: I do not accept friend or contact request from current or former clients on any personal social networking site. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy. Regarding professional social media networking sites such as Facebook or LinkedIn, I want you to be informed that if you like my page or connect with my professional social media you are potentially compromising your confidentiality as a client. By Initialing here _____ you understand that by interacting with my professional social media networking sites you do so at your own risk to your confidentiality.

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